

Arizona Department of Gaming Event Wagering

New Individual Disclosure Form



Arizona Department of Gaming

Arizona Department of Gaming
1110 W. Washington #450
Phoenix, AZ 85007
(602) 771-4263

Event Wagering Employee

APPLICATION FEE:
Initial License Fee: \$250
Renewal License Fee: \$125

**THE FOLLOWING FORMS MUST BE COMPLETED AND
RETURNED WITH APPLICATION FEE TO BEGIN PROCESSING**

Additional Information:

- Event Wagering employee means an employee of an event wagering operator, sports facility, management services provider or limited event wagering operator who is directly involved in the management or control of the conduct of event wagering under this chapter in this state (**A.R.S. § 5-1301(5)**)
- Event wagering employees include those persons who are primary management officials responsible for event wagering in the State, those persons in the State who accept wagers, redeem tickets, and/or handle monies, and any additional persons the Department determines meet the definition above. **R-19-4-104**
- An applicant for licensure may not withdraw an application without the written permission of the Department. The Department may not unreasonably withhold permission to withdraw an application. **A.A.C. R-19-4-105(L)**
- You are advised that this application is an official document and false or incomplete answers could result in criminal prosecution and the denial, or subsequent revocation, of an Event Wagering Operator License.


New Individual Disclosure Form

APPLICATION FEE:

Initial License Fee: **\$250**

Renewal License Fee: **\$125**

On receipt of a completed application and the required fee, the Department shall conduct the necessary background investigations to determine if the applicant meets the qualifications for licensure. The Applicant agrees to provide access to the following information and/or documents and to provide copies, as requested. This information includes, but is not limited to, the following:

	
<input type="checkbox"/>	EW – Individual New
<input type="checkbox"/>	ADG-902 Release of All Claims
<input type="checkbox"/>	ADG-903 Individual Release Form
<input type="checkbox"/>	ADG-907 Criminal History Disclosure
<input type="checkbox"/>	ADG-907-B Noncriminal Justice Applicant’s Privacy Rights
<input type="checkbox"/>	Fingerprint Cards (1) set
<input type="checkbox"/>	Updated Photograph
<input type="checkbox"/>	Ensure all forms requiring notarization have been NOTARIZED
<input type="checkbox"/>	Initial the bottom of all pages that are required
<input type="checkbox"/>	Payment – <u>See attached Payment Instructions</u> - Please Provide a Copy of Payment Confirmation

Pursuant to A.R.S §41-1030:

...B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

...D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency’s adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

Applicant Initials _____

**EVENT WAGERING
NEW INDIVIDUAL DISCLOSURE FORM**

INSTRUCTIONS

Type or print an answer to every question. Do not leave any spaces blank. If a question does not apply to you, mark the space with 'None'. Do not use N/A. If you do not have enough space, continue writing your answers on page 10 or use a separate sheet. Be sure to mark each answer with the same number as the question. Answer each question with complete and truthful answers and do not leave any information out. Information on the application form will be reviewed and verified. You must place your initials in the lower left hand corner of each page to indicate that you have correctly answered each question on that page. If you do not understand a question, or need help completing the form, please call the Arizona Department of Gaming.

The following information is required for all renewal applicants. If any answer is 'Yes', please attach a written explanation to this form. Please note, any convictions you believe were expunged must be disclosed on this form and have a written statement attached. A set of fingerprint cards must also be returned with this renewal form to start the review process.

Under the Federal Privacy Act, disclosure of social security numbers is voluntary unless a statute specifically requires it or allows states to collect the number. In this instance, disclosure of your social security number is mandatory pursuant to Title 42 United States Code, Sections 405(c)(2)(c), and Sections 653, 654, and 666; and A.R.S. § 25-320(K) in order to aid the Department of Economic Security in locating non-custodial parents or the assets of non-custodial parents.

1. PERSONAL INFORMATION				Date:	
Last Name		First Name		Middle Name	
Alias, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise			E-Mail Address		
Present Residence Address - Street			City, State and Zip Code		Since (mm/yyyy)
Residence Phone	Personal Cell Phone		Social Security # Or National ID #	Passport #	
Employer			Occupation		
Present Business Address - Street			City, State and Zip Code		Since (mm/yyyy)
Business Phone		Business Cell Phone		Business Fax	
Date of Birth	Place of Birth (City, County, and State)			Sex	Age
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Alien Registration No.	Documentation of eligibility for employment in the U.S. Expiration Date		
Scars, tattoos or distinguishing marks and/or characteristics				Driver's License No. & State	
What is your primary spoken and written language?			Do you speak English fluently? <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. MARITAL INFORMATION

Single Engaged Married Separated Divorced Widowed

A. Complete the information below, if you are Married, Separated or if your Divorce is pending.

Date of Marriage		Place of Marriage (City, County, and State)			
Spouse's Full Name (Maiden)			Spouse's Social Security No.		
Date of Birth		Place of Birth (City, County, and State)			
Residence Address - Street		City, County, and State, Zip Code			Since (mm/yyyy)
Residence Phone		Personal Cell Phone		Business Phone	
Employer's Names			Occupation		
Employer's Address - Street		City, County, and State, Zip Code			Salary/Hourly wage

B. Previous Marriages (If ever legally separated, divorced, or annulled, indicate below)

Name of Spouse (Maiden)	Date of Marriage (mm/yyyy)	Date of Decree (mm/yyyy)	Nature of Action (divorced, separated, annulled)	City/County/State	# of Children

D. Children under the age of 18 living or not living with you, for which you are responsible.

Child's Name	Gender	Date of Birth	Name of Other Parent
	M F		
	M F		
	M F		

3. EDUCATION

Type	Name of School	Location (City and State)	Dates Attended Year to Year	Graduate (Yes or No)
High School				
Trade School				
College or University				
Graduate School				
Post Graduate				
Other				

Type of Degree(s)

Trade School _____

College or University _____

College or University _____

Graduate School _____

Post Graduate _____

Other _____

4. MILITARY INFORMATION

Have you ever served in the armed forces?

Yes

No

If the answer is yes, complete the following information and provide a copy of DD-214 either Service-2 or Member-4 copy.

Branch _____ SSN/Service No. _____ Date of Entry _____

Date of Separation _____ Type of Discharge _____ Rating at Separation _____

While in the military service, were you ever arrested for an offense which resulted in summary action, a trial, or special or general court martial? If yes, you **must** provide a full explanation of the circumstances of any arrest below:

Yes

No

5. ARRESTS, DETENTIONS, AND LITIGATIONS

The questions below refer to all arrests, detentions, charges, indictments, or summons to answer for any criminal offense or violation (except minor traffic violations), even if you were not convicted. If your answer to any question (A through H below) is yes, you must provide a full explanation of the circumstances on page 10. For example, provide dates, charges, city, state, courts involved, and court copies of disposition, etc.

- A. Have you ever been arrested ?
 Yes No
- B. Have you ever been convicted of a felony ?
 Yes No
- C. Has a criminal indictment, information, or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party?
 Yes No
- D. Have you ever been questioned by a city, state, federal, or tribal law enforcement agency, commission or committee?
 Yes No
- E. Have you as an individual or as a representative of a business, ever been subpoenaed to appear or testify before a federal or state grand jury, board, or commission ?
 Yes No
- F. Have you ever had a civil or criminal record expunged or sealed by a court order?
 Yes No
- G. Have you ever received a pardon for any criminal offense, or been granted immunity in lieu of testimony?
 Yes No
- H. Have you ever had a Tribal License or State Gaming License denied, revoked, or suspended? (See Section 12)
 Yes No
- I. Has any member of your family or your spouse's family ever been convicted of a felony or a gaming offense?
 Yes No

If you answered yes to question I, you must provide the following information:

Name	Relationship	Charge	Location (City, County, State)	Date

J. Have you, as an individual, member of a partnership, limited liability company or owner, director, or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant ?

Yes No

If you answered yes to question J, you must provide the following details below. List all cases without exception.

Case 1 Description of Case			
Plaintiff	Court	City	Date
Defendant	Case No.	County and State	Disposition
Case 2 Description of Case			
Plaintiff	Court	City	Date
Defendant	Case No.	County and State	Disposition
Case 3 Description of Case			
Plaintiff	Court	City	Date
Defendant	Case No.	County and State	Disposition
Case 4 Description of Case			
Plaintiff	Court	City	Date
Defendant	Case No.	County and State	Disposition
Case 5 Description of Case			
Plaintiff	Court	City	Date
Defendant	Case No.	County and State	Disposition

6. RESIDENCES

Beginning with your current residence, list all your residences for the past 10 years.

Month and Year	Street Address	City, County, State and Zip Code
To		City
From		County, State, and Zip Code
To		City
From		County, State, and Zip Code
To		City
From		County State, and Zip Code
To		City
From		County, State, and Zip Code
To		City
From		County, State, and Zip Code
To		City
From		County, State, and Zip Code
To		City
From		County, State, and Zip Code
To		City
From		County, State, and Zip Code
To		City
From		County, State, and Zip Code
To		City
From		County, State, and Zip Code
To		City
From		County, State, and Zip Code

7. EMPLOYMENT

Beginning with your current employment, list your work history, all businesses with which you have been involved, and /or all periods of unemployment, for the last 10 years or since your 18th birthday, whichever comes first. In addition, list all corporations, partnerships, or any other business ventures with which you have been associated as an officer, director, stockholder, or related capacity.

To	Employer Name	Job Title	Is the company involved in the Gaming industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
From	Mailing Address		
	Name of Supervisor	Business Phone	Reason for Leaving
To	Employer Name	Job Title	Is the company involved in the Gaming industry ? <input type="checkbox"/> Yes <input type="checkbox"/> No
From	Mailing Address		
	Name of Supervisor	Business Phone	Reason for Leaving
To	Employer Name	Job Title	Is the company involved in the Gaming Industry ? <input type="checkbox"/> Yes <input type="checkbox"/> No
From	Mailing Address		
	Name of Supervisor	Business Phone	Reason for Leaving
To	Employer Name	Job Title	Is the company involved in the Gaming Industry ? <input type="checkbox"/> Yes <input type="checkbox"/> No
From	Mailing Address		
	Name of Supervisor	Business Phone	Reason for Leaving
To	Employer Name	Job Title	Is the company involved in the Gaming Industry ? <input type="checkbox"/> Yes <input type="checkbox"/> No
From	Mailing Address		
	Name of Supervisor	Business Phone	Reason for Leaving
To	Employer Name	Job Title	Is the company involved in the Gaming Industry ? <input type="checkbox"/> Yes <input type="checkbox"/> No
From	Mailing Address		
	Name of Supervisor	Business Phone	Reason for Leaving

8. CHARACTER REFERENCES

List five individuals who know you well enough to be a character reference. Do not include relatives, present employer, or employees where you are currently employed.

Name and Where Employed		Street, City, State and Zip Code	Phone	Years Known
Name	Residence Address			
Employer	Business Address			
Name	Residence Address			
Employer	Business Address			
Name	Residence Address			
Employer	Business Address			
Name	Residence Address			
Employer	Business Address			
Name	Residence Address			
Employer	Business Address			
Name	Residence Address			
Employer	Business Address			

9. Have you ever held a privilege or professional license or certification in any state, including but not limited to, the following? Yes No

- | | | | |
|---|---|-------------------------------------|---|
| <input type="checkbox"/> Real Estate Broker or Salesman | <input type="checkbox"/> Race Horse/Dog Owner | <input type="checkbox"/> Accountant | <input type="checkbox"/> Police Officer |
| <input type="checkbox"/> Insurance Salesman | <input type="checkbox"/> Race Horse/Dog Trainer | <input type="checkbox"/> Doctor | <input type="checkbox"/> Security Officer |
| <input type="checkbox"/> Securities Dealer | <input type="checkbox"/> Race Horse/Dog Manager | <input type="checkbox"/> Lawyer | <input type="checkbox"/> Private Investigator |
| <input type="checkbox"/> Liquor License | <input type="checkbox"/> Jockey | <input type="checkbox"/> Nurse | <input type="checkbox"/> Architect |
| <input type="checkbox"/> General Contractor | | | |

If you answered yes, state what type license, where issued, and years held

10. Have you ever been disciplined by or appeared before any licensing agency or similar authority in or outside the State of Arizona? Yes No

If you answered yes, provide the details

11. Have you ever held a financial interest in a gambling venture, including a race track, dog track, race horse or dog, casino, sportsbook operation, or pari-mutuel operation outside the State of Arizona?
 Yes No

If you answered yes, state what type, when and where held, and give the names and locations of the businesses in which you were involved and the names and addresses of all partners and principals.

12. Have you ever had, or been a participant in a group which has had, a gaming license denied, suspended, revoked, forfeited or withdrawn by any gaming authority in any jurisdiction or any country?
 Yes No

If you answered yes to either of the above questions, provide the details

13. Have you ever been granted a gaming license or been a participant in any group which has been issued a gaming license in or outside the State of Arizona?
 Yes No

If you answered yes, state the type of license, name of the issuing jurisdiction or Indian Tribe, location, and period held

14. Do you have any relatives associated with or employed in the gaming industry? Yes No

If you answered yes, state the name, relationship, and association or employment

ADDITIONAL INFORMATION

If you answered yes to any questions, provide a full explanation of the circumstances. For example, provide dates, city, state, nature of offense or violation, name of court involved, and disposition.

State of _____)
County of _____) ss.

I, _____, being duly sworn, depose and say that this application is true and correct to the best of my knowledge and belief and that this oath is executed with the knowledge that false or incomplete answers could result in criminal prosecution and the denial, or subsequent revocation, of state license by the Arizona Department of Gaming. Further, that I am voluntarily submitting this application under oath and with full knowledge that it will be reviewed by appropriate State authorities charged by law with granting state licensure.

Signature of Applicant

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20 _____

Notary Public

My commission expires _____

**ATTACH A PHOTOGRAPH
TAKEN WITHIN THE
LAST 30 DAYS**

RELEASE OF ALL CLAIMS

The undersigned has filed with the Arizona Department of Gaming an Application for State Licensure. In consideration of the assurance by the Department of Gaming that no decision on said application will be taken except after a deliberate, intensive and thorough investigation of the undersigned, including but not limited to background, associates, and finances, the undersigned does for myself, my heirs, executors, administrators, agents, representatives, successors and assigns, hereby release and forever discharge the State of Arizona, the Department of Gaming, its members, agents, and employees, from all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which the undersigned ever had, now has, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the undersigned application.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

I have executed this Release of All Claims on this _____ day of _____, 20_____.

Applicant Signature

APPLICANT'S REQUEST TO RELEASE INFORMATION

TO _____
Leave Blank - To Be Completed By The Department of Gaming

FROM _____
Applicant's Name

1. I hereby authorize and request all persons to whom this request is presented having information relating to or concerning me to furnish such information to a duly appointed agent of the Arizona Department of Gaming, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
2. I hereby authorize and request all persons to whom this request is presented having documents relating to or concerning me to permit a duly appointed agent of the Arizona Department of Gaming to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
3. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I hereby authorize and request that a duly appointed agent of the Arizona Department of Gaming be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including but not limited to past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit records, passbook records, and general ledger folio sheets.
4. I have filed with the Arizona Department of Gaming an "application" for license. I understand that I am seeking certification and acknowledge that the burden of proving my qualifications for a favorable determination is at all times on me. I accept any risk of adverse public notice, embarrassment, criticism, or other action of financial loss which may result from action with respect to this application.
5. I do, for myself, my heirs, executors, administrators, agents, representatives, successors and assigns (collectively, "Indemnitors"), hereby release and forever discharge the person to whom this request is presented, and his agents and employees (collectively, "Indemnitees") from all manner of actions, causes of action, suits, debts, judgments, executions, claims, demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against the Indemnitees arising out of or by reason of complying with this request.
6. I, for myself and Indemnitors, agree to indemnify and hold harmless the Indemnitees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of, or by reason of, complying with this request.
7. A reproduction of this request by photocopy or similar process shall be for all intents and purposes as valid as the original.
8. This authorization expires eighteen (18) months from the date of execution.

I have executed this request/release/authorization on this _____ day of _____, 20_____.

Applicant Signature

State of _____

County of _____

On this _____ day of _____, 20_____, before me personally appeared _____ (name of signer), whose identity was proven to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and acknowledged that he/she executed the same.

Notary Public

Signature of the Arizona Department of Gaming Agent presenting this request:

Date _____

Criminal History Record Information Disclosure of Privacy Requirements

Your fingerprints will be used to check the criminal history records of the FBI.

The use of the FBI criminal history record information will be used to assist in the determination of suitability for the issuance of State Licensing or Licensing for employment in, or providing goods or services to the Arizona Gaming Industry.

You may request procedures for obtaining a copy of your record for a change, correction, or updating of an FBI criminal history record as set forth in Title 28, Code of Federal Regulations (CFR) Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at www.fbi.gov . **If requested you will be given thirty (30) days to complete or challenge the accuracy of the information.**

To obtain a copy of your Arizona criminal history in order to review/update/correct the record, you can contact the Arizona Department of Public Safety Criminal History Records Unit at (602) 223-2222 to obtain a fingerprint card and a Review and Challenge Packet. Information on the review and challenge process can be found at the DPS website (www.azdps.gov).

Criminal history record information is solely for the purpose stated and cannot be disseminated outside the Department of Gaming, or other authorized entity.

You may retain a copy of this signed disclosure if desired.

By my signature below, I fully acknowledge that I have read and understand this disclosure.

Print Name

Signature

Date

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

_____ Initials

¹ Written notification includes electronic notification, but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



Bank of America Merrill Lynch
Treasury Fulfillment Service Operations
275 S Valencia Ave, Brea, CA 92823
dedicatedwgov@bankofamerica.com

July 1, 2021

STATE OF ARIZONA
Attn: Michelle Huang

Regarding: **Account / Routing Number Confirmation**

Please accept this letter as confirmation that, according to our records, the account referenced below is maintained at Bank of America, N.A. with the following information:

Account number:	457029490435
Active ACH Blocks/Filters on file	NO
Routing number ACH/EFT	122101706
Account Name:	STATE OF ARIZONA
Account Address:	1110 W WASHINGTON ST STE 260 PHOENIX AZ 85007

The information set forth above is as of **July 1, 2021**. Please note that the information provided by the Bank in this letter is given as of the date of this letter and is subject to change without notice, and is provided in strict confidence to you for your own use only, without any responsibility, guarantee, representation, warranty (expressed or implied), commitment or liability on the part of the Bank, its parents, subsidiaries or affiliates or any of its or their directors, officers or employees to you or any third party, and none of them assumes any duties or obligations to you in connection herewith. This letter is not to be quoted or referred to without the Bank's prior written consent. The Bank has no duty and undertakes no responsibility to update or supplement the information set forth in this letter.

If you have any questions, or require further assistance, please do not hesitate to contact Dianne Saavedra at **888.715.1000 ext 63007**

Sincerely,

Betty Mejia

AVP: Treasury F&S Sr Spec- Services
Treasury Fulfillment Service Operations