

Arizona Department of Gaming

**Limited Event  
Wagering Operator  
Application**



**Arizona Department of Gaming**

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Arizona Department of Gaming  
100 N. 15th Ave, Suite 202  
Phoenix, AZ 85007  
(602) 771-4263

# Limited Event Wagering Operator

## APPLICATION FEE:

Application Fee: **\$1,000**

Initial License Fee: **\$10,000**

Annual Renewal Fee: **\$5,000**

## Additional Information:

- Limited Event Wagering Operator means a racetrack enclosure or additional wagering facility that holds a permit issued by the Division of Racing to offer wagers on horseracing and that is licensed under this chapter. Limited Event Wagering Operators are subject to the licensing requirements of the Act and this Article. Limited Event Wagering Operators shall have obtained from the Department a renewal of the license every two (2) years. **A.R.S. § 5-1301(8) & A.A.C. R19-4-104(D)**
- 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 State Licensing.
- An applicant for licensure, or renewal thereof, that wishes to withdraw an application must submit a request to the Department in writing. The application will not be considered withdrawn without the written permission of the Department. **A.A.C. R19-4-105(K)**
- A License issued...may not be transferred to another person or entity without prior approval of the Department. The Department shall work with applicants and Licensees to ensure there is no gap in the validity of the License. **A.R.S. § 5-1305(I)**
- The application fee associated with this license type is due upon submittal of this application. The initial license fee associated with this license type will be due upon approval of your application by the Department. The application fee will be credited towards the cost of the initial license fee.
- Applicants seeking a Limited Event Wagering Operator license shall also provide the following information to the Department on its application (**A.R.S. § 5-1307(B)**):
  - A copy of its current approval by the Division of Racing to conduct racing meetings or approval as an additional wagering facility. **A.R.S. § 5-1307(B)(1)**
  - A letter from an Event Wagering Operator of its partnership for the purpose of event wagering. **A.R.S. § 5-1307(B)(2)**
  - An attestation and map demonstrating that the specific physical location of the event wagering facility is located at least five (5) miles from (**A.R.S. § 5-1307(B)(3)**):
    - A Tribal gaming facility. **A.R.S. § 5-1307(B)(3)(a)**
    - The specific event wagering facility location operated by an Event Wagering Operator. **A.R.S. § 5-1307(B)(3)(b)**
    - The specific event wagering facility location operated by another Limited Event Wagering Operator. **A.R.S. § 5-1307(B)(3)(c)**

- In addition to this application, applicants shall provide information, documentation, and assurances concerning financial background and resources of the applicant or its Management Services Provider to establish by clear and convincing evidence the financial stability, integrity, and responsibility of the applicant or its Management Services Provider. This includes, but is not limited to, proof of meeting the following standards (**A.R.S. § 5-1304(B)**):
  - The ability to ensure the financial integrity of event wagering operations by maintaining a bankroll or equivalent provisions adequate to pay winning wagers to bettors when due. **A.R.S. § 5-1304(B)(6)(a)**
  - The ability to meet ongoing operating expenses. **A.R.S. § 5-1304(B)(6)(b)**
  - The ability to pay, as and when due, all state and federal taxes. **A.R.S. § 5-1304(B)(6)(c)**
  - Information establishing sufficient business ability and gaming experience. **A.R.S. § 5-1304(B)(7)**
  - Information on the amount of adjusted gross event wagering receipts and associated adjusted gross receipts that the applicant expects to generate. **A.R.S. § 5-1304(B)(9)**

# Application Packet Checklist

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:

**Please verify all items are checked-off and included in the application packet in order to avoid a rejected application.**



## **Application – Do NOT staple applications**

- ☐ EWFS-LEWO Business Application EWO
- ☐ ADG-903 Business Release Form
- ☐ ADG-906 Business Credit Release Form
- ☐ Operation License Partner - Letter
- ☐ Racing Approval Letter
- ☐ Location Attestation
- ☐ List of AZ Gaming Division of Racing Violations
- ☐ Articles of Incorporation or Organization/Partnership Agreement and all amendments
- ☐ Bylaws
- ☐ Certification of Good Standing from Registered State
- ☐ Current Litigation List
- ☐ List of all Gaming Licenses

## **Financial Information**

- ☐ Audited Financial Statements for the last **three (3) years** to include, but not be limited to:
  - ☐ Annual Reports
  - ☐ Income Statement
  - ☐ Balance Sheet
  - ☐ Statement of Cash Flows
  - ☐ Notes to Financial Statements
- ☐ Last **three (3) years** of tax returns
- ☐ List of past and current SEC violations if Publicly Traded
- ☐ **Payment** – <https://adgpay-ewfs.az.gov/> - 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 § 12-820.01 or § 12-820.02.

# ARIZONA DEPARTMENT OF GAMING

## LIMITED EVENT WAGERING OPERATOR APPLICATION

		Date: _____
1.	Entity Name: _____	Phone: _____
	Trade Name/	
	dba Name: _____	Fax: _____
	Physical	
	Address: _____	
	Zip	
	City: _____ State: _____ Country: _____	Code: _____
	Mailing	
	Address: _____	
		Zip
	City: _____ State: _____ Country: _____	Code: _____
Company Headquarters? <input type="checkbox"/> Yes <input type="checkbox"/> No Website: _____		
2.	Parent	
	Company: _____	Phone: _____
	Mailing	
	Address: _____	Fax: _____
		Zip
	City: _____ State: _____ Country: _____	Code: _____
Company Headquarters? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3.	Contact Person: _____	Phone: _____
	Position: _____	Fax: _____
	Email address: _____	
4.	Accounting Contact Person _____	Phone: _____
	Email address: _____	Fax: _____
	Mailing	
	Address: _____	
		Zip
	City: _____ State: _____ Country: _____	Code: _____
5. Proposed Physical Location of the Facility <input type="checkbox"/> Check here if you attached a document. Please label list as "Item 5"		

6.	Entity Type:	<input type="checkbox"/> Corporation	<input type="checkbox"/> S-Corp	<input type="checkbox"/> Partnership									
		<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Limited Liability Company										
7.	Ownership:	<input type="checkbox"/> Private	<input type="checkbox"/> Public	Ticker Symbol _____	Exchanges on _____								
8.	Accounting Year	<input type="checkbox"/> Calendar Year	<input type="checkbox"/> Fiscal Year	Year End Date: _____									
9.	Federal Tax Id Number / Employer Id Number: _____												
	Social Security Number if Sole Proprietor: _____												
10.	Complete the following: (if the applicant is a partnership or limited liability company, furnish comparable information)												
	(a) State of incorporation / organization: _____		Date of Incorporation: _____										
	<i>(If incorporated out of state, you must attach a letter of good standing from the state where incorporated)</i>												
11.	Operator Partner: _____												
	Contact Name: _____												
	Contact Title: _____												
	Contact Phone Number: _____												
	Contact Email Address: _____												
12.	Management Service Provider: _____												
	Contact Name: _____												
	Contact Title: _____												
	Contact Phone Number: _____												
	Contact Email Address: _____												
13.	Arizona Department of Gaming – Division of Racing Permit Status:												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Type of License</th> <th style="width: 25%;">Dated Issued</th> <th style="width: 25%;">Date Expired</th> <th style="width: 25%;">Status</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Type of License	Dated Issued	Date Expired	Status				
Type of License	Dated Issued	Date Expired	Status										
14.	Arizona Department of Gaming – Division of Racing Violations.												
	Any violations? <input type="checkbox"/> Yes <input type="checkbox"/> No												
	If “Yes” please provide a list of all Racing Violations issued by the Division of Racing and label as “Item 14”												
15.	What is the current status of the Racing Permit Investigation?												
	<input type="checkbox"/> Check here if you attached a document. Please label list as “Item 15”												
	_____												

State of \_\_\_\_\_ )  
 ) ss.  
County of \_\_\_\_\_ )

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 \_\_\_\_\_

## APPLICANT'S REQUEST TO RELEASE INFORMATION

TO \_\_\_\_\_  
Leave Blank - To Be Completed By the Department of Gaming

FROM \_\_\_\_\_  
Name of Business Entity

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. This authorization ends eighteen (18) months from the date of execution.
5. I have filed with the Arizona Department of Gaming an "application" for Certification/License. I understand that I am seeking the granting of a privilege and acknowledge that the burden of proving my qualifications for a favorable determination is at all times on me.
6. I do, for myself, my heirs, executors, administrators, successors and assignees, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees 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 person to whom this request is presented or his agents or employees arising out of or by reason of complying with this request.
7. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.
8. A reproduction of this request by photo copy or similar process shall be for all intents and purposes as valid as the original.

I have executed this request at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
City and State

\_\_\_\_\_  
Signature of Officer, Member, Partner or Owner

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
\_\_\_\_\_

\_\_\_\_\_  
Notary Public

Signature of Arizona Department of Gaming Agent  
Presenting this request:

County of \_\_\_\_\_, State \_\_\_\_\_

My commission expires \_\_\_\_\_

Date \_\_\_\_\_





# Arizona Department of Gaming

## **Limited Event Wagering Operator**

## **Supplemental Allocation Application**



**Arizona Department of Gaming**

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100 N. 15th Ave, Suite 202  
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(602) 771-4263

**ARIZONA DEPARTMENT OF GAMING**  
**LIMITED EVENT WAGERING OPERATOR –**  
**SUPPLEMENTAL ALLOCATION APPLICATION**

If more than ten (10) racetrack enclosures or additional wagering facilities qualify for a limited event wagering operator license, the Department shall allocate the licenses and ensure an equal opportunity for all qualified applicants required by A.R.S. § 5-1305(C) by considering criteria pursuant to A.A.C. R19-4-106(F).

Please demonstrate below how you meet each criterion. Responses may include answers and details relative to the limited event wagering operator applicant and/or a management services provider. You may attach additional documentation to support your application. Please note, this application will only be used if there are more qualified applicants than available limited event wagering operator licenses.

- |   |
|---|
| <b>1. Please describe your experience and track record, both local and international, which establishes the ability to create and maintain a successful limited event wagering operation.</b> |
|   |

- |  |
|--|
| <b>2. Please describe your experience and track record, both local and international, in the operation of pari-mutuel wagering, gaming, or related activity.</b> |
|  |

- |  |
|--|
| <b>3. Please provide details regarding your standing in terms of obtaining and maintaining licenses or permits in all markets.</b> |
|  |

- |   |
|---|
| <b>4. Please provide details regarding your vision, willingness, and commitment to make local investments in Arizona, including prior investments in other states, if applicable.</b> |
|   |

**5. Please provide details regarding your culture of player protection, investments in player protection, and governance program.**

**6. Please describe the responsiveness, approachability, and involvement of local management.**

**7. Please describe your competency to conduct event wagering, including proposed internal controls, and the maximization of privilege fees to the State.**

**8. Please provide details regarding your plan to begin operating event wagering within six (6) months after obtaining a license.**

**9. Please provide details regarding your financial stability, resources, integrity, business ability, and business acumen.**

**10. Please provide details regarding your regulatory compliance and cooperation with regulatory authorities.**

**11. Please describe any potential increased employment and enhancement of the labor market in Arizona, as well as enhancement of other racing enterprises in Arizona.**

**12. Please describe how you would appeal to a unique or unaddressed market or introduce a unique brand or affiliate.**

**13. Please provide details regarding how the issuance of a license would increase the patron base in the State.**

**14. Please provide any other information you would like the Department to consider as part of this application.**