ARIZONA DEPARTMENT OF GAMING - RACING DIVISION 100 N. 15th Ave., Suite 202, Phoenix, AZ 85007 Telephone (602) 364-1700

FOR RACING DIVISION USE ONLY
Applicant ID#_____   Issue Date: _____   Expiration Date: _____

APPLICATION FOR BUSINESS/VENDOR LICENSE

Application Date: _____   **Track: _____**

BUSINESS/VENDOR NAME:	TYPE OF BUSINESS OR SERVICES PERFORMED:
BUSINESS/VENDOR IS A: ☐ CORPORATION (Complete A & D) ☐ PARTNERSHIP (Complete B & D) ☐ SOLE PROPRIETORSHIP (Complete C & D)	

FEDERAL TAX ID # OR SS#:

IT IS STIPULATED AND AGREED THAT ANY NOTICE, CORRESPONDENCE OR PAPERS OF ANY NATURE ADDRESSED TO ME FROM THE ARIZONA DEPARTMENT OF GAMING – RACING DIVISION ARE TO BE SENT TO THE FOLLOWING ADDRESS:

BUSINESS ADDRESS:

_____

STREET ADDRESS

_____   _____   _____
            CITY   STATE   ZIP

BUSINESS PHONE (_____) _____   FAX (_____) _____

APPROVAL OF TRACK/PERMITTEE MANAGEMENT TO CONDUCT BUSINESS ON PERMITTEE GROUNDS

_____   LIMITATIONS, IF ANY: _____
SIGNATURE OF TRACK/PERMITTEE OFFICIAL

SECTION A - CORPORATION: ATTACH THE FOLLOWING REQUIRED DOCUMENTS

☐ **ARTICLES OF INCORPORATION**
☐ LISTING OF ALL DIRECTORS, OFFICERS, SHAREHOLDERS, AND ALL PERSONS WHOSE OWNERSHIP EXCEEDS 10% OF THE CORPORATION
☐ ORGANIZATIONAL CHART OF CORPORATION, INCLUDING THE PARENT CORPORATION, HOLDING CORPORATION, SUBSIDIARY OF PARENT, GENERAL/LIMITED PARTNERSHIPS AND PUBLICLY HELD (INCLUDING STOCK OPTIONS OF FORMER MANAGEMENT EMPLOYEES), AND/OR OTHER PERTINENT OWNERSHIP INTEREST.
☐ ADR-201 LICENSE APPLICATION FULLY EXECUTED FOR DIRECTORS, OFFICERS AND OTHER EMPLOYEES OF THE CORPORATION OR SUBSIDIARY THEREOF WHO ACTUALLY PROVIDE SERVICES AND/OR MANAGEMENT INVOLVEMENT IN THE ACTIVITIES FOR AN ARIZONA PERMITEE (TRACK) ON A REGULAR BASIS, FINGERPRINT CARD, AND LICENSE/FINGERPRINT FEES

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SECTION B -PARTNERSHIP: ATTACH THE FOLLOWING REQUIRED DOCUMENTS

☐ LIST EACH PARTNER AND OWNERSHIP PERCENTAGE BELOW
☐ ADR-201 LICENSE APPLICATION FULLY EXECUTED FOR EACH PARTNER FINGERPRINT CARD, AND LICENSE/FINGERPRINT FEES

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ADR 202 Revised 6/2022

SECTION C –SOLE PROPRIETORSHIP: ATTACH THE FOLLOWING REQUIRED DOCUMENTS

☐ ADR-201 LICENSE APPLICATION FULLY EXECUTED, FINGERPRINT CARD, AND LICENSE/FINGERPRINT FEES

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SECTION D – NAME OF DIRECTOR, OFFICER, STOCKHOLDER OR OWNER

NAME	PERCENTAGE % OWNED	LICENSE NUMBER

(USE ADDITIONAL BLANK SHEETS IF NECESSARY)

A FALSE ANSWER OR INCOMPLETE ANSWER TO ANY QUESTION REQUIRED IN THIS APPLICATION CONSTITUTES GROUNDS FOR DENIAL, SUSPENSION OR REVOCATION OF YOUR LICENSE

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A LICENSE TO BE ISSUED IN ACCORDANCE WITH THE TERMS AND PROVISIONS OF THE RULES OF THE ARIZONA RACING COMMISSION. THE UNDERSIGNED CERTIFIES THAT ALL THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE. THE UNDERSIGNED HAVING READ THE COMPLETE APPLICATION UNDERSTANDS THAT THIS LICENSE MAY BE DENIED AND THAT THE APPLICANT(S) MAY BE CHARGED WITH A CRIMINAL OFFENSE FOR KNOWINGLY MAKING ANY FALSE STATEMENTS OR OMISSIONS ON THIS APPLICATION. THE ISSUANCE OF A LICENSE BY THE DEPARTMENT DOES NOT NECESSARILY ENTITLE THE HOLDER(S) TO ANY RIGHTS OR PRIVILEGES AT THE PREMISES OF ANY TRACK LICENSED BY THE DEPARTMENT. NOTIFICATION TO THE DEPARTMENT FOR CHANGE OF ADDRESS IS THE SOLE RESPONSIBILITY OF THE UNDERSIGNED. SEARCH OF PERSONS, VEHICLES, BUSINESS FACILITY, OR ENCLOSURES MAY BE MADE BY REPRESENTATIVES OF THE DEPARTMENT WHILE ON THE GROUNDS UNDER THE SUPERVISION OF THE DEPARTMENT. IF PAYMENT OF FEES IS MADE BY CHECK AND THAT CHECK IS NOT ON A VALID ACCOUNT OR DRAWN WITHOUT SUFFICIENT FUNDS, THE LICENSE ISSUED SHALL BE NULL AND VOID AND AN AUTOMATIC FINE OF $25.00 SHALL BE IMPOSED.

I CERTIFY THAT THE STATEMENTS AND ANSWERS I HAVE MADE IN THIS APPLICATION ARE TRUE AND CORRECT.

X_____

Signature of License Applicant

Submit Cash, Credit Card, Cashier's Check or Money Order in the amount of ***$500.00***, payable to the Arizona Department of Gaming. ***(Personal Checks will not be accepted.)***

Payment Type:

☐ Cash   ☐ Cashier's Check #_____   ☐ Money Order # _____

☐ Credit Card   Authorization #_____   Receipt # _____

LICENSING _____ PROCESSED	INVESTIGATOR _____ REVIEWED _____ INTERVIEWED	BOARD OF STEWARDS _____ APPROVED _____APPROVED WITH CONDITIONS _____ DENIED