

Arizona Department of Gaming

Event Wagering Ancillary Supplier Short Form Application



Arizona Department of Gaming

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

Event Wagering Ancillary Supplier

APPLICATION FEE:

Initial License Fee: **\$1,500**

Renewal License Fee: **\$500**

Additional Information:

- 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 licensure.
- Event Wagering Ancillary Suppliers include "persons who provide goods and/or services, directly or indirectly, to a responsible party in connection with event wagering pursuant to the Act", specifically **(R19-4-101(B)(27))**:

- a. Affiliates;
- b. Bookmakers;
- c. Data Centers;
- d. Geofence Providers;
- e. Identity Verification Service Providers;
- f. Independent Test Laboratories;
- g. Integrity Monitoring Providers;
- h. League Data Providers;
- i. Marketing Affiliates;
- j. Payment Processors; and
- k. Any Other Person as Determined by the Department.

**Bookmakers, Payment Processors, & Platform Providers are excluded from filling out the Ancillary Supplier Short Form Application and will be required to complete the Supplier Application.*

- 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 The application will not be considered withdrawn without the written permission of the Department.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(L)**

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 qualification for licensure. The applicant agrees to provide access to 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 packets in order to avoid a rejected application.

✓ **Application – No Hard Copies**

- EWFS – Supplier Short Form
- ADG-902 Release of All Claims
- ADG-906 – Business Authorization to Release Credit Information
- Payment – <https://adgpay-ewfs.az.gov/> – Please provide a Copy of Payment Confirmation

✓ **Key Employee Requirements – No Hard Copies**

- Fingerprints – Key Employees
- ADG-907 – Criminal History Disclosure – One for each Key Employee
- ADG-907-B – Non-Criminal Justice Applicant’s Privacy Rights – One for each Key Employee

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.

**ARIZONA DEPARTMENT OF GAMING ANCILLARY
SUPPLIER SHORT FORM APPLICATION**

			Date: _____
1.	Entity Name: _____	Phone: _____	
	Trade Name/ dba Name: _____	Fax: _____	
	Physical Address: _____		
	City: _____	State: _____	Country: _____ Zip Code: _____

	Mailing Address: _____		
	City: _____	State: _____	Country: _____ Zip Code: _____
2.	Contact Person: _____	Phone: _____	
	Position: _____	Fax: _____	
	Email address: _____		
3.	Federal Tax Id Number / Employer Id Number: _____		
4.	Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor A general description of the nature of the business. (Attach a separate page, if necessary)		
5.	Operator Partner: _____		
	Contact Name: _____		
	Contact Title: _____		
	Contact Phone: _____	Email Address: _____	
6.	Contract or Purchase Order Date: _____		
	Contract or Purchase Order Dollar Amount: _____		

The following information is for Department use only – not subject to public disclosure pursuant to Arizona public record laws; collected in compliance with A.R.S §25-320.

Provide the information below for Key Employees and Owners of the entity providing goods or services for Event Wagering.

Attach additional sheet(s) is necessary

The Department shall conduct the necessary background investigation to determine if the applicant meets the qualifications for licensure to include providing any information needed to conduct its investigation. Any applicant for licensure agrees by making such application to be subject to state jurisdiction to the extent necessary to determine the applicant’s qualification to hold such license.

Name	Position	Residence Address	Social Security Number	Date of Birth

I am voluntarily submitting this Short Form Application with full knowledge that it will be reviewed by State authorities charged by law with regulating the Arizona Gaming Industry.

I certify that to the best of my knowledge that the information provided above is true and accurate.

Name of Person Completing Form: _____

Title: _____

Signature: _____

Date: _____

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 AUTHORIZATION TO RELEASE CREDIT INFORMATION

To: The Arizona Department of Gaming

From: _____
Name of Business Entity

RE: Licensure with the Arizona Department of Gaming

1. In accordance with the Fair Credit Reporting Act, section 604(a)(2) and (3)(D), I hereby authorize and request all persons to whom this authorization is presented having information relating to or concerning me to furnish a consumer report of such information to duly appointed agents 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 have filed with the Arizona Department of Gaming an application for state license recommendation, of which this document is a part thereof. I understand that I am seeking the granting of a privilege and acknowledge that the burden for 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 financial loss which may result from the action with respect to this application.
3. I hereby authorize the Arizona Department of Gaming to use the information contained in the consumer report and/or the consumer report for License purposes, including but not limited to investigation, licensing, certification, any court or administrative proceeding and any and all other procedures set forth in A.R.S. §§ 5-1201 through 1213 & A.R.S. §§ 5-1301 through 1321 and A.A.C. Title 19, Chapter 4.
4. 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 authorization on the _____ day of _____, 20____.

Applicant's Signature

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).