

Arizona Department of Gaming

**Management Services
Provider &
Management Company
Application**



Arizona Department of Gaming

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

Management Services Provider & Management Company

APPLICATION FEE:

Event Wagering

Management Services Provider

Application Fee: \$1,000

Initial License Fee: \$10,000

Renewal License Fee: \$5,000

Fantasy Sports

Management Company

Initial License Fee: \$2,000

Renewal License Fee: \$1,000

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.
- For Event Wagering, a Management Services Provider must be licensed by the Department. **A.A.C. R19-4-104(E)**
- For Fantasy Sports, a Management Company must be licensed by the Department. **A.A.C. R19-4-204(B)**
- 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 The application will not be considered withdrawn without the written permission of the Department.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) & R19-4-205(H)**

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 – MSP Application
- ADG-902 Release of All Claims
- ADG-906 – Authorization to Release Credit Information
- ALL** Applications requested for Individuals
- 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
- Updated – Detailed Internal and External Organizational charts
- Payment** – <https://adgpay-ewfs.az.gov/> - Please Provide a Copy of Payment Confirmation

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

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
MANAGEMENT SERVICES PROVIDER &
MANAGEMENT COMPANY 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: _____	
	Company Headquarters? <input type="checkbox"/> Yes <input type="checkbox"/> No Website: _____		
2.	Parent Company: _____	Phone: _____	
	Mailing Address: _____	Fax: _____	
	City: _____ State: _____ Country: _____	Zip 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: _____		
	City: _____ State: _____ Country: _____	Zip Code: _____	

5. Entity Type: Corporation S-Corp Partnership
 Sole Proprietor Limited Liability Company
 Other: _____

6. Ownership: Private Public Ticker Symbol _____ Exchanges on which traded _____

7. Accounting Year Calendar Year Fiscal Year Year End Date: _____

8. Federal Tax Id Number / Employer Id Number: _____
 Social Security Number if Sole Proprietor: _____

9. Complete the following: (if the applicant is a partnership or limited liability company, furnish comparable information)
 (a) State of incorporation / organization: _____ Date of Incorporation: _____
(If incorporated out of state, you must attach a letter of good standing from the state where incorporated)

10. (a) A general description of the nature of the business. (Attach a separate page, if necessary)

(b) A Description of any physical facility operated by the Applicant in Arizona.
 (Attach a separate page, if necessary)

11. Operator Partner: _____
 Contact Name: _____
 Contact Title: _____
 Phone Number: _____
 Email Address: _____

12. List all Sub-Providers

Check here if you attached a list. Please label list as "Item 12"

Company Name	Contact Name	Phone Number

13. List all individuals and/or entities who hold a 5% or more ownership of company and have voting rights

State all titles or positions currently held with the business.

Each of the persons named below are required to complete and file all required application forms and fingerprint impressions.

Check here if you attached a list. Please label list as "Item 13"

Full Name	Title	# of Shares	% of Ownership
			%
			%
			%
			%

14. List gaming licenses issued or pending with other jurisdictions:

Check here if you attached a list. Please label list as "Item 14"

Agency	Agency City, State	Type of License	Dated Issued	Date Expired	Status

15. List any past or current letters of concern, violations, hearings or settlements in relation to obtaining a license and/or permit to conduct business in any gaming jurisdiction in or outside of the United States.

Check here if you attached a list. Please label list as "Item 15"

Agency	Agency City, State	Date of Violation	Violation	Status

16. Is there past or current litigation (civil or criminal) involving the Applicant?

Yes (Explain Below) No Check here if you attached a list. Please label list as "Item 16"

If you answered "Yes", you must provide the following details below. List all cases WITHOUT EXCEPTION.

Plaintiff	Defendant	Case Number	Date Filed
Court Holding Jurisdiction	City / State	Current Status	Date of Last Action

Description of Litigation:

Plaintiff	Defendant	Case Number	Date Filed
Court Holding Jurisdiction	City / State	Current Status	Date of Last Action

Description of Litigation:

Plaintiff	Defendant	Case Number	Date Filed
Court Holding Jurisdiction	City / State	Current Status	Date of Last Action

Description of Litigation:

17. Tax Liability

Check here if you attached a list. Please label list as "Item 17"

Tax Type	IRS or State	Filing Status/List Months Current or Past Due	Amount of Tax Liability, if past due
			\$
			\$
			\$
			\$
			\$

18. Company Loans to and from

Check here if you attached a list. Please label list as "Item 18"

Name of Creditor/Debtor		Description of Liability		Collateral
Creditor <input type="checkbox"/> Debtor <input type="checkbox"/>				
Date Incurred (mm/yyyy)	Maturity Date (mm/yyyy)	Interest Rate	Original Amount	Balance

Name of Creditor/Debtor		Description of Liability		Collateral
Creditor <input type="checkbox"/> Debtor <input type="checkbox"/>				
Date Incurred (mm/yyyy)	Maturity Date (mm/yyyy)	Interest Rate	Original Amount	Balance

Name of Creditor/Debtor		Description of Liability		Collateral
Creditor <input type="checkbox"/> Debtor <input type="checkbox"/>				
Date Incurred (mm/yyyy)	Maturity Date (mm/yyyy)	Interest Rate	Original Amount	Balance

19.

Cash in Bank

List below **ALL** bank accounts, domestic and/or foreign.

Accounts should include, but are not limited to:

General/Operation Checking, A/P, Payroll, 401K, Sweep Accounts, Investment Funds, A/R, Savings, Deposits, etc.

A sampling of all disbursements and cash receipts may be reviewed on site prior to the issuance of Tribal licensing or State certification.

Name and Address of Bank or Financial Institution	Account No.	Purpose of Account	Balance as of (Date) _____
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

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

Signature of Applicant

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