

Arizona Department of Gaming

**Limited Event
Wagering Operator
Application**



Arizona Department of Gaming

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 The application will not be considered withdrawn without the written permission of the Department.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(L)**
- 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-902 Release of All Claims
- 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: _____		
	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.	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: Corporation S-Corp Partnership
 Sole Proprietor Limited Liability Company

7. Ownership: Private Public Ticker Symbol _____ Exchanges on _____

8. Accounting Year Calendar Year 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: _____
(If incorporated out of state, you must attach a letter of good standing from the state where incorporated)

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:

Type of License	Dated Issued	Date Expired	Status

14. Arizona Department of Gaming – Division of Racing Violations.
 Any violations? Yes 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?
 Check here if you attached a document. Please label list as “Item 15”

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) & (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