

Arizona Tribal – State Vendor Application

New Business Application

Class A/B Vendor

Mission Statement

We conduct investigations of gaming vendors to determine suitability and review records to ensure compliance with the Compact and its appendices in full support of the Tribe's and the Department's missions and values.

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 certification or Tribal licensing. You are further advised that an application for State certification or Tribal licensure may not be withdrawn without the permission of the Department of Gaming or the respective Tribe.

Important Attachments

The applicant **must include**, with this application, **the following completed forms**:

- ATSV-902
- ATSV-903
- ATSV-906
- Application Packets for Officers, Directors, and Shareholders holding 10% or more ownership
- Articles of Incorporation or Organization/Partnership Agreement and all amendments
- Bylaws
- Dated and updated External Organizational Chart - include a description of all subsidiaries and related entities
- Dated and updated Internal Organizational Chart – include names and job titles

Financial Information for Privately Held Companies

- Audited or Unaudited 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

Financial Information for Publicly Traded Companies

- Annual Report – 10-K – for the last three (3) years
- List of past and current SEC violations
- Last three (3) years of tax returns

ARIZONA TRIBAL – STATE VENDOR APPLICATION FOR BUSINESS ENTERPRISE

			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.	A/P - Billing Contact Person _____	Phone: _____	
	Email address: _____	Fax: _____	
	Mailing Address: _____		
	City: _____	State: _____	Country: _____ Zip Code: _____

5. Type of gaming services to be provided to Arizona Tribal Casinos: (Check all that apply)

- Gaming Devices: Manufacturer: Distributor:
 Gaming Services (must specify type): _____
 Financing
 Management Services
 Other: _____

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

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

8. 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)

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

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

10. Federal Tax Id Number / Employer Id Number: _____

Taxes: Date of Last Tax Filing: _____ Federal Tax Form Used: _____

11. List the tax reporting status the company has for the State of Arizona.

Tax Type	State ID Number	Filing Status/List Months Current or Past Due	Amount of Tax Liability, if past due
AZ Withholding Tax			\$
AZ Transaction Privilege Tax			\$
Other:			\$

12. Do you conduct any business in Arizona off-reservation? Yes No

13. Are you registered with the Arizona Corporation Commission? Yes No

If "Yes," under what name? _____

If "No", please explain:

14. List all individuals and/or entities who hold a 10% or more ownership of company

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 14"

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

15. List all individuals and entities with stock options that would equal 10% or more ownership, if the options were fully exercised. Check here if you attached a list. Please label list as "Item 15"

Name	Location	# of Options

Has there been any offer of shares of ownership in the past three (3) years:

16. Check here if you attached a list. Please label list as "Item 16"

Date	Type of Shares	# of Shares	Type of Offering	Gross Proceeds Raised	Use of Proceeds
				\$	
				\$	
				\$	

Is the Applicant planning or negotiating any acquisitions, mergers, or a sale of the business, a subsidiary, or any portion of the company in the near future? Yes No

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

If yes, provide an explanation:

18. Remuneration to employees exceeding \$150,000 annually:

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

Name	Title	Annual Salary
		\$
		\$
		\$
		\$
		\$

19. Written and signed sales agreements and/or contracts with Native American Tribes for the most recent 12-month period, including any pending sales agreements and/or contracts: Check here if you attached a list. Please label list as "Item 19"

Name of Tribe	Location	Purpose	Payment Terms

20. Is the business regulated by any other state or federal agencies? List all that apply:

Check here if you attached a list. Please label list as "Item 20"

21. Outside Professionals: Check here if you attached a list. Please label list as "Item 21"

Professionals	Name & Address	Years Associated	Descriptions of Relationship
Attorneys			
Accountant / Auditors			
Bankers			
Other			

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

Check here if you attached a list. Please label list as "Item 22"

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

23. 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 23"

Agency	Agency City, State	Date of Violation	Violation	Status

24. 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 24"

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:

Additional Information

1. "...The Tribe or Tribal Gaming Office, as applicable, and the State Gaming Agency shall conduct the necessary background investigation to ensure the Applicant is qualified for Tribal licensing and State certification..." [**Arizona Tribal – State Gaming Compact: Section 5(b)(1) & (2)**] In order to conduct the necessary background investigations 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:
 - Authorization for the Department of Gaming and/or the Tribal Gaming Office to examine any and all audit work papers of the external auditors in association with any audited/reviewed financial statements of the applicant
 - Copies of Federal and State Tax Returns, including all schedules
 - The minutes of all Board of Directors and Shareholder meetings
 - The most recent shareholder list
 - All proxy statements
 - General ledger trial balance
 - A detailed accounts receivable listing as of the date of the general ledger trial balance provided above
 - A detailed accounts payable listing as of the date of the general ledger trial balance provided above
 - A list of all customers
 - All current real property lease agreements
 - Copies of all bank statements of all bank accounts
 - Copies of all bank signature cards for all bank accounts
 - For applicants who have been in existence less than three (3) years, a detailed explanation surrounding the initial source of capitalization
 - If the applicant is a management or financing company, operating budget and cash flow projections
 - Employee list – active and terminated/inactive
 - Any additional financial data or other information which may be deemed necessary or appropriate as determined by the Arizona Department of Gaming or the Tribal Gaming Office.

2. "Notification of Change of Principals. After an entity is licensed by the Tribal Gaming Office, or certified by the State Gaming Agency, it shall file a report of each change of its Principals with the Tribal Gaming Office and the State Gaming Agency. Each new Principal shall file a complete Application within (30) days after appointment or election." (**Arizona Tribal – State Gaming Compact: Section 5(e)**)

3. “Fees for State Certification: The fees for State Certification shall be the following:

Management Contractors and/or Financiers	
Initial Certification	\$5,000
Renewal	\$1,000
Manufacturers and Suppliers of Gaming Devices	
Initial Certification	\$5,000
Renewal	\$1,000
Providers of Gaming Services	
Initial Certification	\$1,500
Renewal	\$500

A State Certification shall be valid for any Gaming Operation in Arizona and no additional fee shall be required. In the event actual costs incurred by the State Gaming Agency to investigate the background of an Applicant exceed the above fees, those costs shall be assessed to the Applicant during the investigation process. Payment in full to the State Gaming Agency shall be required prior to the issuance of State Certification...” (**Arizona Tribal – State Gaming Compact: Section 5(l)**)

4. “Fees for Tribal License. The fees for Tribal licenses shall be set by the Tribe.” **Arizona Tribal – State Gaming Compact: Section 5(m)**

5. “An Applicant for State Certification..., or renewal thereof, may not withdraw an Application without the written permission of the State Gaming Agency. The State Gaming Agency will not unreasonably withhold permission to withdraw an Application.” “An Applicant for a Tribal license, or renewal thereof, may not withdraw an Application without the permission of the Tribe or Tribal Gaming Office as applicable, unless otherwise provided under Tribal law.” **Arizona Tribal – State Gaming Compact: Section 5(r)**

The obligations and informational requirements in this application are for purposes of the certification process of the Arizona Department of Gaming and the licensing process of the respective Tribe. The applicant is responsible for the adherence to any and all additional relevant federal, state, or tribal laws and regulations.

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 certification 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 Tribal and State authorities charged by law with granting gaming licenses and state certifications.

Signature of Applicant

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20 _____

Notary Public

My commission expires _____