

Arizona Tribal – State Vendor Application

New Business Application

Class D 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. 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 You are further advised that an application for State certification or Tribal licensure may not be withdrawn without the permission of the Department of Gaming or the respective Tribe.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 the following completed forms and additional items:

- ATSV-900
- ADG-902
- ADG-903
- ADG-906
- Arizona Department of Revenue form 285
- IRS form 4506-T
- Application Packets for Officers, Directors, and Shareholders holding 10% or more ownership
- Articles of Incorporation or Organization/Partnership Agreement
- Bylaws
- Certificate of Good Standing from registered state
- List of litigation – Past and Pending
- 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

ARIZONA TRIBAL – STATE VENDOR APPLICATION FOR BUSINESS ENTERPRISE

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

Mailing Address: _____	
City: _____	State: _____ Country: _____ Zip Code: _____
2. Parent Company: _____ Phone: _____	
Mailing Address: _____	Fax: _____
City: _____	State: _____ Country: _____ Zip Code: _____
3. Contact Person: _____ Position: _____ Phone: _____	
Email address: _____	Fax: _____
4. Accounts Payable Contact Person _____ Phone: _____	
Mailing address: _____	e-mail: _____
City: _____	State: _____ Zip: _____
5. (a) State of incorporation / organization: _____ Date of Incorporation: _____	
<i>(If incorporated out of state, you must attach a letter of good standing from the state incorporated)</i>	
(b) Federal Tax Id Number / Employer Id Number: _____	
(c) Applicant Type: (if the applicant is a partnership or limited liability company, furnish comparable information)	
<input type="checkbox"/> Corporation	<input type="checkbox"/> S-Corp
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Other: _____

6. (a) A general description of the nature of the business. (Attach a separate page, if necessary and label as item 6(a))

(b) Type of gaming services to be provided to Arizona Tribal Casinos:

Services (must specify type): _____

7. Accounting Year:

Calendar Year

Fiscal Year Year End Date: _____

8. 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:			\$

9. Sales agreements and/or contracts with Indian Gaming Facilities 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 9"

Name of Tribe	Location	Purpose	Terms

*The applicant **must provide** copies of all contracts/sales agreements relating to business conducted with Indian Gaming Facilities in Arizona.*

12. Is there past or current litigation (civil or criminal) involving the Business Entity?
 Yes No Check here if you attached a list. Please label list as "Item 12"

*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 narrative or explanation:

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 _____