

# ARIZONA TRIBAL – STATE VENDOR APPLICATION

## PERSONAL FINANCIAL QUESTIONNAIRE

### PRINCIPAL

**A Principal as defined in the Arizona Tribal – State Compact Section 2(ee):** “Principal: means with respect to any Person:

- 1) Each of its officers and directors;
- 2) Each of its principal management employees, including any chief executive officer, chief financial officer, chief operating officer or general manager;
- 3) Each of its owners or partners, if an unincorporated business;
- 4) Each of its shareholders who own more than ten (10) percent of the shares of the corporation, if a corporation; Each Person other than a banking institution who has provided financing for the entity constituting more than ten (10) percent of the total financing of the entity; and
- 5) Each of the beneficiaries, or trustees of a trust.

Any individual associated with the company (Partnerships, Limited Liability Companies or any other business entity) submitting an application for certification or licensure may be required to disclose by the Arizona Department of Gaming or the respective Tribe after its review of the organizational structure of the applicant.

### KEY PERSONNEL:

Key Personnel includes, but is not limited to, any person who represents the company in a sales, services, consulting, or training capacity with any Arizona gaming facility. Furthermore, Key Personnel are any persons authorized to represent the company’s interests in work projects, contracts, billing issues, or employee placement involving any Arizona gaming facility.

Any individual associated with the company submitting an application for certification or licensure may be required to disclose by the Arizona Department of Gaming or the respective Tribe after its review of the organizational structure of the applicant.

Name:			Date:
Home Address:			Home Phone#:
			Cell Phone#:
City:	State:	Zip Code:	Work Phone#:
Employer:			Position/Title:

## ANNUAL HOUSEHOLD INCOME

The following information should reflect your current financial status  
and please provide a copy of yours and your spouse's most recent pay stub.

DATE \_\_\_\_\_

SOURCE OF ANNUAL INCOME	SELF	SPOUSE	TOTAL ANNUAL HOUSEHOLD INCOME
<b>SALARY</b>	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>BONUS</b>	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>COMMISSION</b>	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>RENTAL INCOME</b>	\$	\$	\$
<b>CHILD SUPPORT</b>	\$	\$	\$
<b>ALIMONY</b>	\$	\$	\$
<b>RETIREMENT</b>	\$	\$	\$
<b>INSURANCE SETTLEMENT</b>	\$	\$	\$
<b>INHERRITANCE</b>	\$	\$	\$
<b>INTEREST PAYMENTS</b>	\$	\$	\$
<b>DIVIDENDS</b>	\$	\$	\$
<b>GIFTS GREATER THAN OR EQUAL TO \$1000</b>	\$	\$	\$
<b>GAMBLING WINNINGS</b>	\$	\$	\$
<b>OTHER INCOME</b>	\$	\$	\$
<b>TOTAL</b>			<b>\$</b>

**Please answer the following financial questions**

If you need additional space for your answer, please use page 7.

**1. Do you anticipate active participation in the management and operation of a casino or other gaming facility?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give the name of the casino: \_\_\_\_\_

**2. Do you anticipate loaning money or extending credit to any business? If yes, list the entity and the amount.**

Yes \_\_\_\_\_ No \_\_\_\_\_

Business: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Business: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Business: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**3. Have you ever personally filed for relief from creditors under the Federal Bankruptcy Code?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please state the date filed, dated discharged, State filed in, and type of bankruptcy (chapter 7, chapter 11, etc). Please include any and all documents pertaining to bankruptcy.

Date Filed: \_\_\_\_\_ Date Discharged: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Date Discharged: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Date Discharged: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_

**4. Have you ever been denied credit?** Yes \_\_\_\_\_ No \_\_\_\_\_

**5. Has your personal Federal Income Tax Return ever been audited or adjusted?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please list year and reason why. Please include any and all documents pertaining to audit or adjustment.

Year: \_\_\_\_\_ Reason: \_\_\_\_\_

Year: \_\_\_\_\_ Reason: \_\_\_\_\_

**6. Has your personal State Income Tax Return ever been audited or adjusted?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please list year and reason why. Please include any and all documents pertaining to audit or adjustment.

Year: \_\_\_\_\_ Reason: \_\_\_\_\_

Year: \_\_\_\_\_ Reason: \_\_\_\_\_

Year: \_\_\_\_\_ Reason: \_\_\_\_\_

**7. Have you ever failed to file any required State or Federal Income Tax Return?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please list year and reason why.

Year: \_\_\_\_\_ Reason: \_\_\_\_\_

Year: \_\_\_\_\_ Reason: \_\_\_\_\_

Year: \_\_\_\_\_ Reason: \_\_\_\_\_

**8. Last Federal Income Tax Return was filed:** Year: \_\_\_\_\_

**9. Last State Income Tax Return was filed:**

Year: \_\_\_\_\_ State: \_\_\_\_\_

Year: \_\_\_\_\_ State: \_\_\_\_\_

Year: \_\_\_\_\_ State: \_\_\_\_\_

**10. Do you own or control any assets or liabilities outside the United States?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please list the location (countries, provinces, off shore locations etc.)

Location: \_\_\_\_\_ Location: \_\_\_\_\_

Location: \_\_\_\_\_ Location: \_\_\_\_\_

Location: \_\_\_\_\_ Location: \_\_\_\_\_

**11. Do you control, manage, or hold in trust any assets or liabilities for another person or entity?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please list the name of the entities and/or person(s)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**12. Does another person or entity control, manage, or hold in trust any assets or liabilities for you?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please list the name of the entities and/or person(s)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**ASSETS - CURRENT VALUE**

<b>Cash</b>		On Hand (Not in Financial Institutions)	Banks	Credit Unions	Brokerage/Money Market Accounts
	Your Name Alone	\$	\$	\$	\$
	Joint Accounts	\$	\$	\$	\$
<b>Retirement Accounts</b>		401K's (Current Value)	IRA's (Current Value)	Pension Funds (Current Value)	Other
	Your Name Alone	\$	\$	\$	\$
	Joint Accounts	\$	\$	\$	\$
<b>Non-Retirement Assets</b>		Individual Stocks (Current Value)	Individual Bonds (Face Value)	Mutual Funds	CD's & Other
	Your Name Alone	\$	\$	\$	\$
	Joint Accounts	\$	\$	\$	\$
<b>Real Estate</b>		Residence (Market Value)	2 <sup>nd</sup> Home (Market Value)	Time Share(s)	Other
	Your Name Alone	\$	\$	\$	\$
	Joint Accounts	\$	\$	\$	\$
<b>Business Investments</b>		Total Amount Invested	Market Value	Loans Receivable	Other Investments
	Your Name Alone	\$	\$	\$	\$
	Joint Accounts	\$	\$	\$	\$
<b>Other Assets</b>		Cars/Boats/RV's/etc.	Jewelry	Art	Collectibles
	Your Name Alone	\$	\$	\$	\$
	Joint Accounts	\$	\$	\$	\$
<b>Other Assets</b>		Furniture	Cash Value Life Insurance	Other	Other
	Your Name Alone	\$	\$	\$	\$
	Joint Accounts	\$	\$	\$	\$

## LIABILITIES – CURRENT OUTSTANDING

<b>Credit Cards (Total)</b>		Bank Cards	American Express	Retail	Other
	Your Name Alone	\$	\$	\$	\$
	Joint Accounts	\$	\$	\$	\$
<b>Loans Payable (Total)</b>		Automobiles	Education	Other	Other
	Your Name Alone	\$	\$	\$	\$
	Joint Accounts	\$	\$	\$	\$
<b>Mortgages</b>		1 <sup>st</sup> Mortgage Original Amount	Balance Due <b>Current: Y / N</b>	2 <sup>nd</sup> Mortgage Original Amount	Balance Due <b>Current: Y / N</b>
	Your Name Alone	\$	\$	\$	\$
	Joint Accounts	\$	\$	\$	\$
<b>Co-Signature Loans/Notes</b>	Your Name Alone	For:		For:	
	Primary Name on Loan				
	Amount	\$		\$	
<b>Taxes Payable</b>		Current Obligation	Past Due	Adjustments Payable	Penalties
	Your Name Alone	\$	\$	\$	\$
	Joint Obligation	\$	\$	\$	\$
<b>Court Orders</b>		Annual Child Support <b>Current: Y / N</b>	Annual Alimony <b>Current: Y / N</b>	Federal Lien	State Lien
	Your Name Alone	\$	\$	\$	\$
	Joint Obligation	\$	\$	\$	\$
<b>Other Liabilities</b>		Time Share Annual Fees(s)	Life Ins. Annual Premium(s)	Other	Other
	Your Name Alone	\$	\$	\$	\$
	Joint Obligation	\$	\$	\$	\$

## ADDITIONAL INFORMATION

Please use this sheet for financial information that needs further explanation or if you have further financial information that needs to be disclosed to the Arizona Department of Gaming.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 \_\_\_\_\_