

Arizona Tribal – State Vendor Application

Vendor Short Form Business Application



Arizona Department of Gaming

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.

Please be advised this application for certification is valid only for authorized Arizona gaming facilities. Providing goods or services to any location considered by the State to be unauthorized, or in pending litigation with the State concerning whether it is authorized, would be outside the approval granted through State Certification. Vendors providing goods or services to unauthorized facilities may be subject to legal and/or regulatory risks.

Complete the following REQUIRED information below.

Personal information (Address, Social Security Number, and Date of Birth) is only required if a business Federal Tax ID Number is not provided. Such information and is for Department use only, is not subject to public disclosure pursuant to Arizona public record laws, and is collected in compliance with A.R.S. §25-320.

Provide the information below for those persons directly involved in the conduct of gaming activities or providing goods or services for a Gaming Facility. Attach additional sheet(s) if necessary				
REQUIRED – Key Personnel		Complete if no Federal Tax ID Number		
Name	Position	Residence Address	Social Security Number	Date of Birth

I am voluntarily submitting this Short Form Application with full knowledge that it will be reviewed by Tribal and State authorities charged by law with regulating the Arizona Gaming Industry.

I certify that to the best of my knowledge that the information provided above is true and accurate

Name of Person Completing Form: _____

Title: _____

Email Address: _____

Signature: _____

Date: _____