

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
SALARY	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
BONUS	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
COMMISSION	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
RENTAL INCOME	\$	\$	\$
CHILD SUPPORT	\$	\$	\$
ALIMONY	\$	\$	\$
RETIREMENT	\$	\$	\$
INSURANCE SETTLEMENT	\$	\$	\$
INHERRITANCE	\$	\$	\$
INTEREST PAYMENTS	\$	\$	\$
DIVIDENDS	\$	\$	\$
GIFTS GREATER THAN OR EQUAL TO \$1000	\$	\$	\$
GAMBLING WINNINGS	\$	\$	\$
OTHER INCOME	\$	\$	\$
TOTAL			\$

Please answer the following financial questions

If you need additional space for your answer, please use page 13.

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 financing any of the following entities? If yes, list the entity who will be receiving the loan or financing and the amount.

A. Tribal Community Yes _____ No _____ Amount: \$ _____

Name: _____

Source of money to be loaned or financed: _____

B. Tribal Gaming Operation Yes _____ No _____ Amount: \$ _____

Name: _____

Source of money to be loaned or financed: _____

C. Non-Tribal Gaming Operation Yes _____ No _____ Amount: \$ _____

Name: _____

Source of money to be loaned or financed: _____

(Submit executed agreements for all financial transactions shown above)

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. Has any entity that you have been employed/associated with ever 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)

Date Filed: _____ Date Discharged: _____ State: _____ Type: _____

Date Filed: _____ Date Discharged: _____ State: _____ Type: _____

Date Filed: _____ Date Discharged: _____ State: _____ Type: _____

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: _____

Schedule A – Cash in Banks / Financial Institutions

List **all** bank accounts, foreign and domestic, controlled by you, or any other person(s) or entity(s) for your benefit

Check here if you attached a list. Please label list as “Item A”

Name of Bank	Names of Persons on Account	Account No.	Type of Account	Date Opened mm/yyyy	Interest Rate	Balance as of	
					%	\$	
					%	\$	
					%	\$	
					%	\$	
					%	\$	
					%	\$	
						Total	\$

SCHEDULE B - Accounts Receivable and Notes Receivable

List all accounts receivable and notes receivable controlled by you, or any other person(s) or entity(s) for your benefit as of the application date.

Check here if you attached a list. Please label list as “Item B”

Name of Debtor	Purpose	Date Incurred mm/yyyy	Payment/Period	Interest Rate	Maturity Date mm/yyyy	Original Amount	Unpaid Balance	
			\$ /	%		\$	\$	
			\$ /	%		\$	\$	
			\$ /	%		\$	\$	
			\$ /	%		\$	\$	
			\$ /	%		\$	\$	
			\$ /	%		\$	\$	
							Total	\$

SCHEDULE C – Retirement and Securities

List all Retirement and security accounts which are controlled by you, or any other person(s) or entity(s) for your benefit as of the application date.

Check here if you attached a list. Please label list as “Item C”

Broker / Custodian	Name in Which Held	Date Established mm/yyyy	Account Type	Most Recent Statement Market Value
				\$
				\$
				\$
				\$
				\$
Total				\$

SCHEDULE D - Business Investments

List any business investments which are controlled by you, or any other person(s) or entity(s) for your benefit as of the application date.

List the names of all individuals or entities who share a direct, indirect, vested, or contingent interest therein.

This should include, but not be limited to joint ventures, partnerships, sole proprietorships, and corporations.

Check here if you attached a list. Please label list as “Item D”

Entity Name	Type of Entity	All Individuals or Entities Sharing 5% or Greater Interest and/or Ownership	Total No. of Shares or Units	Your % of Ownership	Date of Purchase mm/yyyy	Purchase Price	Market Value
				%		\$	\$
				%		\$	\$
				%		\$	\$
				%		\$	\$
Total							\$

SCHEDULE E - Real Estate

List all real property which is controlled by you, or any other person(s) or entity(s) for your benefit as of the application date.

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

Real Property Address/Location	Type	Date of Purchase mm/yyyy	Percent of Ownership	Other Owners	Income	Purchase Price/ Improvement Cost	Market Value
			%		\$	\$	\$
			%		\$	\$	\$
			%		\$	\$	\$
			%		\$	\$	\$
			%		\$	\$	\$
			%		\$	\$	\$
Total							\$

SCHEDULE F – Cash Value – Life Insurance

List all life insurance policies which are controlled by you, or any other person(s) or entity(s) for your benefit as of the application date

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

Insurance Carrier	Policy Number	Beneficiary(ies)	Date of Purchase mm/yyyy	Effective Date of Cash Surrender Value	Payment/Period	Cash Surrender Value
					\$ /	\$
					\$ /	\$
					\$ /	\$
					\$ /	\$
Total						\$

SCHEDULE G – Vehicles

List all vehicles which are controlled by you, or any other person(s) or entity(s) for your benefit (including leased vehicles) as of the application date.

Check here if you attached a list. Please label list as “Item G”

Type of Vehicle	Model Year	Make/Model of Vehicle	Owned/ Leased	Date of Purchase/Leased mm/yyyy	Purchase Price	Market Value
			O L		\$	\$
			O L		\$	\$
			O L		\$	\$
			O L		\$	\$
			O L		\$	\$
Total						\$

SCHEDULE H - Other Assets

List all other assets which are controlled by you, or any other person(s) or entity(s) for your benefit as of the application date.

Check here if you attached a list. Please label list as “Item H”

Type of Asset	Other Information about asset (Vehicles list, year, make, and model)	Date of Purchase mm/yyyy	Purchase Price	Market Value
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Total				\$

SCHEDULE I - Notes Payable

List all notes payable for which you, your spouse, and/or dependent(s) are obligated. Please include leased vehicles.
(Student loans, car loans, unsecured lines of credit, borrowings against retirements or life insurances)

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

Name and Address of Creditor	Purpose	Date Incurred mm/yyyy	Maturity Date mm/yyyy	Payment/Period	Interest Rate	Original Amount	Unpaid Balance
				\$ /	%	\$	\$
				\$ /	%	\$	\$
				\$ /	%	\$	\$
				\$ /	%	\$	\$
				\$ /	%	\$	\$
				\$ /	%	\$	\$
Total							\$

SCHEDULE J - Mortgages Payable / HELOC

List all mortgages or liens payable on real estate for which you, your spouse, and/or dependent(s) are obligated.

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

Name of Creditor	Address of Real Estate	Inception Date mm/yyyy	Maturity Date mm/yyyy	Terms	Interest Rate	Payment/Period	Original Amount	Unpaid Balance
					%	\$ /	\$	\$
					%	\$ /	\$	\$
					%	\$ /	\$	\$
					%	\$ /	\$	\$
Total								\$

SCHEDULE K – Credit Cards

List all credit cards for which you and/or spouse and/or dependent(s) are obligated

Check here if you attached a list. Please label list as “Item K”

Bank & Type (Visa, AmEx, Etc)	Purpose	Date Established (mm/yyyy)	Interest	Monthly Payment	Balance
			%	\$	\$
			%	\$	\$
			%	\$	\$
			%	\$	\$
			%	\$	\$
			%	\$	\$
Total					\$

SCHEDULE L - Other Liabilities

List all other indebtedness documented or undocumented for which you and/or your spouse and/or dependent(s) are obligated.

(Alimony, child support, taxes, etc.)

Check here if you attached a list. Please label list as “Item L”

Name of Creditor	Description of Liability	Collateral	Date Incurred mm/yyyy	Maturity Date mm/yyyy	Payment/Period	Interest Rate	Original Amount	Balance
					\$ /	%	\$	\$
					\$ /	%	\$	\$
					\$ /	%	\$	\$
					\$ /	%	\$	\$
Total								\$

SCHEDULE M - Contingent Liabilities

List all contingent liabilities for which you and/or your spouse and/or dependent(s) are obligated.

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

Name and Address of Creditor	Persons Liable Besides You and/or Your Spouse	Collateral	Date Incurred mm/yyyy	Maturity Date mm/yyyy	Payment/Period	Interest Rate	Original Amount	Unpaid Balance
					\$ /	%	\$	\$
					\$ /	%	\$	\$
					\$ /	%	\$	\$
					\$ /	%	\$	\$
Total								\$

TRUSTS

List all Trusts which are controlled by you, or any other person(s) or entity(ies) for your benefit as of the application date.

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

Institution	Title of Trust	Account #	Date Established (mm/yyyy)	Location of Trust	Name of Trustee(s) or Trustor(s)	Names of all others with interest in trust	Valuation since last statement
							\$
							\$
							\$
							\$
							\$

STATEMENT OF ASSETS AND LIABILITIES

Please list all assets and liabilities from the previous schedule's totals.

Check here if you attached a list. Please label list as "Statement of Assets and Liabilities"

ASSETS

A – Cash in Banks	\$ _____
B – Accounts & Notes Receivable	\$ _____
C – Retirement & Securities	\$ _____
D – Business Investments	\$ _____
E – Real Estate	\$ _____
F – Cash Value – Life Insurance	\$ _____
G - Vehicles	\$ _____
H – Other Assets	\$ _____
TOTAL ASSETS:	\$ _____

LIABILITIES

I – Notes Payable	\$ _____
J – Mortgages Payable	\$ _____
K – Credit Cards	\$ _____
L– Other Liabilities	\$ _____
M – Contingent Liabilities	\$ _____
TOTAL LIABILITIES	\$ _____

TOTAL ASSETS	\$ _____
LESS TOTAL LIABILITES	\$ _____
NET WORTH	\$ _____

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 _____