

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 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

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

LIABILITIES – CURRENT OUTSTANDING

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

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 _____