Arizona Tribal – State Vendor Application

New & Renewal Business Application

Class A/B 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.

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.

APPLICATION FEE:

"A" Vendor: Initial Certification **$5,000**
"A" Vendor: Renewal Certification **$1,000**

"B" Vendor: Initial Certification **$1,500**
"B" Vendor: Renewal Certification **$500**

THE FOLLOWING FORMS MUST BE COMPLETED AND RETURNED WITH APPLICATION FEE TO BEGIN PROCESSING

Please DO NOT bind applications or submit them in binders or digitally
Submit one (1) hard copy of all documents requested
Ensure all forms requiring notarization are NOTARIZED

Additional Information:

- You are advised that this application is an official document and 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 You are further advised that an application for State certification or Tribal licensure may not be withdrawn without the permission of the Department of Gaming or the respective Tribe.

- "Notification of Change of Principals. After an entity is licensed by the Tribal Gaming Office, or certified by the State Gaming Agency, it shall file a report of each change of its Principals with the Tribal Gaming Office and the State Gaming Agency. Each new Principal shall file a complete Application within (30) days after appointment or election." (**Arizona Tribal – State Gaming Compact: Section 5(e)**)

- "An Applicant for State Certification…, or renewal thereof, may not withdraw an Application without the written permission of the State Gaming Agency. The State Gaming Agency will not unreasonably withhold permission to withdraw an Application." "An Applicant for a Tribal license, or renewal thereof, may not withdraw an Application without the permission of the Tribe or Tribal Gaming Office as applicable, unless otherwise provided under Tribal law." **Arizona Tribal – State Gaming Compact: Section 5(r)**

Application Packet Checklist

"…The Tribe or Tribal Gaming Office, as applicable, and the State Gaming Agency shall conduct the necessary background investigation to ensure the Applicant is qualified for Tribal licensing and State certification…" **[Arizona Tribal – State Gaming Compact: Section 5(b)(1) & (2)]** In order to conduct the necessary background investigations the applicant agrees to provide access to the following information and/or documents and to provide copies, as requested. This information includes, but is not limited to, the following:

Please verify all items are checked-off and included in the application packet in order to avoid a rejected application.

✓ ***Application***

- [ ] ATSV-900 A/B
- [ ] ADG-902
- [ ] ADG-903
- [ ] ADG-906
- [ ] **ALL** Applications requested for Officers, Directors, & Shareholders holding 10% or more ownership
- [ ] Articles of Incorporation or Organization/Partnership Agreement and all amendments
- [ ] Bylaws
- [ ] Current Customer List
- [ ] Current Litigation List
- [ ] List of all Gaming Licenses

Financial Information for Privately Held Companies

- [ ] Audited Financial Statements for the last **three (3) years** to include, but not be limited to:
  - [ ] Annual Reports
  - [ ] Income Statement
  - [ ] Balance Sheet
  - [ ] Statement of Cash Flows
  - [ ] Notes to Financial Statements if Audited
- [ ] Unaudited Financial Statements for the last **three (3) years** to include, but not be limited to:
  - [ ] Income Statement
  - [ ] Balance Sheet
  - [ ] Statement of Cash Flows
  - [ ] Accounts Payable aging report from the last period closed
  - [ ] Accounts Receivable aging report from the last period closed
  - [ ] Trial Balance report from the last period closed
- [ ] Last **three (3) years** of tax returns

Financial Information for Publicly Traded Companies

- [ ] List of past and current SEC violations
- [ ] Last **three (3) years** of tax returns

ARIZONA TRIBAL – STATE VENDOR APPLICATION FOR BUSINESS ENTERPRISE

Date: _____

1. Entity Name: _____ Phone: _____

Trade Name/ dba Name: _____ Fax: _____

Physical Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Company Headquarters? ☐ Yes ☐ No Website:

2. Parent Company: _____ Phone: _____

Mailing Address: _____ Fax: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Company Headquarters? ☐ Yes ☐ No

3. Contact Person: _____ Phone: _____

Position: _____ Fax: _____

Email address: _____

4. A/P - Billing Contact Person _____ Phone: _____

Email address: _____ Fax: _____

Mailing Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

5. Type of gaming services to be provided to Arizona Tribal Casinos: (Check all that apply)

☐ Gaming Devices: ☐ Manufacturer: ☐ Distributor:
☐ Gaming Services (must specify type): _____
☐ Financing
☐ Management Services
☐ Other: _____

6. Entity Type: ☐ Corporation ☐ S-Corp ☐ Partnership
☐ Sole Proprietor ☐ Limited Liability Company
☐ Other: _____

7. Ownership: ☐ Private ☐ Public Ticker Symbol _____ Exchanges on which traded _____

8. Complete the following: (if the applicant is a partnership or limited liability company, furnish comparable information)

(a) State of incorporation / organization: _____ Date of Incorporation: _____
(If incorporated out of state, you must attach a letter of good standing from the state where incorporated)

(b) A general description of the nature of the business. (Attach a separate page, if necessary)

_____

_____

9. Accounting Year ☐ Calendar Year ☐ Fiscal Year Year End Date: _____

10. Federal Tax Id Number / Employer Id Number: _____

Taxes: Date of Last Tax Filing: _____ Federal Tax Form Used: _____

11. 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:			**$**

12. Do you conduct any business in Arizona off-reservation? ☐ Yes ☐ No

13. Are you registered with the Arizona Corporation Commission? ☐ Yes ☐ No

If "Yes," under what name? _____

If "No", please explain: _____

_____

14. List all individuals and/or entities who hold a 10% or more ownership of company

State all titles or positions currently held with the business.

Each of the persons named below are required to complete and file all required application forms and fingerprint impressions.

☐ Check here if you attached a list. Please label list as "Item 14"

Full Name	Title	# of Shares	% of Ownership
			%
			%
			%
			%

15. List all individuals and entities with stock options that would equal 10% or more ownership, if the options were fully exercised. ☐ Check here if you attached a list. Please label list as "Item 15"

Name	Location	# of Options

16. Has there been any offer of shares of ownership in the past three (3) years:

☐ Check here if you attached a list. Please label list as "Item 16"

Date	Type of Shares	# of Shares	Type of Offering	Gross Proceeds Raised	Use of Proceeds
				$	
				$	
				$	

17. Is the Applicant planning or negotiating any acquisitions, mergers, or a sale of the business, a subsidiary, or any portion of the company in the near future? ☐ Yes ☐ No

☐ Check here if you attached a list. Please label explanation as "Item 17"

If yes, provide an explanation: _____

_____

_____

18. Remuneration to employees exceeding $150,000 annually:

☐ Check here if you attached a list. Please label list as "Item 18"

Name	Title	Annual Salary
		$
		$
		$
		$
		$

19. Written and signed sales agreements and/or contracts with Native American Tribes 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 19"

Name of Tribe	Location	Purpose	Terms

20. Is the business regulated by any other state or federal agencies? List all that apply:

☐ Check here if you attached a list. Please label list as "Item 20"

_____

_____

_____

21. Outside Professionals: ☐ Check here if you attached a list. Please label list as "Item 21"

Professionals	Name & Address	Years Associated	Descriptions of Relationship
Attorneys			
Accountant / Auditors			
Bankers			
Other			

22. List gaming licenses issued or pending with other jurisdictions:

☐ Check here if you attached a list. Please label list as "Item 22"

Agency	Agency City, State	Type of License	Dated Issued	Date Expired	Status

23. List any past or current letters of concern, violations, hearings or settlements in relation to obtaining a license and/or permit to conduct business in any gaming jurisdiction in or outside of the United States.

☐ Check here if you attached a list. Please label list as "Item 23"

Agency	Agency City, State	Date of Violation	Violation	Status

24. Is there past or current litigation (civil or criminal) involving the Applicant?

☐ Yes (Explain Below) ☐ No ☐ Check here if you attached a list. Please label list as "Item 24"

*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: _____

25.

Cash in Bank

List below **ALL** bank accounts, domestic and/or foreign.

Accounts should include, but are not limited to:

General/Operation Checking, A/P, Payroll, 401K, Sweep Accounts, Investment Funds, A/R, Savings, Deposits, etc.

A sampling of all disbursements and cash receipts may be reviewed on site prior to the issuance of Tribal licensing or State certification.

Name and Address of Bank or Financial Institution	Account No.	Purpose of Account	Balance as of (Date)_____
			$
			$
			$
			$
			$
			$
			$
			$
			$

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 _____