

# Arizona Tribal – State Vendor Application

## New & Renewal Business Application

### Class D 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.*

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*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**  
Initial Certification **\$1,500**  
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 You are further advised that an application for State certification or Tribal licensure may not be withdrawn without the permission of the Department of Gaming or the respective Tribe.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
- 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
- Bylaws
- Financial Statements for the last two years – Balance Sheet & Income Statement
- Certificate of Good Standing from registered state
- List of litigation – Past and Pending
- Dated & updated External Organizational Chart - include a description of all subsidiaries and related entities
- Dated and updated Internal Organizational Chart – include names and job titles

# ARIZONA TRIBAL – STATE VENDOR APPLICATION FOR BUSINESS ENTERPRISE

	Date: _____
1. Company Name: _____	Phone: _____
Trade Name / dba Name: _____	Fax: _____
Physical Address: _____	
City: _____	State: _____
Country: _____	Zip Code: _____
Mailing Address: _____	
City: _____	State: _____
Country: _____	Zip Code: _____
2. Parent Company: _____	Phone: _____
Mailing Address: _____	Fax: _____
City: _____	State: _____
Country: _____	Zip Code: _____
3. Contact Person: _____	Position: _____
	Phone: _____
Email address: _____	Fax: _____
4. Accounts Payable Contact Person _____	Phone: _____
Mailing address: _____	e-mail: _____
5. (a) State of incorporation / organization: _____	Date of Incorporation: _____
<i>(If incorporated out of state, you must attach a letter of good standing from the state incorporated)</i>	
(b) A general description of the nature of the business. (Attach a separate page, if necessary and label as item 5(b))	
_____	
6. Type of gaming services to be provided to Arizona Tribal Casinos:	
<input type="checkbox"/> Services (must specify type): _____	

7. Applicant Type: (if the applicant is a partnership or limited liability company, furnish comparable information)

- Corporation     
  S-Corp     
  Partnership     
  Limited Liability Company  
 Sole Proprietor     
  Other: \_\_\_\_\_

Federal Tax Id Number / Employer Id Number: \_\_\_\_\_

8. Accounting Year:

- Calendar Year  
 Fiscal Year      Year End Date: \_\_\_\_\_

9. 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:			\$

10. 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 10"

Name of Tribe	Location	Purpose	Terms

*The applicant **must provide** with this application, copies of all contracts/sales agreements relating to business conducted with Indian Gaming Facilities in Arizona.*

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

Check here if you attached a list. Please label list as "Item 11"

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

12. Has the company or any of its employees been denied, suspended, revoked or had a license and or permit under review to conduct business with Tribal Casinos or any of the Federal, State, or any Government regulated Casinos in or outside of the United States?  Yes  No

If you answered "Yes" please give an explanation below:

Check here if you attached a list. Please label explanation as "Item 12"

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13. 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 13"

*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			
<u>Additional narrative or explanation:</u>			

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 \_\_\_\_\_