

Arizona Tribal – State Vendor Application

New Individual 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.

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 You are further advised that an application for State certification or Tribal licensure may not be withdrawn without the permission of the Department of Gaming or the respective Tribe.

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
- | | |
|--------------------------|---|
| <input type="checkbox"/> | ATSV-901 New |
| <input type="checkbox"/> | ADG-902 Individual |
| <input type="checkbox"/> | ADG-903 Individual |
| <input type="checkbox"/> | ATSV-904-D Individual |
| <input type="checkbox"/> | ADG-907 |
| <input type="checkbox"/> | Fingerprint Cards (2) See Attached Instructions |
| <input type="checkbox"/> | Current photo within six (6) months |
| <input type="checkbox"/> | Current credit report within six (6) months |
| <input type="checkbox"/> | Ensure all forms requiring notarization have been NOTARIZED |
| <input type="checkbox"/> | Initial the bottom of all pages that are required |

ARIZONA TRIBAL – STATE VENDOR APPLICATION

Application for State Certification and Tribal Licensure
By Principal or Key Personnel

INSTRUCTIONS

Type or print an answer to every question. Do not leave any spaces blank. If a question does not apply to you, mark the space with ‘None’. **Do not use N/A.** If you do not have enough space, continue writing your answers on page 10 or use a separate sheet. Be sure to mark each answer with the same number as the question. Answer each question with complete and truthful answers and do not leave any information out. Information on the application form will be reviewed and verified. You must place your initials in the lower right hand corner of each page to indicate that you have correctly answered each question on that page. If you do not understand a question, or need help completing the form, please call the Arizona Department of Gaming, Vendor Certification Unit.

1. PERSONAL INFORMATION

Date:

Last Name		First Name		Middle Name	
Alias, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise			E-Mail Address		
Present Residence Address - Street or RFD			City, State and Zip Code		Since (mm/yyyy)
Residence Phone	Personal Cell Phone	Social Security # Or National ID #	Passport #		
Employer		Occupation			
Present Business Address - Street or RFD			City, State and Zip Code		Since (mm/yyyy)
Business Phone		Business Cell Phone		Business Fax	
Date of Birth	Place of Birth (City, County, and State)		Sex	Age	
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Alien Registration No.	Documentation of eligibility for employment in the U.S. Expiration Date		
Scars, tattoos or distinguishing marks and/or characteristics				Driver's License No.	
What is your primary spoken and written language?			Do you speak English fluently? <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. MARITAL INFORMATION

Single Engaged Married Separated Divorced Widowed

A. Complete the information below, if you are Married, Separated or if your Divorce is pending.

Date of Marriage		Place of Marriage (City, County, and State)	
Spouse's Full Name (Maiden)		Spouse's Social Security No.	
Date of Birth		Place of Birth (City, County, and State)	
Residence Address - Street or RFD		City, County, and State, Zip Code	Since (mm/yyyy)
Residence Phone (include area code)	Personal Cell Phone(include area code)	Business Phone (include area code)	
Employer's Names		Occupation	
Employer's Address - Street or RFD		City, County, and State, Zip Code	Salary/Hourly wage

B. Previous Marriages (If ever legally separated, divorced, or annulled, indicate below)

Name of Spouse (Maiden)	Date of Marriage (mm/yyyy)	Date of Decree (mm/yyyy)	Nature of Action (divorces, separated, annulled)	City/County/State	# of Children

D. Children under the age of 18 living or not living with you, in which you are responsible for.

Child's Name	Gender	Date of Birth	Name of Other Parent
	M F		
	M F		
	M F		

3. EDUCATION

Type	Name of School	Location (City and State)	Dates Attended Year to Year	Graduate (Yes or No)
High School				
Trade School				
College or University				
Graduate School				
Post Graduate				
Other				

Type of Degree(s)

Trade School _____

College or University _____

College or University _____

Graduate School _____

Post Graduate _____

Other _____

4. MILITARY INFORMATION

Have you ever served in the armed forces?

Yes

No

If the answer is yes, complete the following information and provide a copy of DD-214.

Branch _____ Serial No. _____ Date of Entry _____

Date of Separation _____ Type of Discharge _____ Rating at Separation _____

While in the military service, were you ever arrested for an offense which resulted in summary action, a trial, or special or general court martial? If yes, you **must** provide a full explanation of the circumstances of any arrest below:

Yes

No

5. ARRESTS, DETENTIONS, AND LITIGATION

The questions below refer to all arrests, detentions, charges, indictments, or summons to answer for any criminal offense or violation for any reason whatsoever (except minor traffic violations), even if you were not convicted. If your answer to any question (A through H below) is yes, you must provide a full explanation of the circumstances on page 10. For example, provide dates, charges, city, state, courts involved, and court copies of disposition, etc.

- A. Have you ever been arrested ?
 Yes No
- B. Have you ever been convicted of a felony ?
 Yes No
- C. Has a criminal indictment, information, or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party?
 Yes No
- D. Have you ever been questioned by a city, state, federal, or tribal law enforcement agency, commission or committee?
 Yes No
- E. Have you as an individual or as a representative of a business, ever been subpoenaed to appear or testify before a federal or state grand jury, board, or commission ?
 Yes No
- F. Have you ever had a civil or criminal record expunged or sealed by a court order?
 Yes No
- G. Have you ever received a pardon for any criminal offense, or been granted immunity in lieu of testimony?
 Yes No
- H. Have you ever had a Tribal License or State Gaming License denied, revoked, or suspended? (See Section 12)
 Yes No
- I. Has any member of your family or your spouse's family ever been convicted of a felony or a gaming offense?
 Yes No

If you answered yes to question I, you must provide the following information:

Name	Relationship	Charge	Location (City, County, State)	Date

J. Have you, as an individual, member of a partnership, limited liability company or owner, director, or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant ?

Yes No

If you answered yes to question I, you must provide the following details below. List all cases without exception.

Plaintiff/Defendant	Court and Case Number	City, County, and State	Date and Disposition
Case 1 Description of Case			
Plaintiff	Court	City	Date
Defendant	Case No.	County and State	Disposition
Case 2 Description of Case			
Plaintiff	Court	City	Date
Defendant	Case No.	County and State	Disposition
Case 3 Description of Case			
Plaintiff	Court	City	Date
Defendant	Case No.	County and State	Disposition
Case 4 Description of Case			
Plaintiff	Court	City	Date
Defendant	Case No.	County and State	Disposition
Case 5 Description of Case			
Plaintiff	Court	City	Date
Defendant	Case No.	County and State	Disposition

6. RESIDENCES

Beginning with your current residence, list all your residences for the past 15 years.

Month and Year	Street Address or RFD	City, County, State and Zip Code
To		City
From		County, State, and Zip Code
To		City
From		County, State, and Zip Code
To		City
From		County State, and Zip Code
To		City
From		County, State, and Zip Code
To		City
From		County, State, and Zip Code
To		City
From		County, State, and Zip Code
To		City
From		County, State, and Zip Code
To		City
From		County, State, and Zip Code
To		City
From		County, State, and Zip Code
To		City
From		County, State, and Zip Code
To		City
From		County, State, and Zip Code
To		City
From		County, State, and Zip Code

7. EMPLOYMENT

Beginning with your current employment, list your work history, all businesses with which you have been involved, and /or all periods of unemployment, for the last 10 years or since your 18th birthday, whichever comes first. In addition, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder, or related capacity.

To	Employer Name	Occupation	Is the company involved in the Gaming industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
From	Mailing Address		
	Name of Supervisor	Business Phone	Reason for Leaving
To	Employer Name	Occupation	Is the company involved in the Gaming industry ? <input type="checkbox"/> Yes <input type="checkbox"/> No
From	Mailing Address		
	Name of Supervisor	Business Phone	Reason for Leaving
To	Employer Name	Occupation	Is the company involved in the Gaming Industry ? <input type="checkbox"/> Yes <input type="checkbox"/> No
From	Mailing Address		
	Name of Supervisor	Business Phone	Reason for Leaving
To	Employer Name	Occupation	Is the company involved in the Gaming Industry ? <input type="checkbox"/> Yes <input type="checkbox"/> No
From	Mailing Address		
	Name of Supervisor	Business Phone	Reason for Leaving
To	Employer Name	Occupation	Is the company involved in the Gaming Industry ? <input type="checkbox"/> Yes <input type="checkbox"/> No
From	Mailing Address		
	Name of Supervisor	Business Phone	Reason for Leaving
To	Employer Name	Occupation	Is the company involved in the Gaming Industry ? <input type="checkbox"/> Yes <input type="checkbox"/> No
From	Mailing Address		
	Name of Supervisor	Business Phone	Reason for Leaving
To	Employer Name	Occupation	Is the company involved in the Gaming Industry ? <input type="checkbox"/> Yes <input type="checkbox"/> No
From	Mailing Address		
	Name of Supervisor	Business Phone	Reason for Leaving

8. CHARACTER REFERENCES

List five individuals who know you well enough to be used as character references. Do not include relatives, present employer, or employees where you are currently employed.

Name and Where Employed	Street, City, State and Zip Code	Phone	Years Known
Name	Residence Address		
Employer	Business Address		
Name	Residence Address		
Employer	Business Address		
Name	Residence Address		
Employer	Business Address		
Name	Residence Address		
Employer	Business Address		
Name	Residence Address		
Employer	Business Address		
Name	Residence Address		
Employer	Business Address		

9. Have you ever held a privilege or professional license or certification in any state, including but not limited to, the following? Yes No

- | | | | |
|---|---|-------------------------------------|---|
| <input type="checkbox"/> Real Estate Broker or Salesman | <input type="checkbox"/> Race Horse/Dog Owner | <input type="checkbox"/> Accountant | <input type="checkbox"/> Police Officer |
| <input type="checkbox"/> Insurance Salesman | <input type="checkbox"/> Race Horse/Dog Trainer | <input type="checkbox"/> Doctor | <input type="checkbox"/> Security Officer |
| <input type="checkbox"/> Securities Dealer | <input type="checkbox"/> Race Horse/Dog Manager | <input type="checkbox"/> Lawyer | <input type="checkbox"/> Private Investigator |
| <input type="checkbox"/> Liquor License | <input type="checkbox"/> Jockey | <input type="checkbox"/> Nurse | <input type="checkbox"/> Architect |
| | | | <input type="checkbox"/> General Contractor |

If you answered yes, state what type license, where issued, and years held _____

10. Have you ever been disciplined by or appeared, for any reason whatsoever, before any licensing agency or similar authority in or outside the State of Arizona? Yes No

If you answered yes, you must provide the details _____

11. Have you ever held a financial interest in a gambling venture, including a race track, dog track, race horse or dog, lottery, casino, bookmaking operation, or pari-mutuel operation outside the State of Arizona? Yes No

If you answered yes, state what type, when and where held, and give the names and locations of the businesses in which you were involved and the names and addresses of all partners and principals.

12. Have you ever had, or been a participant in a group which has had a gaming license denied, suspended, revoked, forfeited or withdrawn by any gaming authority in any jurisdiction or any country? Yes No

If you answered yes to either of the above questions, state where, when and for what reason _____

13. Have you ever been granted a gaming license/state certification or been a participant in any group which has been issued a gaming license/state certification in or outside the State of Arizona? Yes No

If you answered yes, state the type of license, name of the issuing jurisdiction or Indian Tribe, location, and period held _____

14. Do you have any relatives associated with or employed in the gaming industry? Yes No

If you answered yes, state the name, relationship, and association or employment _____

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 _____

**ATTACH A PHOTOGRAPH
TAKEN WITHIN THE
LAST 30 DAYS**