

Arizona Department of Gaming

**Designee
Application**



Arizona Department of Gaming

Arizona Department of Gaming
1110 W. Washington #450
Phoenix, AZ 85007
(602) 771-4263

Designee

APPLICATION FEE:

Application Fee: **\$100,000**

Initial License Fee: **\$750,000**

Annual Renewal Fee: **\$150,000**

Additional Information:

- A Designee appointed by an Event Wagering Operator must have a license from the Department prior to providing event wagering services. The Event Wagering Operator license and Designee license shall be renewed every five (5) years thereafter. If a Designee operates event wagering, including developing and operating event wagering systems and platforms and providing odds, lines, and global risk management, a separate Management Services Provider license shall not be required. **A.A.C. R19-4-104(C)**
- Designee means a person acting on behalf of an Event Wagering Operator who is responsible for the management and control of event wagering operations. **A.A.C. R19-4-101(B)(7)**
- 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 licensure.
- An applicant for licensure, or renewal thereof, that wishes to withdraw an application must submit a request to the Department in writing. The application will not be considered withdrawn without the written permission of the Department. **A.A.C. R19-4-105(K)**
- In addition to this application, applicants shall provide information, documentation, and assurances concerning financial background and resources of the applicant or its Management Services Provider to establish by clear and convincing evidence the financial stability, integrity, and responsibility of the applicant or its Management Services Provider. This includes, but is not limited to, proof of meeting the following standards (**A.R.S. § 5-1304(B)**):
 - The ability to ensure the financial integrity of Event Wagering Operations by maintaining a bankroll or equivalent provisions adequate to pay winning wagers to bettors when due. **A.R.S. § 5-1304(B)(6)(a)**
 - The ability to meet ongoing operating expenses. **A.R.S. § 5-1304(B)(6)(b)**
 - The ability to pay, as and when due, all state and federal taxes. **A.R.S. § 5-1304(B)(6)(c)**
 - Information establishing sufficient business ability and gaming experience. **A.R.S. § 5-1304(B)(7)**
 - Information on the amount of adjusted gross event wagering receipts and associated adjusted gross receipts that the applicant expects to generate. **A.R.S. § 5-1304(B)(9)**

Application Packet Checklist

On receipt of a completed application and the required fee, the Department shall conduct the necessary background investigations to determine if the applicant meets the qualifications for licensure. 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 – Do NOT staple applications**

- EWFS – Designee Application
- ADG-903 - Release Form
- ADG-906 - Authorization to Release Credit Information
- ALL** Applications requested for Key Employee
- Articles of Incorporation or Organization/Partnership Agreement and all amendments
- Bylaws
- Certification of Good Standing from Registered State
- Current Litigation List
- List of all Gaming Licenses
- Updated – Detailed Internal and External Organizational charts
- Payment** – See attached Payment Instructions - Please Provide a Copy of Payment Confirmation

Financial Information

- 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
- Last **three (3) years** of tax returns
- List of past and current SEC violations if Publicly Traded

Pursuant to A.R.S §41-1030:

...B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

...D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

ARIZONA DEPARTMENT OF GAMING

DESIGNEE APPLICATION

		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? <input type="checkbox"/> Yes <input type="checkbox"/> No Website: _____		
2.	Parent Company: _____	Phone: _____	
	Mailing Address: _____	Fax: _____	
	City: _____ State: _____ Country: _____	Zip Code: _____	
	Company Headquarters? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3.	Contact Person: _____	Phone: _____	
	Position: _____	Fax: _____	
	Email address: _____		
4.	Accounting Contact Person _____	Phone: _____	
	Email address: _____	Fax: _____	
	Mailing Address: _____		
	City: _____ State: _____ Country: _____	Zip Code: _____	

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

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

7. Accounting Year Calendar Year Fiscal Year Year End Date: _____

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

Social Security Number if Sole Proprietor: _____

9. 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)

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

(b) A Description of any physical facility operated by the Applicant in Arizona.
(Attach a separate page, if necessary)

11. Operator Partner: _____

Contact Name: _____

Contact Title: _____

Phone Number: _____

Email Address: _____

12. Management Service Provider: _____

Contact Name: _____

Contact Title: _____

Phone Number: _____

Email Address: _____

13. List all individuals and/or entities who hold a 5% or more ownership of company and have voting rights

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 13"

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

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

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

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

15. 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 15"

Agency	Agency City, State	Date of Violation	Violation	Status

16. 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 16"

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:

17. Tax Liability

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

Tax Type	IRS or State	Filing Status/List Months Current or Past Due	Amount of Tax Liability, if past due
			\$
			\$
			\$
			\$
			\$

18. Company Loans to and from

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

Name of Creditor/Debtor		Description of Liability		Collateral
Creditor <input type="checkbox"/>	Debtor <input type="checkbox"/>			
Date Incurred (mm/yyyy)	Maturity Date (mm/yyyy)	Interest Rate	Original Amount	Balance

Name of Creditor/Debtor		Description of Liability		Collateral
Creditor <input type="checkbox"/>	Debtor <input type="checkbox"/>			
Date Incurred (mm/yyyy)	Maturity Date (mm/yyyy)	Interest Rate	Original Amount	Balance

Name of Creditor/Debtor		Description of Liability		Collateral
Creditor <input type="checkbox"/>	Debtor <input type="checkbox"/>			
Date Incurred (mm/yyyy)	Maturity Date (mm/yyyy)	Interest Rate	Original Amount	Balance

19. Adjusted Gross Event Wagering Receipts (AGEWR) – This should be reported in Audited Financial Statements

What is the Designee's Expected AGEWR? _____

20.

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 State authorities charged by law with granting gaming licenses.

Signature of Applicant

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20 _____

Notary Public

My commission expires _____

APPLICANT'S REQUEST TO RELEASE INFORMATION

TO _____
Leave Blank - To Be Completed By the Department of Gaming

FROM _____
Name of Business Entity

1. I hereby authorize and request all persons to whom this request is presented having information relating to or concerning me to furnish such information to a duly appointed agent of the Arizona Department of Gaming, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
2. I hereby authorize and request all persons to whom this request is presented having documents relating to or concerning me to permit a duly appointed agent of the Arizona Department of Gaming to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
3. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I hereby authorize and request that a duly appointed agent of the Arizona Department of Gaming be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including but not limited to past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit records, passbook records, and general ledger folio sheets.
4. This authorization ends eighteen (18) months from the date of execution.
5. I have filed with the Arizona Department of Gaming an "application" for Certification/License. I understand that I am seeking the granting of a privilege and acknowledge that the burden of proving my qualifications for a favorable determination is at all times on me.
6. I do, for myself, my heirs, executors, administrators, successors and assignees, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all manner of actions, causes of action, suits, debts, judgments, executions, claims, demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against the person to whom this request is presented or his agents or employees arising out of or by reason of complying with this request.
7. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.
8. A reproduction of this request by photo copy or similar process shall be for all intents and purposes as valid as the original.

I have executed this request at _____ on the _____ day of _____, 20 _____.
City and State

Signature of Officer, Member, Partner or Owner

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20 _____.

Notary Public

Signature of Arizona Department of Gaming Agent
Presenting this request:

County of _____, State _____

My commission expires _____

Date _____

APPLICANT’S AUTHORIZATION TO RELEASE CREDIT INFORMATION

To: The Arizona Department of Gaming

From: _____
Name of Business Entity

RE: Licensure with the Arizona Department of Gaming

1. In accordance with the Fair Credit Reporting Act, section 604(a)(2) & (3)(D), I hereby authorize and request all persons to whom this authorization is presented having information relating to or concerning me to furnish a consumer report of such information to duly appointed agents of the Arizona Department of Gaming, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
2. I have filed with the Arizona Department of Gaming an application for state license recommendation, of which this document is a part thereof. I understand that I am seeking the granting of a privilege and acknowledge that the burden for proving my qualifications for a favorable determination is at all times on me. I accept any risk of adverse public notice, embarrassment, criticism or other financial loss which may result from the action with respect to this application.
3. I hereby authorize the Arizona Department of Gaming to use the information contained in the consumer report and/or the consumer report for License purposes, including but not limited to investigation, licensing, certification, any court or administrative proceeding and any and all other procedures set forth in A.R.S. §§ 5-1201 through 1213 & A.R.S. §§ 5-1301 through 1321 and A.A.C. Title 19, Chapter 4.
4. A reproduction of this request by photo copy or similar process shall be for all intents and purposes as valid as the original.

I have executed this authorization on the _____ day of _____, 20__.

Applicant’s Signature

State of _____)
) ss.
County of _____)

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20__.

Notary Public

My commission expires: _____



Bank of America Merrill Lynch
Treasury Fulfillment Service Operations
275 S Valencia Ave, Brea, CA 92823
dedicatedwgov@bankofamerica.com

July 1, 2021

STATE OF ARIZONA
Attn: Michelle Huang

Regarding: **Account / Routing Number Confirmation**

Please accept this letter as confirmation that, according to our records, the account referenced below is maintained at Bank of America, N.A. with the following information:

Account number:	457029490435
Active ACH Blocks/Filters on file	NO
Routing number ACH/EFT	122101706
Account Name:	STATE OF ARIZONA
Account Address:	1110 W WASHINGTON ST STE 260 PHOENIX AZ 85007

The information set forth above is as of **July 1, 2021**. Please note that the information provided by the Bank in this letter is given as of the date of this letter and is subject to change without notice, and is provided in strict confidence to you for your own use only, without any responsibility, guarantee, representation, warranty (expressed or implied), commitment or liability on the part of the Bank, its parents, subsidiaries or affiliates or any of its or their directors, officers or employees to you or any third party, and none of them assumes any duties or obligations to you in connection herewith. This letter is not to be quoted or referred to without the Bank's prior written consent. The Bank has no duty and undertakes no responsibility to update or supplement the information set forth in this letter.

If you have any questions, or require further assistance, please do not hesitate to contact Dianne Saavedra at **888.715.1000 ext 63007**

Sincerely,

Betty Mejia

AVP: Treasury F&S Sr Spec- Services
Treasury Fulfillment Service Operations

Arizona Department of Gaming

**Event Wagering Operator
Supplemental Allocation
Application**



Arizona Department of Gaming

Arizona Department of Gaming
1110 W. Washington #450
Phoenix, AZ 85007
(602) 771-4263

**ARIZONA DEPARTMENT OF GAMING
EVENT WAGERING OPERATOR – SUPPLEMENTAL
ALLOCATION APPLICATION**

If more than ten (10) tribes and/or more than ten (10) professional sports teams qualify for an Event Wagering Operator license, the Department shall allocate the licenses among the qualifying tribes and/or qualifying professional sports teams and ensure an equal opportunity for all qualified applicants required by A.R.S. § 5-1305(C) by considering criteria pursuant to A.A.C. R19-4-106(E).

Please demonstrate below how you meet each criterion. Responses may include answers and details relative to the event wagering operator applicant, a designee, and/or a management services provider. You may attach additional documentation to support your application. Please note, this application will only be used if there are more qualified applicants than available Event Wagering Operator licenses.

1. Please describe your business ability, experience, and track record, both local and international which establishes the ability to create and maintain a successful event wagering operation.

2. Please describe your experience and track record, both local and international, in the operation of gaming or related activity.

3. Please provide details regarding contributions to the surrounding community (to include consideration of the size of the community, use of revenue to assist the community, and the extent to which the community has already, or may in the future, benefit from gaming).

4. Please describe your standing in terms of obtaining and maintaining licenses/permits in all markets.

5. Please provide details regarding your vision, willingness, and commitment to make local investments in Arizona, or on tribal lands, to include similar behavior in other states, if applicable.

6. Please provide details regarding your culture of player protection, investments in player protection, and governance program.

7. Please describe the responsiveness, approachability, and involvement of local management.

8. Please describe your competency to conduct event wagering, including proposed internal controls, and the maximization of privilege fees to the State.

9. Please provide details regarding your plans to begin operating event wagering within six (6) months after obtaining a license.

10. Please provide details regarding your financial stability, resources, integrity, business ability, and business acumen.

11. Please provide details regarding your regulatory compliance and cooperation with regulatory authorities.

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12. If applicable, please describe any potential lack of opportunity to benefit from event wagering type activity in some manner or location without a license.

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13. If applicable, please provide details regarding whether the issuance of the license will provide benefits to other qualified applicants through partnerships or other opportunities.

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14. Please describe any potential increased employment and enhancement of the labor market in Arizona, or on tribal lands, relative to the issuance of an event wagering license.

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15. Please describe whether you will be located and/or headquartered in the State or whether you will use a designee or management services provider, or are partners with an entity located and/or headquartered in the State.

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16. Please describe how you would appeal to a unique or unaddressed market or introduce a unique brand or affiliate.

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17. Please provide details regarding how the issuance of a license would increase the patron base in the State.

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18. Please provide any other information you would like the Department to consider as part of this application.

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