Arizona Department of Gaming
Event Wagering & Fantasy Sports

New Individual Disclosure Form

To Be Submitted with Event Wagering or Fantasy Sports Business Application

Arizona Department of Gaming

Arizona Department of Gaming
100 N. 15th Avenue #202
Phoenix, AZ 85007
(602) 771-4263

Individual Disclosure 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:

There are no fees associated with this application.

✓

- [ ] EWFS – Individual New
- [ ] EWFS – Individual Financial Background
- [ ] ADG-902 Release of All Claims
- [ ] ADG-907 Criminal History Disclosure
- [ ] ADG-907-B Noncriminal Justice Applicant's Privacy Rights
- [ ] Fingerprint Cards (1) set
- [ ] Last three (3) years of Federal & State Taxes
- [ ] Credit Report from within the last six (6) months – **Detailed, No Summaries**
- [ ] Updated Color Photograph
- [ ] Initial the bottom of all pages that are required

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.

Applicant Initials_____

EVENT WAGERING & FANTASY SPORTS
NEW INDIVIDUAL DISCLOSURE FORM

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 left 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.

The following information is required for all applicants. If any answer is 'Yes', please attach a written explanation to this form. Please note, any convictions you believe were expunged must be disclosed on this form and have a written statement attached. A set of fingerprint cards must also be returned with this renewal form to start the review process.

Under the Federal Privacy Act, disclosure of social security numbers is voluntary unless a statute specifically requires it or allows states to collect the number. In this instance, disclosure of your social security number is mandatory pursuant to Title 42 United States Code, Sections 405(c)(2)(c), and Sections 653, 654, and 666; and A.R.S. § 25-320(K) in order to aid the Department of Economic Security in locating non-custodial parents or the assets of non-custodial parents.

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	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	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? ☐ Yes ☐ 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. & State
What is your primary spoken and written language?	Do you speak English fluently? ☐ Yes ☐ 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	City, County, and State, Zip Code	Since (mm/yyyy)
Residence Phone	Personal Cell Phone	Business Phone
Employer's Names	Occupation	
Employer's Address - Street	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** (divorced, separated, annulled)	**City/County/State**	**# of Children**

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 either Service-2 or Member-4 copy.

Branch _____ SSN/Service 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 LITIGATIONS

The questions below refer to all arrests, detentions, charges, indictments, or summons to answer for any criminal offense or violation (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 J, you must provide the following details below. List all cases without exception.

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 10 years.

Month and Year	Street Address	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

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	Job Title	Is the company involved in the Gaming industry? ☐ Yes ☐ No
From	Mailing Address		
	Name of Supervisor	Business Phone	Reason for Leaving
To	Employer Name	Job Title	Is the company involved in the Gaming industry? ☐ Yes ☐ No
From	Mailing Address		
	Name of Supervisor	Business Phone	Reason for Leaving
To	Employer Name	Job Title	Is the company involved in the Gaming Industry? ☐ Yes ☐ No
From	Mailing Address		
	Name of Supervisor	Business Phone	Reason for Leaving
To	Employer Name	Job Title	Is the company involved in the Gaming Industry? ☐ Yes ☐ No
From	Mailing Address		
	Name of Supervisor	Business Phone	Reason for Leaving
To	Employer Name	Job Title	Is the company involved in the Gaming Industry? ☐ Yes ☐ No
From	Mailing Address		
	Name of Supervisor	Business Phone	Reason for Leaving
To	Employer Name	Job Title	Is the company involved in the Gaming Industry? ☐ Yes ☐ 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 a character reference. 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		

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

☐ Real Estate Broker or Salesman	☐ Race Horse/Dog Owner	☐ Accountant	☐ Police Officer
☐ Insurance Salesman	☐ Race Horse/Dog Trainer	☐ Doctor	☐ Security Officer
☐ Securities Dealer	☐ Race Horse/Dog Manager	☐ Lawyer	☐ Private Investigator
☐ Liquor License	☐ Jockey	☐ Nurse	☐ Architect
☐ General Contractor			

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

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

If you answered yes, 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, casino, sportsbook operation, or pari-mutuel operation <u>outside</u> 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, provide the details

13. Have you ever been granted a gaming license or been a participant in any group which has been issued a gaming license 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

ADDITIONAL INFORMATION

If you answered yes to any questions, provide a full explanation of the circumstances. For example, provide dates, city, state, nature of offense or violation, name of court involved, and disposition.

This application is true and correct to the best of my knowledge and that false or incomplete answers could result in criminal prosecution and the denial, or subsequent revocation, of state licensure by the Arizona Department of Gaming. Further, that I am voluntarily submitting this application with full knowledge that it will be reviewed by appropriate State authorities charged by law with granting state licensure.

_____

Signature of Applicant

ATTACH A COLOR PHOTOGRAPH TAKEN WITHIN THE LAST 30 DAYS

ARIZONA DEPARTMENT OF GAMING
Event Wagering & Fantasy Sports
INDIVIDUAL FINANCIAL BACKGROUND

INDIVIDUAL DISCLOSURE

For Event Wagering, as defined in the A.R.S. § 5-1301(13): "Person means an individual, partnership, corporation, association, Limited Liability Company, federally recognized Indian tribe or other legal entity.

For Fantasy Sports, as defined in A.R.S. § 5-1202(E) & (F):
Individuals 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 the Applicants owners who own five (5) percent or more for Event Wagering
5) Each of the Applicants owners who own ten (10) percent or more for Fantasy Sports

KEY EMPLOYEE:

Key Employee includes, but is not limited to, any person who represents the company in a sales, services, consulting, or training capacity with any Arizona Fantasy Sports Contest Operator. Furthermore, Key Employee are any persons authorized to represent the company's interests in work projects, contracts, billing issues, or employee placement involving any Fantasy Sports Contest Operator.

Any individual associated with the company submitting an application for licensure may be required to disclose by the Arizona Department of Gaming 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 <u>your current financial status</u>
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			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
BONUS			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
COMMISSION			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
RENTAL INCOME			$ 0.00
CHILD SUPPORT			$ 0.00
ALIMONY			$ 0.00
RETIREMENT			$ 0.00
INSURANCE SETTLEMENT			$ 0.00
INHERRITANCE			$ 0.00
INTEREST PAYMENTS			$ 0.00
DIVIDENDS			$ 0.00
GIFTS GREATER THAN OR EQUAL TO $1000			$ 0.00
GAMBLING WINNINGS			$ 0.00
OTHER INCOME			$ 0.00
		TOTAL	$ 0.00

Please answer the following financial questions

If you need additional space for your answer, please use page 13.

1. **Do you anticipate loaning money or financing any Gaming entities? If yes, list the entity who will be receiving the loan or financing and the amount.**

   A. Yes ☐ No ☐ Name: _____

   Amount: _____

   Source of money to be loaned or financed: _____

   B. Yes ☐ No ☐ Name: _____

   Amount: _____

   Source of money to be loaned or financed: _____

   C. Yes ☐ No ☐ Name: _____

   Amount: _____

   Source of money to be loaned or financed: _____

   (Submit executed agreements for all financial transactions shown above)

2. **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: _____

3. **Has any entity that you have been employed/associated with ever 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)

   Date Filed: _____ Date Discharged: _____ State: _____ Type: _____

   Date Filed: _____ Date Discharged: _____ State: _____ Type: _____

   Date Filed: _____ Date Discharged: _____ State: _____ Type: _____

4. **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: _____

5. **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: _____

6. **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: _____

7. **Last Federal Income Tax Return was filed:** Year: _____

8. **Last State Income Tax Return was filed:**

Year: _____ State: _____

Year: _____ State: _____

Year: _____ State: _____

9. **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: _____

10. **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: _____

11. **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: _____

Schedule A – Cash in Banks / Financial Institutions

List **all** bank accounts, foreign and domestic, controlled by you, or any other person(s) or entity(s) for your benefit

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

Name of Bank	Names of Persons on Account	Account No.	Type of Account	Date Opened mm/yyyy	Interest Rate	Balance
					0.00%	
					0.00%	
					0.00%	
					0.00%	
					0.00%	
					0.00%	
					Total	$ 0.00

SCHEDULE B - Accounts Receivable and Notes Receivable

List all accounts receivable and notes receivable controlled by you, or any other person(s) or entity(s) for your benefit as of the application date.

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

Name of Debtor	Purpose	Date Incurred mm/yyyy	Payment/Period	Interest Rate	Maturity Date mm/yyyy	Original Amount	Unpaid Balance
			/	0.00%			
			/	0.00%			
			/	0.00%			
			/	0.00%			
			/	0.00%			
						Total	$ 0.00

Applicant's Initials _____

SCHEDULE C – Retirement and Securities

List all Retirement and security accounts which are controlled by you, or any other person(s) or entity(s) for your benefit as of the application date.

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

Broker / Custodian	Name in Which Held	Date Established mm/yyyy	Account Type	Most Recent Statement Market Value
			Total	$ 0.00

SCHEDULE D - Business Investments

List any business investments which are controlled by you, or any other person(s) or entity(s) for your benefit as of the application date.
List the names of all individuals or entities who share a direct, indirect, vested, or contingent interest therein.
This should include, but not be limited to joint ventures, partnerships, sole proprietorships, and corporations.

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

Entity Name	Type of Entity	All Individuals or Entities Sharing 5% or Greater Interest and/or Ownership	Total No. of Shares or Units	Your % of Ownership	Date of Purchase mm/yyyy	Purchase Price	Market Value
				0.00%			
				0.00%			
				0.00%			
				0.00%			
						Total	$ 0.00

SCHEDULE E - Real Estate

List all real property which is controlled by you, or any other person(s) or entity(s) for your benefit as of the application date.

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

Real Property Address/Location	Type	Date of Purchase mm/yyyy	Percent of Ownership	Other Owners	Income	Purchase Price/ Improvement Cost	Market Value
			0.00%				
			0.00%				
			0.00%				
			0.00%				
			0.00%				
						Total	$ 0.00

SCHEDULE F – Cash Value – Life Insurance

List all life insurance policies which are controlled by you, or any other person(s) or entity(s) for your benefit as of the application date

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

Insurance Carrier	Policy Number	Beneficiary(ies)	Date of Purchase mm/yyyy	Effective Date of Cash Surrender Value	Payment/Period	Cash Surrender Value
					/	
					/	
					/	
					/	
					Total	$ 0.00

SCHEDULE G – Vehicles

List all vehicles which are controlled by you, or any other person(s) or entity(s) for your benefit (including leased vehicles) as of the application date.

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

Type of Vehicle	Model Year	Make/Model of Vehicle	Owned/ Leased	Date of Purchase/Leased mm/yyyy	Purchase Price	Market Value
			☐O ☐L			
			☐O ☐L			
			☐O ☐L			
			☐O ☐L			
			☐O ☐L			
					Total	$ 0.00

SCHEDULE H - Other Assets

List all other assets which are controlled by you, or any other person(s) or entity(s) for your benefit as of the application date.

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

Type of Asset	Other Information about asset (Vehicles list, year, make, and model)	Date of Purchase mm/yyyy	Purchase Price	Market Value
			Total	$ 0.00

SCHEDULE I - Notes Payable

List all notes payable for which you, your spouse, and/or dependent(s) are obligated. Please include leased vehicles.
(Student loans, car loans, unsecured lines of credit, borrowings against retirements or life insurances)

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

Name and Address of Creditor	Purpose	Date Incurred mm/yyyy	Maturity Date mm/yyyy	Payment/Period	Interest Rate	Original Amount	Unpaid Balance
				/	0.00%		
				/	0.00%		
				/	0.00%		
				/	0.00%		
				/	0.00%		
				/	0.00%		
						Total	$ 0.00

SCHEDULE J - Mortgages Payable / HELOC

List all mortgages or liens payable on real estate for which you, your spouse, and/or dependent(s) are obligated.

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

Name of Creditor	Address of Real Estate	Inception Date mm/yyyy	Maturity Date mm/yyyy	Terms	Interest Rate	Payment/Period	Original Amount	Unpaid Balance
					0.00%	/		
					0.00%	/		
					0.00%	/		
					0.00%	/		
							Total	$ 0.00

SCHEDULE K – Credit Cards

List all credit cards for which you and/your spouse and/or dependent(s) are obligated

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

Bank & Type (Visa, AmEx, Etc)	**Purpose**	**Date Established (mm/yyyy)**	**Interest**	**Monthly Payment**	**Balance**
			0.00%		
			0.00%		
			0.00%		
			0.00%		
			0.00%		
			0.00%		
				Total	$ 0.00

SCHEDULE L - Other Liabilities

List all other indebtedness documented or undocumented for which you and/or your spouse and/or dependent(s) are obligated.

(**Alimony, child support, taxes, etc**.)

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

Name of Creditor	**Description of Liability**	**Collateral**	**Date Incurred mm/yyyy**	**Maturity Date mm/yyyy**	**Payment/Period**	**Interest Rate**	**Original Amount**	**Balance**
					/	0.00%		
					/	0.00%		
					/	0.00%		
					/	0.00%		
							Total	$ 0.00

SCHEDULE M - Contingent Liabilities

List all contingent liabilities for which you and/or your spouse and/or dependent(s) are obligated.

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

Name and Address of Creditor	Persons Liable Besides You and/or Your Spouse	Collateral	Date Incurred mm/yyyy	Maturity Date mm/yyyy	Payment/Period	Interest Rate	Original Amount	Unpaid Balance
					/	0.00%		
					/	0.00%		
					/	0.00%		
					/	0.00%		
							Total	$ 0.00

TRUSTS

List all Trusts which are controlled by you, or any other person(s) or entity(ies) for your benefit as of the application date.

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

Institution	Title of Trust	Account #	Date Established (mm/yyyy)	Location of Trust	Name of Trustee(s) or Trustor(s)	Names of all others with interest in trust	Valuation since last statement

STATEMENT OF ASSETS AND LIABILITIES

Please list all assets and liabilities from the previous schedule's totals.

☐ Check here if you attached a list. Please label list as "Statement of Assets and Liabilities"

ASSETS

Cash on Hand	
A – Cash in Banks	$ 0.00
B – Accounts & Notes Receivable	$ 0.00
C – Retirement & Securities	$ 0.00
D – Business Investments	$ 0.00
E – Real Estate	$ 0.00
F – Cash Value – Life Insurance	$ 0.00
G - Vehicles	$ 0.00
H – Other Assets	$ 0.00
TOTAL ASSETS:	**$ 0.00**

LIABILITIES

I – Notes Payable	$ 0.00
J – Mortgages Payable	$ 0.00
K – Credit Cards	$ 0.00
L– Other Liabilities	$ 0.00
M – Contingent Liabilities	$ 0.00
TOTAL LIABILITIES	**$ 0.00**
TOTAL ASSETS	**$ 0.00**
LESS TOTAL LIABILITIES	**$ 0.00**
NET WORTH	**$ 0.00**

ADDITIONAL INFORMATION

Please use this sheet for financial information that needs further explanation or if you have further financial information that needs to be disclosed to the Arizona Department of Gaming.

This application is true and correct to the best of my knowledge and that false or incomplete answers could result in criminal prosecution and the denial, or subsequent revocation, of state licensure by the Arizona Department of Gaming. Further, that I am voluntarily submitting this application with full knowledge that it will be reviewed by appropriate State authorities charged by law with granting state licensure.

_____

Signature of Applicant

RELEASE OF ALL CLAIMS

The undersigned has filed with the Arizona Department of Gaming an Application for State Licensure. In consideration of the assurance by the Department of Gaming that no decision on said application will be taken except after a deliberate, intensive and thorough investigation of the undersigned, including but not limited to background, associates, and finances, the undersigned does for myself, my heirs, executors, administrators, agents, representatives, successors and assigns, hereby release and forever discharge the State of Arizona, the Department of Gaming, its members, agents, and employees, from all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which the undersigned ever had, now has, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the undersigned application.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

I have executed this Release of All Claims on this _____day of _____, 20_____.

_____
Applicant Signature

Criminal History Record Information
Disclosure of Privacy Requirements

Your fingerprints will be used to check the criminal history records of the FBI.

The use of the FBI criminal history record information will be used to assist in the determination of suitability for the issuance of State Licensing or Licensing for employment in, or providing goods or services to the Arizona Gaming Industry.

You may request procedures for obtaining a copy of your record for a change, correction, or updating of an FBI criminal history record as set forth in Title 28, Code of Federal Regulations (CFR) Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at www.fbi.gov . **If requested you will be given thirty (30) days to complete or challenge the accuracy of the information.**

To obtain a copy of your Arizona criminal history in order to review/update/correct the record, you can contact the Arizona Department of Public Safety Criminal History Records Unit at (602) 223-2222 to obtain a fingerprint card and a Review and Challenge Packet. Information on the review and challenge process can be found at the DPS website (www.azdps.gov).

Criminal history record information is solely for the purpose stated and cannot be disseminated outside the Department of Gaming, or other authorized entity.

You may retain a copy of this signed disclosure if desired.

By my signature below, I fully acknowledge that I have read and understand this disclosure.

_____	_____	_____
Print Name	Signature	Date

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.[1] These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- **You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.[2]**
- **You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.**
- **You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).**
- **If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.**
- **If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov.**
- **If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via https://www.edo.cjis.gov. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)**
- **You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.[3]**

_____ Initials

[1] Written notification includes electronic notification, but excludes oral notification.
[2] https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement
[3] See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).