Arizona Department of Gaming

Supplier Application



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

Supplier

APPLICATION FEE:

Event Wagering

Fantasy Sports

Suppliers

Suppliers Initial License Fee: \$1,500

Renewal License Fee: \$500

Initial License Fee: \$250 Renewal License Fee: \$125

Ancillary Suppliers

See List Below

Initial License Fee: \$1.500 Renewal License Fee: \$500

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 licensure.
- > Event Wagering Supplier or Vendor includes persons who provide goods or services, directly or indirectly, to a responsible party in connection with event wagering pursuant to the Act, including those referred to as ancillary suppliers for purpose of the licensing fee structure, to include (R19-4-101(B)(27)):
 - a. Affiliates;
 - b. Bookmakers:
 - c. Data Centers;
 - d. Geofence Providers;
 - e. Identity Verification Service Providers;
 - f. Independent Test Laboratories;
 - g. Integrity Monitoring Providers;

- h. League Data Providers;
- i. Marketing Affiliates;
- j. Payment Processors; and
- k. Any Other Person as Determined by the Department.
- > Fantasy Sports Supplier or Vendor includes persons who provide goods or services to a responsible party in connection with fantasy sports pursuant to the Act to include (R19-4-201(B)(10)):
 - a. Fantasy Sports Contest Platform Providers;
 - b. Identity Verification Service Providers;
 - c. Payment Processors;
 - d. Geofence Providers; and
 - e. Any Other Person as Determined by the Department.
- > 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 The application will not be considered withdrawn without the written permission of the Department.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) & R19-4-205(H)

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.

✓	<u> Application – Do NOT staple applications</u>
	EWFS – Supplier Application
	ADG-902 Release of All Claims
	ADG-906 Authorization to Release Credit Information
	ALL Applications requested for Individuals
	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 – https://adgpay-ewfs.az.gov/ - Please Provide a Copy of Payment Confirmation
	Financial Information for Event Wagering Suppliers
	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 SUPPLIER APPLICATION

EVENT WAGERING		FANTAS	FANTASY SPORTS		Date:	
1.	Entity Name: Trade Name/				Phone:	
					Fax:	
	Physical					
			State:			Zip Code:
	Mailing					
			State:			Zip Code:
	Company Headqu	arters? Yes	No Website:			
2.	Parent Company:				Phone:	
	Mailing Address:				Fax:	
			State:			Zip
		arters? Yes				
					- 1	
3.	Contact Person:				Phone:	
	Position:				Fax:	
	Email address:					
4.	Accounting	Contact Person			Phone:	
	Email address:					
	Mailing					
						Zip
	City:		State:	Country:		Code:
5.	Entity Type: Sole Propriete Other:		S-Corp	mited Liability Cor		

6.	Ownership: Private [Public	Ticker	Symbol	Exchange which tra	s on ided
7.	Accounting Year Calendar	r Year	Fiscal Y	ear Year End Date	»:	
8.	Federal Tax Id Number / Employ Social Security Number if Sole P					
9.	Complete the following: (if the applicant is a partnership or limited liability company, furnish comparable information) (a) State of incorporation / Date of					
	organization:				Incorporation	on:
	(If incorporated out of sta	ate, you must at	tach a lette	r of good standing from	the state where	incorporated)
10.	A general description of the natu (Attach a separate page, if necess		ness to ir	aclude Product and S	ervices.	
11.	Tax Liability			Check here if you attac	hed a list. Plea	ase label list as "Item 12"
	Тах Туре	IRS or	r State	Filing Status/L Current or I		Amount of Tax Liability, if past due
						\$
						\$
						\$
	EVENT WACEDING	EANIT	A CV CD	AD TC		
	EVENT WAGERING If you selected "Event Wagering"		ASY SPO			
	If you selected "Fantasy Sports"	-			e.	

Agency	Agency City, Stat		pe of cense	here if you att Dated Issued	Date Expired	Status
List any past or c and/or permit to c	arrent letters of cor onduct business in	cern, violation any gaming ju	urisdiction in	or outside o	of the United	
	Agency			-		ease label list as "Item 1-
Agency	City, State	Date	of Violation	Vio	olation	Status
Is there nect or co	urrent litigation (civ	il or criminal) involving th	e Annlicant	÷9	
Yes (Explai	nrrent litigation (civen Below) \(\sum \) No	provide the foll	Check here	if you attach	ed a list. Plea	HOUT EXCEPTION.
Yes (Explai	n Below) 🗌 No		Check here	if you attach	ed a list. Plea	se label list as "Item 1 HOUT EXCEPTION. Date Filed
Yes (Explai	n Below) No	provide the foll	Check here	if you attach	ed a list. Plea all cases <u>WITF</u> nber	HOUT EXCEPTION.
Yes (Explaination of the If you answer Plaintiff	n Below) No red "Yes", you must sdiction	provide the foll Defendant	Check here	if you attach below. List o	ed a list. Plea all cases <u>WITF</u> nber	Date Filed
Yes (Explainable of Section 1)	n Below) No red "Yes", you must sdiction	provide the foll Defendant	Check here	if you attach below. List o	ed a list. Plea all cases <u>WITF</u> nber tatus	Date Filed
Yes (Explainable of Lities) If you answer Plaintiff Court Holding Jurianable of Lities Description of Lities	n Below) No red "Yes", you must sdiction gation:	Defendant City / State	Check here	if you attach below. List of Case Num Current St	ed a list. Plea all cases WITF ber tatus	Date Filed Date of Last Action

15.	Company Loans	s to and from			Check here if you attached a lis	t. Please label list as "Item 16"	
	Name of Cre	De	escrip	tion of Liability	Collateral		
	Creditor Debtor						
	Date Incurred (mm/yyyy)	Maturity Date (mm/yyyy)	Interest Rate		Original Amount	Balance	
	Name of Creditor/Debtor Creditor Debtor		De	escrip	tion of Liability	Collateral	
	Date Incurred (mm/yyyy)	Maturity Date (mm/yyyy)	Interest Rate		Original Amount	Balance	
	Name of Cre	editor/Debtor	De	escrip	tion of Liability	Collateral	
·	Creditor	Debtor					
	Date Incurred (mm/yyyy)	Maturity Date (mm/yyyy)	Interest Rate		Original Amount	Balance	
16.		counts should in Payroll, 401K, S	iclude Sweep	Check here if you attached a lats, domestic and/or foreign., but are not limited to: Accounts, Investment Funds, A reviewed on site prior to the issue	1/R, Savings, Deposits, etc.		
	Name and Address of Bank or Financial Institution		Account No.		Purpose of Account	Balance as of (Date)	
						\$	
						\$	
						\$	
						\$	

This application is true and correct to the best of my knowled	lge and that false or incomplete answers could result in
criminal prosecution and the denial, or subsequent revocation	n, of state licensure by the Arizona Department of Gaming.
Further, that I am voluntarily submitting this application with	a full knowledge that it will be reviewed by appropriate State
authorities charged by law with granting state licensure.	
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	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 understa	and all its terms. I execute it volum	ntarily and with
full knowledge of its significance.		
I have executed this Release of All Claims on this	day of	_, 20
	Applicant Signature	

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) and (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