

Date _____

APPLICATION FOR STATE CERTIFICATION/TRIBAL LICENSE RECOMMENDATION

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 pages 14 & 15, 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 Tribal Gaming Office.** *Applicant Initials* _____

Tribal Gaming Facility	Are you an enrolled Tribal Member of the Community/Nation/Tribe or Tribes that operate this Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No
Tribal Affiliation	Tribal Enrollment/Identification Number
Position Applying For	Are you associated with a business applying for State Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No
Department (Security, Table Games, IT, ETC)	

1. PERSONAL INFORMATION

Last Name		First Name		Middle Name	
Alias, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise					
Date of Birth	Place of Birth (City, State)	Sex	Age	Social Security Number	
Color of Eyes	Color of Hair	Height	Weight	Drivers License Number and State	
Mailing Address				City, State and Zip Code	
Residence Address (if different from Mailing)				City, State and Zip Code	
Residence Phone (include area code)		Cell or Other Phone		Email Address	
Are you a United States Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, what country?		Alien Registration Number and Expiration Date	
Are you a Naturalized Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Certificate of Naturalization Number		Date Naturalized	Place Naturalized (City, State)	

Certificate of Naturalization or Alien Registration Card must be included with this application.

1. PERSONAL INFORMATION Continued

Languages Spoken (other than English)	Languages Written (other than English)
Scars, tattoos or distinguishing marks and/or characteristics	

2. MARITAL INFORMATION

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

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

Date of Marriage	Place of Marriage (City and State)		
Spouse's Full Name (Maiden)		Spouse's Social Security No.	
Date of Birth	Place of Birth (City and State)		
Residence Address		City, State, and Zip Code	
Residence Phone (include area code)		Business Phone (include area code)	

3. EDUCATION

Type	Name of School	Location (City, State)	Dates Attended	Graduate (Yes or No)
High School				
College / University				
Other				

Type of Degree(s) _____

Sensitive Management Positions/Key Employees: Attach a copy of your Certificate, Diploma or Degree

4. MILITARY INFORMATION

Have you ever served in the armed forces?

☐ Yes

☐ No

If the answer is yes, complete the following information and **PROVIDE MEMBER COPY 4 OF DD Form 214.**

Branch _____ Serial No. _____ Date of Entry _____

Date of Separation _____ Type of Discharge _____ Rank at Separation _____

While in the military service, were you ever arrested or charged for an offense that resulted in non-judicial punishment or trial by court martial? If yes, you **MUST** provide a full explanation of the circumstances of any arrest on page 14.

☐ Yes

☐ No

5. RESIDENCES

Beginning with your current residence, list all your residences for the **past 10 years or since your 18th birthday.**

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

5. RESIDENCES continued

From		City
To		State, and Zip Code
From		City
To		State, and Zip Code
From		City
To		State, and Zip Code
From		City
To		State, and Zip Code

6. CHARACTER REFERENCES

List five individuals who know you well enough to be used as character references. **Do not include relatives or present employer.**

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		

7. EMPLOYMENT/PERIODS OF UNEMPLOYMENT

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 **past 10 years or since your 18th birthday**. 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. ***Reason for leaving must include whether you were terminated, laid-off, resigned, quit, etc., and provide a full explanation. All employment/termination is subject to verification.***

From	Employer Name	Business Phone	Is the company working in the Gaming industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
To	Employer Address	City, State and Zip Code	
Job Title	Description of Duties	Name of Supervisor	
Provide detailed reason for leaving:			
From	Employer Name	Business Phone	Is the company working in the Gaming industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
To	Employer Address	City, State and Zip Code	
Job Title	Description of Duties	Name of Supervisor	
Provide detailed reason for leaving:			
From	Employer Name	Business Phone	Is the company working in the Gaming industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
To	Employer Address	City, State and Zip Code	
Job Title	Description of Duties	Name of Supervisor	
Provide detailed reason for leaving:			
From	Employer Name	Business Phone	Is the company working in the Gaming industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
To	Employer Address	City, State and Zip Code	
Job Title	Description of Duties	Name of Supervisor	
Provide detailed reason for leaving:			
From	Employer Name	Business Phone	Is the company working in the Gaming industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
To	Employer Address	City, State and Zip Code	
Job Title	Description of Duties	Name of Supervisor	
Provide detailed reason for leaving:			

8. CIVIL LITIGATION/PROFESSIONAL LICENSES/GAMING INFORMATION

Please read each question carefully. Provide detailed explanation as necessary

- A. For the **past 10 years or since your 18th birthday**, have you, as an individual, member of a partnership, LLC 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, you must provide the following details below. List all cases without exception. Provide additional information on page 14 or attached additional sheet(s) as necessary.

Plaintiff/Defendant	Court and Case Number	City, County, and State	Date and Disposition
Plaintiff	Court	City	Date
Defendant	Case No.	County and State	Disposition
Reason for Civil Action			
Plaintiff	Court	City	Date
Defendant	Case No.	County and State	Disposition
Reason for Civil Action			
Plaintiff	Court	City	Date
Defendant	Case No.	County and State	Disposition
Reason for Civil Action			
Plaintiff	Court	City	Date
Defendant	Case No.	County and State	Disposition
Reason for Civil Action			

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

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

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

C. Have you ever held a financial interest in a gambling venture, including a racetrack, dog track, racehorse or dog, lottery, casino, bookmaking operation, or pari-mutuel operation outside the State of Arizona?

☐ Yes ☐ No

If you answered yes, provide the following information on page 14. State what type, when and where held, names/ locations of the businesses in which you were involved and the names/addresses of all partners and principals.

D. Have you as an individual, or as a participant in a group, ever been granted 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.

E. Have you ever been disciplined by, or appeared before any licensing agency or similar authority in or outside the State of Arizona for any reason?

☐ Yes ☐ No If you answered yes, you must provide the details.

F. Have you as an individual, or as a participant in a group, had a tribal or gaming license denied, revoked, suspended, forfeited or withdrawn by any gaming authority in any jurisdiction or any country?

☐ Yes ☐ No

If you answered yes, state where, when and for what reason.

G. Have you as an individual, or as a participant in a group, ever:

1. been terminated from any gaming facility in any jurisdiction or any country?

☐ Yes ☐ No

2. resigned to avoid being terminated from any gaming facility in any jurisdiction or country?

☐ Yes ☐ No

3. been banned or barred from any gaming facility in any jurisdiction or country?

☐ Yes ☐ No

If you answered yes, state where, when and for what reason.

H. Have you ever placed your name on a list of people self-excluded from any gaming facility?

☐ Yes ☐ No

If you answered yes, state where you self-excluded, the date of your self-exclusion and the length of time you elected to self-exclude. Submit a copy of your self-exclusion form with this application.

_____ *I agree to waive any confidentiality of the attached self-exclusion form for the purpose of allowing the Department of Gaming to process my application for State Certification/Tribal License Recommendation.*

I. Do you have any relatives associated with or employed at the Department of Gaming, Racing Division or the Boxing and Mixed Martial Arts Commission?

☐ Yes ☐ No

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

9. FINANCIAL INFORMATION

If the answer to any question yes, please provide the details on pages 14.

A. Do you anticipate active participation in the management of the gaming facility?

☐ Yes

☐ No

B. Have you ever personally filed for relief from creditors under the Federal Bankruptcy Code?

☐ Yes

☐ No

C. Has your Federal Personal Income Tax Return ever been audited or adjusted?

☐ Yes

☐ No

D. Has your State Personal Income Tax Return ever been audited or adjusted?

☐ Yes

☐ No

E. Have you ever failed to file any required State or Federal Income Tax Return?

☐ Yes

☐ No

F. Last Federal Income Tax Return filed: Date _____

G. Last State Income Tax Return filed: Date _____

H. Total annual income from last tax year filed (all sources) \$ _____

I. Do you own or control any assets or liabilities outside the United States?

☐ Yes

☐ No

J. Do you control, manage, or hold in trust any assets or liabilities for another person or entity?

☐ Yes

☐ No

9. FINANCIAL INFORMATION continued

K. List all current Sources of Income

INCOME	SOURCE OF INCOME	AMOUNT
Salary		
Interest		
Dividends		
Other sources, such as child support, alimony, etc. (describe in detail)		

MORTGAGES PAYABLE

Name and Address of Creditor	Date Incurred	Original Amount	Unpaid Balance	Payment/Period	Interest Rate	Maturity Date	Description/Address of Real Estate
			\$ Total				

IF THIS SCHEDULE DOES NOT APPLY TO YOU, PLEASE WRITE NONE ACROSS THE ENTIRE

NOTES PAYABLE

Complete the information listed below for all **notes payable other than mortgages (car loans, bank loans, student loans, credit cards, etc.)** for which you, your spouse, and/or dependent children are obligated. Indicate by means of an asterisk (*) in the first column, those notes payable for which your spouse and/or dependent children are obligated.

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

IF THIS SCHEDULE DOES NOT APPLY TO YOU, PLEASE WRITE NONE ACROSS THE ENTIRE SCHEDULE SCHEDULE

10. CRIMINAL HISTORY

ARRESTS and DETENTIONS

The questions below refer to **all arrests, detentions, charges, indictments, citations or summons to answer for any criminal offense or violation for any reason whatsoever (except minor traffic violations), regardless of the disposition of the event, dismissals, expunged/sealed or restoration of civil rights**. If your answer to **any** question (A through G) is **yes**, you **must** provide a full explanation of the circumstances on the Arrest Disclosure Form following this section.

- A. Have you **EVER** been charged with a criminal offense or 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 in 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 for any crime you may have been suspected of?
☐ Yes ☐ No
- E. Have you ever been subpoenaed to appear or testify before a grand jury, court, 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?
☐ Yes ☐ No
- H. Has any member of your immediate family ever been convicted of a felony or a gaming offense?
☐ Yes ☐ No If you answered yes, you must provide the following information:

Name	Relationship	Charge	Location (City, State)	Date

Arrest Disclosure Form

Attach or obtain documents you received from the court showing the final disposition of the charges.
(If your unable to obtain documentation, provide the name and number of the court clerk you spoke with)
Provide full details of the circumstances below each charge. Use additional sheet(s) as necessary.

Date arrested/charged:

Agency that arrested/charged you:

Offense/Charge (s):

Court where you appeared:

Disposition / Current Status (Jail, Fine, Probation):

Explanation:

Date arrested/charged:

Agency that arrested/charged you:

Offense/Charge (s):

Court where you appeared:

Disposition / Current Status (Jail, Fine, Probation):

Explanation:

Arrest Disclosure Form

Attach or obtain documents you received from the court showing the final disposition of the charges.
(If your unable to obtain documentation, provide the name and number of the court clerk you spoke with)
Provide full details of the circumstances below each charge. Use additional sheet(s) as necessary.

Date arrested/charged:

Agency that arrested/charged you:

Offense/Charge (s):

Court where you appeared:

Disposition / Current Status (Jail, Fine, Probation):

Explanation:

Date arrested/charged:

Agency that arrested/charged you:

Offense/Charge (s):

Court where you appeared:

Disposition / Current Status (Jail, Fine, Probation):

Explanation:

ADDITIONAL INFORMATION

Provide the section or question # for each disclosure or additional information. Attach additional pages as necessary.

[illegible]

APPLICANT NOTIFICATIONS

- 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 negative recommendation of Tribal License Recommendation.
Applicants Initials _____

- Please be advised this application for certification is valid only for authorized Arizona gaming facilities. Employees of 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. Employees of unauthorized facilities may be subject to legal and/or regulatory risks.

Applicant's Initials _____

- You are further advised that this application may not be withdrawn without the permission of the Department of Gaming.

Applicants Initials _____

- 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(P) in order to aid the Department of Economic Security in locating non-custodial parents or the assets of non-custodial parents.

Applicants Initials _____

- 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.

Applicants Initials _____

APPLICANT CHECKLIST

By checking each box, I verify that I have read and understand the statements and have attached any requested documents.

- ☐ I have provided a valid mailing address, phone number and email address. I understand that the Arizona Department of Gaming is not responsible for any correspondence not received.

Please be advised that the address listed on page 1, will be used for mailing all notices or other communication. It is the sole responsibility of the licensee to notify the Department of a change in mailing address.

- ☐ I have listed all arrests, detentions, charges, indictments, criminal citations for any criminal offense. (except minor traffic)
- ☐ I have provided court documents showing disposition or current case status of all disclosed arrests.
- ☐ Optional: I agree to receive notices and communications by email if allowable by law. I understand I have the right to withdraw this permission by contacting the Arizona Department of Gaming in writing.

I, _____, hereby acknowledge and say that this application is true and correct to the best of my knowledge. This application is being executed with the knowledge that false or incomplete answers could result in criminal prosecution and the denial of, or subsequent revocation of, state certification or negative recommendation of tribal license recommendation by the Arizona Department of Gaming. Further, that I am voluntarily submitting this application with full knowledge that it will be reviewed by appropriate Tribal and State authorities charged by law with granting gaming licenses and state certifications/tribal license recommendations.

Signature of Applicant

ATTACH A PHOTOGRAPH

TAKEN WITHIN THE

LAST 30 DAYS

DO NOT STAPLE