



FORT MCDOWELL TRIBAL GAMING OFFICE BUSINESS APPLICATION

APPLYING FOR A CLASS "A" VENDOR LICENSE

The Fort McDowell Tribal Council has authorized the Tribal Gaming Office to license all vendors who provide goods or services to the Fort McDowell Gaming Center. The following licensing standards apply to any vendor wishing to do business with the Fort McDowell Casino:

- All manufactures or suppliers of "Gaming Devices" must apply for a **Class "A"** Tribal Gaming Vendor License before doing any business with the Fort McDowell Gaming Center. Certification by the Arizona Department of Gaming is also required.
- Any vendor providing goods or services in excess of \$10,000 in a single month, must apply for a **Class "A"** Tribal Gaming Vendor License before providing that level of goods or services to the Gaming Center. Certification by the Arizona Department of Gaming is also required.
- All other vendors wishing to provide goods or services to the Gaming Center must apply for a **Class "B"** Tribal Gaming Vendor License.

To be eligible for a Class "A" Tribal Gaming Vendor License-

- 1) Please fill in all blanks applicable to your company on the Business Application.
- 2) The owner or officer who completes the Business Application must sign the Release of All Claims and Release of Information forms at the end of the Business Application form. The release forms must be notarized.
- 3) Certain individuals of your company will be required to complete a Principle Application as part of the licensing process. Review Page 1 of the Principle Application for more information on who must complete that application form.
- 4) Complete all application forms in black ink. Indicate "DNA" for items that do not apply. If additional space is required to provide complete information, please use additional sheets of paper. The individual completing an application must initial the bottom of each page of the application form.
- 5) Include a check for the appropriate licensing fee payable to the Fort McDowell Tribal Gaming Office.
- 6) Send the completed application to-

Fort McDowell Tribal Gaming Office
P.O. Box 17891
Fountain Hills, AZ 85269
Attn: Vendor Investigator

Notice Regarding False Statements:

In signing this application, I understand that false or misleading statements on any part of the application may be grounds for denial or revocation of a gaming license. In addition, you may be punished by fine or imprisonment (U.S. Code, Title 18 Section 1001).

Notice Regarding Submission of Application:

This application may NOT be withdrawn without the permission of the Fort McDowell Tribal Gaming Office.

Privacy Statement

In compliance with the Privacy Act of 1974, the following information is provided:

Solicitation of the information on this form is authorized by 25 U.S.C. 2701 et seq. The purpose of the requested information is to determine the eligibility of entities to be licensed to do business with the Fort McDowell Gaming Center. The information will be used by the Fort McDowell Tribal Gaming Office members and staff who have need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, Tribal, State, local or foreign law enforcement and regulatory agencies when relevant to civil, criminal or regulatory investigations or prosecutions or when pursuant to a requirement by the Tribe or the National Indian Gaming Commission in connection with the issuance or revocation of a gaming license, or investigation of activities while associated with the Tribe or the gaming operation. Failure to consent to the disclosures in this notice will result in the Tribe being unable to grant a license to do business with the Tribal Gaming Facility.

I, _____ having read the above, for

Print full name

_____, agree to provide the information requested on this

Vendor

application so that the Fort McDowell Tribal Gaming Office may make a determination as to the suitability of the applicant for a Class "A" Vendor License.

Signature: _____

Date: _____
mm/dd/yyyy

Title: _____

Subscribed and sworn to before me this _____ day of _____
(month and full year)

(Signature of Notary)

Notary Public in and for the County of: _____

State of: _____

My Commission expires: _____

Fort McDowell Tribal Gaming Office
Class "A" Vendor License Application

PART I

The undersigned hereby makes application for a Class "A" Fort McDowell Tribal Gaming Office Vendor License:

NOTICE

The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

1. Name of Applicant (Company Name): _____

2. Trade name to be used: _____
(if different from #1 above)

3. Business Location: _____

4. Mailing Address: _____
(if different from #3 above)

5. Business Phone: (____) _____

6. Business Fax: (____) _____

7. Federal Tax ID Number: _____
Or SSN (if Sole Proprietorship): _____

8. If application is to replace a license obtained under another name, state former name:

9. Provide general description of the business and its activities:

10. Specific type of service(s) or goods your company will provide to the Fort McDowell Gaming Center:

NOTE: If the Tribal Gaming Office issues a Class "A" Vendor License to the company submitting this application, the License will only be valid for the services listed under #10 above.

11. Indicate whether applicant is a: Partnership [] Corporation []
Sole Proprietorship [] LLC [] Other [] _____
Specify

PART II

CORPORATE INFORMATION

Complete Part II if the applicant is a corporation. If the applicant is a partnership, sole proprietorship or other form of business organization, proceed to Part III of the Application.

1. Please attach a certified copy of the Articles of Incorporation.
2. On the table below, please provide the following information for:
 - a. Each partner, director, officer, shareholder (10% or more of total shares).
 - b. Each person who will be responsible for on-site supervision or management at the Gaming Center.
 - c. Each person who will sign purchase orders, enters into contracts or agreements, or otherwise negotiates any financial agreements or terms with the Gaming Center.

Full Name	Title	Social Security #	Date of Birth

3. If applicable, indicate the terms, position, rights and privileges of the different classes of securities outstanding:

Security	Terms and Position	Rights and Privileges

4. If applicable, indicate options existing or to be created in respect of their securities or other interests:

Name	Address	Title	Options

Please proceed to Part IV

PART III
SOLE PROPRIETORSHIPS, PARTNERSHIPS OR OTHER BUSINESS FORMS

Complete the following if the applicant business is a sole proprietorship, partnership or other form of business organization.

(Please include a true copy of Partnership Agreements, Articles of Trust and any other documents used to create or modify ownership of the applicant business)

- 1. State where first registered or qualified to do business: _____
Business registration or license number for that State: _____

- 2. Date of qualification to do business in Arizona: _____
Arizona business registration or license number: _____

- 3. Please provide the following information for:
 - a. Each Owner or Partner.
 - b. Each Director, Trustee or Beneficiary.
 - c. Each person who will be responsible for on-site supervision or management at the Gaming Center.
 - d. Each person who will sign purchase orders, enters into contracts or agreements, or otherwise negotiates any financial agreements or terms with the Gaming Center.

Full Name	Title	Social Security #	Date of Birth

Proceed to Part IV

PART IV
GAMING HISTORY/LICENSING HISTORY INFORMATION

1. Does the business have any relationship(s), past and present, with the gaming industry? If yes, describe below. Yes No

Name of Business	Address	Nature of Relationship	Dates of Relationship

2. Does your business have any financial, ownership or management interests, past or present, with any Indian Tribe or with any Tribal business.
 Yes No If yes, describe below:

Tribe	Address	Nature of Relationship	Dates

3. Does the business have, or anticipate having, any investment, any other business relationship, or any other role in this or any other gaming operation? Yes No
If yes, provide details:

4. Has the business ever applied to any licensing or regulatory agency for a license, permit or authorization relating to gaming? Yes No
If yes, complete the following for each license, permit or authorization. Use additional sheets if required.

Agency, Tribe or State applied to: _____
 Action taken: _____ Location: _____
 Date: _____ Type of application: _____
 Type of license, if granted: _____ Dates license held: _____

5. Has any licensing or regulatory agency taken any disciplinary action against a license, permit, or authorization held by your company? Yes No If yes, describe below

PART V
ADDITIONAL INFORMATION

1. Provide names, addresses and telephone numbers of three (3) business references with whom you have regularly done business within the last five (5) years and at least ONE bank reference.

Name	Address (city, state & zip)	Telephone Number
Bank Name		

2. List your company's major funding and financial sources of \$50,000 or more:

3. List your company's financial liabilities of \$50,000 or more:

4. Has this business or any of its officers, directors, partners, investors, managers or principals ever had been a defendant in a civil action? Yes No
If yes complete the following for each:

Date	Court name/Address	Nature of Action	Disposition

CERTIFICATION

In submitting this application for a Class A Tribal License, the applicant agrees to the following:

- I. To maintain a ledger in the principal office of the corporation that shall at all times reflect the ownership of every class of security issued by the corporation and shall be available for inspection by the Tribal Gaming Office and their authorized agents at all reasonable times with or without notice.
- II. To notify the Tribal Gaming Office of each change of its Principals, and for each new Principal, submit a completed Principal Application within thirty (30) days after appointment or election.
- III. To provide any further financial data or other information that may be deemed necessary or appropriate.
- IV. Upon request, to submit balance sheets and profit and loss statements audited by independent certified public accountants for the last three (3) fiscal years.
- V. Upon request, to provide to the Tribal Gaming Office an annual profit and loss statement and balance sheet and a copy of applicant’s annual Federal Income Tax return within 30 days after such return is filed.
- VI. To provide the Tribal Gaming Office, at least annually, a complete list of all stockholders of the corporation showing the number of shares held by each.
- VII. Upon request, provide an organizational chart of the business down to the department head level.
- VIII. To pay the fees indicated on the Licensing Fee Schedule and the cost of any additional investigative steps deemed necessary by the Tribal Gaming Office to determine the suitability of the applicant vendor and/or those persons required to submit a Principle Application as part of the vendor’s application package.

I certify that I am a duly authorized officer of the applicant with the knowledge and authority to provide the above information and to act on behalf of this business entity, and that to the best of my knowledge and belief the foregoing information is true, accurate and complete as of the date of this application. I understand that untruthful or misleading answers are cause for denial of the application and/or revocation of any gaming license granted. I further understand that this business has a continuing duty to provide all materials, assistance or information required by the Tribal Gaming Office, including any information that may be requested from business owners, shareholders, directors, officers, or other key personnel; and to fully cooperate in any investigation conducted by or on their behalf. If any information provided on this application changes or otherwise becomes inaccurate or new information becomes available, I agree to promptly notify the Tribal Gaming Office with or without a formal request for such information.

Name: _____ Title: _____
(Print)

Signature: _____ Date: _____
(mm/dd/yyyy)

For Applicant: _____

Subscribed and sworn to before me this _____ day of _____, _____

(Print Name)

Notary Public in and for the State of _____

Residing at _____

My commission expires: _____

**Tribal Gaming Office
Release of All Claims
(Business)**

I, _____, the undersigned, as the authorized
(Print)

representative acting on behalf of the business listed below (“applicant”) am filing with the Tribal Gaming Office this application for a gaming license. In consideration of the assurance by the Tribal Gaming Office that no action on this application will be taken except after a complete investigation, I hereby for myself, the business entity and its successors and assigns, release, remise and discharge the Tribe, the Tribal Gaming Office and their respective members, agents and employees, from any and all causes of action, suits, debts, judgement, executions, claims and demands, known or unknown, in law or equity which this business had, now has, or may claim to have against the Tribe, the Tribal Gaming Office or their agents or employees, arising out of or by any reason of the processing or investigation of or other action relating to this gaming license.

I, as an authorized representative acting on behalf of the Applicant, have read this release and understand all of its terms and execute it voluntarily and with full knowledge of it’s significance.

In witness thereof, I have executed this release at _____,
on the _____ day of _____, _____.

Signature of Authorized Representative

Title

Business Name

Subscribed and sworn to before me this _____ day of _____, _____

(Print Name)

Notary Public in and for the State of _____

Residing at _____

My commission expires: _____

OR
Witnessed by: _____, this _____ day of _____, _____

Signed: _____,

A duly authorized representative of _____ Tribe,

Residing at _____

**Fort McDowell Tribal Gaming Office
Release of Information Authorization**

I, _____, as the duly authorized representative acting on
(Print Name)

behalf of the business entity listed below, authorize any investigator, agent of other representative of the federal government, the Tribal Gaming Office or any other tribal, state or local law enforcement or investigatory agency, in order to determine suitability of this business for involvement in Indian gaming activities, to obtain any information related to the business and its activities including any personal, business, criminal or financial information, credit history, court records, tax records and the like. Sources of such records and information may include, but are not limited to, financial or lending institutions, businesses, regulatory agencies, credit bureaus and other sources whether or not such information would otherwise be protected from disclosure by law or privilege.

I authorize custodians of such records and sources of information to release such information, permit the review and copying of any and all documents, records or correspondence pertaining to this business, upon request of the representative of the Tribal Gaming Office or their representatives, regardless of any previous agreement to the contrary.

I hereby agree to release, remise, indemnify and hold harmless any person or entity to whom this request is presented and their agents and employees from and against all manner of actions, claims, damages, losses, and expenses, including reasonable attorneys fees, arising out of or by reason of complying with this request.

I understand and agree to accept any risk of adverse public notice, embarrassment, criticism or financial loss that may result from the use of information that is obtained in connection with a background investigation required to process the license or license renewal application of this business for the purpose of providing goods or services or financing in conjunction with gaming activities, operation or regulation.

Copies of this authorization that show my signature are as valid as the original.

For: _____ Signature: _____
Business Name Signature

Date Signed Full Name (type or print legibly) Title

Subscribed and sworn to before me this _____ day of _____, _____

(Print Name)

Notary Public in the State of _____

Residing at _____

My Commission expires: _____

OR
Witnessed by: _____, this _____ day of _____, _____

Signed: _____,

A duly authorized representative of _____ Tribe,

Residing at _____