



## **FORT MCDOWELL TRIBAL GAMING OFFICE**

# **CLASS “A” VENDOR LICENSE APPLICATION INSTRUCTIONS FOR “PRINCIPALS”**

### **Who must complete the Principal Application:**

- Each owner, partner, beneficiary or trustee
- Each primary management officer (CEO, COO, CFO...)
- Each shareholder with an interest equaling or exceeding 10% of total shares
- Each financier, other than a bank, that has provided 10% or more of the business’s financial assets.

### **Instructions for completing this application:**

- Please complete the application in black ink.
- Please fill in all blanks on the application. Indicate DNA for items that do not apply.
- If additional space is required for complete responses, please attach additional sheets of paper to the application.
- The attached Release of Information Form must be complete by the Principal and notarized.

### **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).

## **CONSUMER NOTIFICATION**

**Please be advised that a consumer report, or an investigative consumer report, may be obtained from a consumer-reporting agency for the purpose of providing the Fort McDowell Tribal Gaming Office with information to help determine the applicant's eligibility to receive a Class "A" Tribal Vendor License. This consumer report may contain information regarding the applicant's credit worthiness, credit standing, credit capacity, personal characteristics, character, general reputation, or mode of living from public records or through personal interviews. A Release of Information Form is included in this Class "A" application packet. The Release of Information Form, which requires your signature and must be notarized, authorizes the Fort McDowell Tribal Gaming Office to request and receive such reports from consumer-reporting agencies.**

## 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 principals of entities to be licensed to do business with the Fort McDowell Gaming Center. Fort McDowell Tribal Gaming Office members and staff will use 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 Fort McDowell Tribal Gaming Office, the Arizona Department of Gaming and the National Indian Gaming Commission in connection with the issuance or revocation of a gaming license or investigation of activities while associated with a tribe or a gaming operation. Failure to consent to the disclosures indicated in this notice will result in the Tribe's being unable to grant a license to do business with a Tribal Gaming Facility.

I, \_\_\_\_\_ having read the above, agree to provide the information  
Print full name  
requested on this application so that the Fort McDowell Tribal Gaming Office may make a determination  
as to the suitability of \_\_\_\_\_ to receive a Class "A" Vendor License.  
Vendor

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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" PRINCIPAL APPLICATION**

**APPLICANT INFORMATION**

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

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**Last Name** **First Name** **Middle Name**

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**Mailing Address** **(Street, City, State, Zip Code)**

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**Actual Address (if different from above)** **(Street, City, State, Zip Code)**

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**( )** **Phone** **Social Security Number**

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**Aliases, nicknames, maiden name, other name changes legal or otherwise**

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**Date of Birth** **Place of Birth (City, County, State or Country)**

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**Sex** **Eyes** **Hair** **Height** **Weight**

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**Marks, Scars, Tattoos**

<b>Citizenship: USA</b>		<b>If "NO" provide alien registration number and expiration date:</b>
<b>YES [ ]</b>	<b>NO [ ]</b>	

**List residence address(es) - last five years:**

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**(Street, City, State, Zip Code or Country)**

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**(Street, City, State, Zip Code or Country)**

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**(Street, City, State, Zip Code or Country)**

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**(Street, City, State, Zip Code or Country)**

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**(Street, City, State, Zip Code or Country)**

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Applicant's Initials

List names and addresses of at least three (3) personal references, including one (1) personal reference that was acquainted with the applicant during each period of residence listed on page 2.

NAME ADDRESS PHONE OCCUPATION

NAME ADDRESS PHONE OCCUPATION

NAME ADDRESS PHONE OCCUPATION

**Marital Information**

Single [ ] Married [ ] Separated [ ] Divorced [ ] Widowed [ ]

Current Marriage: \_\_\_\_\_  
Date City Country State

Spouse's Full Name (Maiden) \_\_\_\_\_

Spouse's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_ Spouse's Place of Birth: \_\_\_\_\_  
mm/dd/yyyy

Spouse's Residence Address: \_\_\_\_\_

Telephone: Residence: \_(\_\_\_\_\_) \_\_\_\_\_ Business: \_(\_\_\_\_\_) \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_  
Street, City, State, Zip

**Previous Marriage(s)**

*Even if legally separated, divorced or annulled*

Full Name of Spouse

Date of Order or Decree

Nature of Action

City, County, State

\_\_\_\_\_  
Applicant's Initials

**APPLICANT'S DRIVER LICENSE INFORMATION**

State: \_\_\_\_\_ Driver's License Number \_\_\_\_\_ Expires: \_\_\_\_\_

**APPLICANT'S MILITARY HISTORY**

Have you ever served in the armed forces?       Yes                       No

If Yes, a copy of your DD 214 Form is required.

While in the Military Service, were you ever arrested for an offense that resulted in Summary Action, a Trial or Special or General Court Martial?       Yes                       No

If yes, furnish details below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please do not write below this line.....For internal use only...Continue to page 5**

\_\_\_\_\_  
Applicant's Initials

## APPLICANT'S EMPLOYMENT HISTORY

(Past Five Years)

*Instructions: list most recent employment first:*

<b>Company Name:</b>		<b>Company Address:</b>	
<b>Date of Hire:</b>	<b>Date Last Worked:</b>	<b>Phone Number:</b>	<b>Position:</b>
<b>Name of Last Supervisor:</b>		<b>Reason for Leaving:</b>	

<b>Company Name:</b>		<b>Company Address:</b>	
<b>Date of Hire:</b>	<b>Date Last Worked:</b>	<b>Phone Number:</b>	<b>Position:</b>
<b>Name of Last Supervisor:</b>		<b>Reason for Leaving:</b>	

<b>Company Name:</b>		<b>Company Address:</b>	
<b>Date of Hire:</b>	<b>Date Last Worked:</b>	<b>Phone Number:</b>	<b>Position:</b>
<b>Name of Last Supervisor:</b>		<b>Reason for Leaving:</b>	

<b>Company Name:</b>		<b>Company Address:</b>	
<b>Date of Hire:</b>	<b>Date Last Worked:</b>	<b>Phone Number:</b>	<b>Position:</b>
<b>Name of Last Supervisor:</b>		<b>Reason for Leaving:</b>	

<b>Company Name:</b>		<b>Company Address:</b>	
<b>Date of Hire:</b>	<b>Date Last Worked:</b>	<b>Phone Number:</b>	<b>Position:</b>
<b>Name of Last Supervisor:</b>		<b>Reason for Leaving:</b>	

\_\_\_\_\_  
Applicant's Initials

**APPLICANT'S BUSINESS OWNERSHIP HISTORY**

**List name(s) and address (es) of business (es) owned or had interest in, over past ten years:**

Name of Business	Address of Business	% or type of interest owned
1.		
2.		
3.		
4.		
5.		

**Give a description of any existing and previous business relationships with Indian Tribes including ownership interests in those businesses:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Give a description of any existing and previous business relationships with gaming industry in general. Including ownership interests in those businesses:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List the name and address of any licensing or regulator agency with which you have filed application for a license or permit, including gaming whether or not such license or permit was granted:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant's Initials



**APPLICANT'S CRIMINAL HISTORY**

Have you ever been convicted of a felony or are you presently the subject of an ongoing felony prosecution?      Yes    No

If yes, list each felony for which there is a conviction and each ongoing prosecution, to include the charge, the name and address of the court involved, and the date and disposition, if any:

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Have you ever been convicted of a misdemeanor (excluding minor traffic charges)?    Yes    No

If yes, list each misdemeanor (excluding minor traffic charges) for which there is a conviction within the past ten (10) years or an ongoing prosecution, the name and address of the court involved and the date and disposition, if any:

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Have you ever been subpoenaed to appear or testify before a federal, state, or county grand jury, board or commission?    Yes    No

If yes, explain in detail below:

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Have you ever received a pardon for any criminal offense?    Yes    No  
If yes, provide details below including, the city, county and state:

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Has any member of your family or that of your spouse's ever been convicted of a felony?  
 Yes    No                      If yes, explain below:

Name	Relationship	Charge	Location	Date

\_\_\_\_\_  
Applicant's Initials

**APPLICANT'S FINANCIAL INFORMATION**

Have you ever held a financial interest in a gambling venture, including a racetrack, dog track, racehorse or dog, lottery, casino or pari-mutuel operation?     Yes     No

If yes, state type, when and where and give names and locations of the businesses in which you were involved and the names and addresses of all partners and principals.

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Have you ever personally filed for relief from creditors under the federal bankruptcy code?  
 Yes     No                    If yes, explain below, including what court, city, county and state:

Court	City, County and State	Outcome

Has your Federal Income Tax Return ever been audited or adjusted?     Yes     No

If yes, explain why and the year of the audit or adjustment:

Federal Tax Year	Reason

Are you currently under an order of garnishment of wages?     Yes     No

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Has your Arizona Personal Income Tax Return ever been audited or adjusted?     Yes     No

If yes, explain why and the year of the audit or adjustment:

Arizona Tax Year	Reason

\_\_\_\_\_  
Applicant's Initials

## APPLICANT'S STATEMENT OF ASSETS AND LIABILITIES

### ASSETS:

Statement of Assets and Liabilities as of \_\_\_\_\_.  
(DD/MM/YYYY)

List all assets, both tangible and intangible on the appropriate line below, leaving no blanks empty. Use a zero, if necessary, to indicate no assets for a particular question. Enter the amount as of the date of above. Use supplemental sheets to list individual accounts.

	ORIGINAL COST/ INVESTMENT(S):	CURRENT MARKET VALUE:
Cash on Hand	\$	\$
Cash in Banks	\$	\$
Accounts and Notes	\$	\$
Receivables	\$	\$
Stocks/Bonds	\$	\$
Business Investments	\$	\$
Real Estate (1)	\$	\$
Real Estate (2)	\$	\$
Other Assets (1)	\$	\$
Other Assets (2)	\$	\$
<b>Total Assets</b>	\$	\$

### LIABILITIES

List all assets, both tangible and intangible on the appropriate line below, leaving no blanks empty. Use a zero, if necessary, to indicate no assets for a particular question. Enter the amount as of the date of above. Use supplemental sheets to list individual accounts.

Liability	Original Amount	Present Balance
Accounts Payable	\$	\$
Credit Cards, etc.	\$	\$
Taxes Payable	\$	\$
Notes Payable	\$	\$
Mortgages Payable (1)	\$	\$
Mortgages Payable (2)	\$	\$
Other Liabilities (1)	\$	\$
Other Liabilities (2)	\$	\$
<b>Total Liabilities</b>	\$	\$

Total anticipated Annual Income for the current year : \$ \_\_\_\_\_

Total Annual Income for the previous year : \$ \_\_\_\_\_

	Income Description:	Total:
Salary		
Interest		
Dividends		
Other		

\_\_\_\_\_  
Applicant's Initials

## Fort McDowell Tribal Gaming Office Applicant's Request To Release Information

**TO:** \_\_\_\_\_

**From:** \_\_\_\_\_  
Applicant's Name                      PRINT: Last, First, Middle

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 Fort McDowell Tribal Gaming Office, 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 Fort McDowell Tribal Gaming Office 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 same. I hereby authorize and request that a duly appointed agent of the Fort McDowell Tribal Gaming Office 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 cosigned by me, checking account records, savings deposit records, safe deposit box record, passbook records and general ledger folio sheets.
4. I do, for myself, my heirs, executors, administrators, successors and assigns, 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 and 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.
5. 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 attorney's fees arising out of or by reason of complying with this request.
6. A reproduction of this request by photocopy or similar process shall be for all intents and purposes as valid as the original.

In witness there of, I have executed the request at \_\_\_\_\_, \_\_\_\_\_  
City    State  
 on the \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
 Applicant's Signature

Subscribed and sworn to before me on \_\_\_\_\_ day of \_\_\_\_\_,

Notary public in and for the County of \_\_\_\_\_, State of \_\_\_\_\_

Signature of Fort McDowell Tribal Gaming Office Agent presenting this request:  
 \_\_\_\_\_