

Salt River Pima –Maricopa
Indian Community Regulatory Agency
8840 E. Chaparral Road, Suite 165
Scottsdale, AZ 85250

Arizona Department of Gaming
1110 W. Washington Street, Suite 450
Phoenix, AZ 85007
(602) 771-4263

FOR OFFICIAL USE ONLY

Applicant ID# _____

CGL No. _____

Temp Issue Date _____

Date _____

APPLICATION FOR STATE CERTIFICATION/COMMUNITY GAMING LICENSE

INSTRUCTIONS / NOTIFICATIONS

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 11 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 _____

• **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 Community Gaming License.**

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.**

Applicants Initials _____

• **You are further advised that this application may not be withdrawn without the permission of the Department of Gaming or the Salt River Pima-Maricopa Indian Community Regulatory Agency.**

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 _____

• **This information is intended for the sole use of the Arizona Department of Gaming and the Salt River Pima-Maricopa Indian Community Regulatory Agency.**

APPLICATION FOR STATE CERTIFICATION/COMMUNITY GAMING LICENSE

Tribal Gaming Facility Salt River Pima- Maricopa Indian Community Tribal Gaming Facilities	Are you an enrolled Tribal Member of this Community? <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
Position Applying For	Tribal Affiliation _____ Tribal I.D. Number _____

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)		Are you a U.S 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 and State)		

Copy of Certificate of Naturalization or Alien Registration Card must accompany this application

Current Occupation	Business Phone (include area code)	Other contact Phone – specify (include area code)
Email Address		
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

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 or RFD		City, County, and State	
Residence Phone (include area code)		Business Phone (include area code)	

3. EDUCATION

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

Type of Degree(s) _____

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**.

Branch _____ Serial No. _____ Date of Entry _____

Date of Separation _____ Type of Discharge _____ Rating at Separation _____

While in the military service, were you ever arrested or charged for an offense that 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 on page 10.

Yes No

5. ARRESTS, DETENTIONS, AND LITIGATION

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 page 13 Arrest Disclosure Form.

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 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?

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, County, State)	Date

I. For the past 10 years or since your 18th birthday, 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, you must provide the following details below. List all cases without exception.

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

6. 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 or RFD	City, County, State and Zip Code
From		City
To		County, State, and Zip Code
From		City
To		County, State, and Zip Code
From		City
To		County State, and Zip Code
From		City
To		County, State, and Zip Code
From		City
To		County, State, and Zip Code
From		City
To		County, State, and Zip Code
From		City
To		County, State, and Zip Code
From		City
To		County, State, and Zip Code
From		City
To		County, State, and Zip Code
From		City
To		County, State, and Zip Code
From		City
To		County, State, and Zip Code
From		City
To		County, State, and Zip Code
From		City
To		County, State, and Zip Code

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 last 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. All employment / terminations are 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	Mailing 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	Mailing 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	Mailing 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	Mailing 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	Mailing Address	City, State and Zip Code	
Job Title	Description of Duties	Name of Supervisor	
Provide detailed reason for leaving:			

8. CHARACTER REFERENCES

List five individuals who know you well enough to be used as character references. **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		
Name	Residence Address		
Employer	Business Address		

9. 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

10. 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, please provide the following information on page 13. 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.

11. 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.

12. Have you ever had, or been a participant in a group that has 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.

13. Have you ever been terminated from, or been a participant in a group that has been terminated from any gaming facility in any jurisdiction or any country?

Yes No If you answered yes, state where, when and for what reason.

14. Have you ever resigned, or been a participant in a group that resigned at the request of any gaming facility operator in any jurisdiction or any country?

Yes No If you answered yes, state where, when and for what reason.

15. Have you ever been banned or barred or been a participant in any group that has been banned or barred from any gaming facility in any jurisdiction or any country?

Yes No If you answered yes, state where, when and for what reason.

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

Yes No If you answered yes, please state where you self-excluded, the date of your self-exclusion and the length of time you elected to self-exclude. Please 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*
(Initials) *Department of Gaming to process my application for State Certification / Tribal License Recommendation.*

17. Have you ever been granted a gaming license/state certification or been a participant in any group that has been issued 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.

18. 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.

Arrest Disclosure Form

Attach or obtain documents you received from the court showing the final disposition of the charges. Provide full details of the circumstances on page 14. Use additional sheet(s) as necessary.

Charge(s):

Date arrested/charged:

Agency that arrested/charged you:

Court where you appeared:

Disposition & Date (Jail, Fine, Probation):

Charge(s):

Date arrested/charged:

Agency that arrested/charged you:

Court where you appeared:

Disposition & Date (Jail, Fine, Probation):

Charge(s):

Date arrested/charged:

Agency that arrested/charged you:

Court where you appeared:

Disposition & Date (Jail, Fine, Probation):

Charge(s):

Date arrested/charged:

Agency that arrested/charged you:

Court where you appeared:

Disposition & Date (Jail, Fine, Probation):

ADDITIONAL INFORMATION

If you answered yes to any questions, or you provided information on page 13, you must provide a full explanation of the circumstances. Provide the section or question # for each disclosure or additional information. Attach additional sheets as necessary.

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, community gaming license by the Salt River Pima-Maricopa Indian Community Regulatory Agency and/or 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

State of _____

County of _____

On this _____ day of _____, 20_____, before me personally appeared _____ (name of signer), whose identity was proven to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and acknowledged that he/she executed the same.

Notary Public

**ATTACH A PHOTOGRAPH
TAKEN WITHIN THE LAST
30 DAYS**

ARIZONA DEPARTMENT OF GAMING
SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY REGULATORY AGENCY
PERSONAL FINANCIAL QUESTIONNAIRE

Date _____

Name _____ Position/Title _____

Mailing Address _____ City/State/Zip Code _____

Residence Address (if different from mailing) _____

City/State/Zip _____ Social Security No. _____

Home Telephone _____ Cell Phone _____ Work Telephone _____

Submitted with the application for State Certification/Community Gaming License for Casino Arizona/SRPMIC.

Gaming Employees **must complete** all pages of the Questionnaire.

GAMING EMPLOYEE

Any person employed as a Primary Management Official or Key Employee of a Gaming Operation of the Tribe and any person employed in the operation or management of a Gaming Operation, including, but not limited to, any person whose employment duties require or authorize access to restricted areas of a Gaming Facility not otherwise open to the public.

PRIMARY MANAGEMENT OFFICIALS

All persons in positions with management responsibilities and/or the authority to hire and fire employees, and all persons who set working policy. Positions that meet primary management officials include, but are not limited to, general managers, department managers, assistant managers or acting department managers of the gaming operation, chief/director of security, chief financial officer and other persons who have financial management responsibilities, and any employees who act in such capacity having access to non-public areas of the gaming facility.

KEY EMPLOYEES

Key Employee positions include, but are not limited to, all gaming floor shift managers, assistant gaming floor shift managers, supervisors, assistant supervisors, and employees who at times are acting in floor manager and supervisor capacities; all vault, soft/hard count employees including supervisory employees, and security officers and staff; all cashiers (other than food and beverage), custodians of cash and gaming supplies, and associated supervisory personnel; slot department supervisors and assistants and employees who at times are acting in those capacities; all employees having access to cash, coin, currency, and accounting records within the gaming devices including slot technicians, slot attendants, security personnel, and internal auditors; all employees having access to on-line systems and associated records, and all employees acting in positions within this category having access to non-public areas of the gaming facility.

If additional space is needed for the answer to any question on this form, please continue on page 23.

1. Do you anticipate active participation in the management and operation of the gaming facility?

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

6. Last Federal Income Tax Return was filed: Date _____

7. Last State Income Tax Return was filed: Date _____

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

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

Yes No

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

Yes No

NET WORTH STATEMENT

AS OF _____, 20____

List all assets and liabilities, both tangible and intangible that apply to you, your spouse, and/or dependent children on the appropriate line below. Enter the amount as of the date of this statement. Each listed asset and liability must be described fully on the appropriate schedule.

	<u>Present Balance</u>
ASSETS	
Cash on Hand	\$ _____
Cash in Banks (Schedule A)	_____
Accounts and Notes Receivable (Schedule B)	_____
Personal Investments (Schedule C)	_____
Business Investments (Schedule D)	_____
Real Estate (Schedule E)	_____
Other Assets (Schedule F)	_____
TOTAL ASSETS	\$ _____

	<u>Present Balance</u>
LIABILITIES	
Notes Payable (Schedule G)	\$ _____
Mortgages Payable (Schedule H)	_____
Other Liabilities (Credit cards, taxes payable, etc.) (Schedule I)	_____
Contingent Liabilities (Schedule J)	_____
TOTAL LIABILITIES	\$ _____
NET WORTH (Assets minus Liabilities)	\$ _____

**SCHEDULE A
Cash in Banks**

Complete the information listed below for all **accounts (checking, savings, money markets, Certificates of Deposit (CD)), foreign and domestic**, maintained by you, your spouse, and/or dependent children. The total of the "**Balance as of**" column on this schedule should agree with the line item on page 3.

Name and Address of Bank	Names of Persons Appearing on Account	Account No.	Date Opened	Interest Rate	Type of Account	Balance as of
						\$ Total

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

**SCHEDULE B Accounts and
Notes Receivable**

Complete the information listed below for all monies owed to you. This includes all **accounts and notes receivable** held by you, your spouse, and/or dependent children.

Indicate by means of an asterisk (*) in the first column, accounts and notes receivable held by your spouse and/or dependent children. The total of the

"Remaining Balance" column on this schedule should agree with the line item on page 3.

Name and Address of Debtor	Date Incurred	Original Amount	Remaining Balance	Payment/Period	Interest Rate	Maturity Date	Purpose	Collateral
			\$ Total					

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

**SCHEDULE C
Personal Investments**

Complete the information listed below for all **stocks, bonds, and mutual funds** held or controlled by you, your spouse, and/or dependent children, including those in a beneficial trust. A summary entry can be made for mutual fund investments. Indicate publicly traded stocks and bonds by an asterisk (*). Indicate by means of a double asterisk (**) next to the first column, all stocks, bonds and mutual funds held by your spouse and/or dependent children. The total of the **“Market Value”** column on this schedule should agree with the line item on page 3.

Issuer	Type	No. of Shares or Units	Purchase Price	Date of Purchase	Name in Which Held	Market Value
						\$ Total

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

**SCHEDULE D
Business Investments**

Complete the information listed below for all **business investments** in which any direct or indirect interest is held by you, your spouse, and/or dependent children, along with the names of all individuals or entities who share a direct or indirect interest therein. Include **joint ventures, partnerships, sole proprietorships, C. Corporations, S Corporations, LLC's, or trusts**. The total of the **“Market Value”** column on this schedule should agree with the line item on page 3.

Entity Name	Type of Entity	No. of Shares or Units	Percent of Ownership	Purchase Price	Date of Purchase	Name in Which Held	Individuals or Entities Sharing Interest and Percentage of Ownership	Market Value
								\$ Total

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

**SCHEDULE E
Real Estate**

Complete the information listed below for all **real estate (your home and/or any additional real estate owned)** in which any direct or indirect interest is held by you, your spouse, and/or dependent children, along with the names of all individuals or entities who share a direct or indirect interest therein. The total of the "**Market Value**" column on this schedule should agree with the line item on page 3.

Real Property Address/Location	Type	Size	Purchase Price/Improvement Cost	Date of Purchase	Other Owners	Percent of Ownership	Income Producing?	Market Value
								\$ Total

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

**SCHEDULE F
Other Assets**

Complete the information listed below for all **other assets** held by you, your spouse, and/or dependent children. Indicate by means of an asterisk (*) in the first column, those assets held by your spouse and/or dependent children. Include all forms of **retirement accounts (IRA, 401(k), 403(b) Keough), vehicles, boats, personal property, cash surrender value of life insurance, jewelry, collectibles, furnishings, etc.** The total of the "**Market Value**" column on this schedule should agree with the line item on page 3.

Type of Asset	Purchase Price	Date of Purchase	Market Value	Other Information
			\$ Total	

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

**SCHEDULE G
Notes Payable**

Complete the information listed below for all **notes payable other than mortgages (car loans, bank loans)** 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. The total of the "**Unpaid Balance**" column on this schedule should agree with the line item on page 3.

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

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

**SCHEDULE H
Mortgages Payable**

Complete the information listed below for all **mortgages and/or liens payable (including home equity loans)** on real estate for which you, your spouse, and/or dependent children are obligated. Indicate by means of an asterisk (*) in the first column, those mortgages and/or liens for which your spouse and/or dependent children are obligated. The total of the "**Unpaid Balance**" column on this schedule should agree with the line item on page 3

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

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

**SCHEDULE I
Other Liabilities**

Complete the information listed below for all other **indebtedness (student loans, credit card balances, real estate taxes, income taxes, other loans, debts, or taxes)** for which you, your spouse, and/or dependent children are obligated. Indicate by means of an asterisk (*) in the first column, those liabilities for which your spouse and/or dependent children are obligated. The total of the **“Unpaid Balance”** column on this schedule should agree with the line item on page 3.

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

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

**SCHEDULE J
Contingent Liabilities**

Complete the information listed below for all **contingent liabilities** for which you and/or your spouse may become obligated for in the future. Such items include co-signing as guarantor on loans or anticipating an adverse decision in a lawsuit. The **“Potential Exposure”** column on this schedule should agree with the line item on page 3.

Name and Address of Creditor	Date Incurred	Original Amount	Potential Exposure	Payment/Period	Interest Rate	Maturity Date	Collateral	Persons Liable Besides You and/or Your Spouse
			\$ Total					

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

ADDITIONAL INFORMATION

I, _____, hereby acknowledge and say 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, 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

State of _____

County of _____

On this _____ day of _____, 20_____, before me personally appeared _____(Name of signer), whose identity was proven to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and acknowledged that he/she executed the same.

Notary Public

RELEASE OF ALL CLAIMS

The undersigned has filed with the Arizona Department of Gaming an Application for State Certification / Recommendation. 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, 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 request/release/authorization on this _____ day of

_____, 20_____.

Applicant Signature

State of _____

County of _____

On this _____ day of _____, 20_____, before me personally appeared

_____ (name of signer), whose identity was proven to me on

the basis of satisfactory evidence to be the person whose name is subscribed to this document, and

acknowledged that he/she executed the same.

Notary Public

APPLICANT'S REQUEST TO RELEASE INFORMATION

TO _____
Leave Blank - To Be Completed By the Department of Gaming

FROM _____
Applicant's Name

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 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 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 Arizona Department of Gaming 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 the same, I hereby authorize and request that a duly appointed agent of the Arizona Department of Gaming 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 co-signed by me, checking account records, savings deposit records, safe deposit records, passbook records, and general ledger folio sheets.
4. I have filed with the Arizona Department of Gaming an "application" for employment. I understand that I am seeking employment and acknowledge that the burden of 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 action of financial loss which may result from action with respect to this application.
5. I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release 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, 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.
6. 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 attorneys' fees arising out of or by reason of complying with this request.
7. A reproduction of this request by photocopy or similar process shall be for all intents and purposes as valid as the original.
8. This authorization expires eighteen (18) months from the date of execution.

I have executed this request/release/authorization on this _____ day of _____, 20_____.

Applicant Signature

State of _____

County of _____

On this _____ day of _____, 20_____, before me personally appeared _____ (name of signer), whose identity was proven to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and acknowledged that he/she executed the same.

Signature of the Arizona Department of Gaming Agent presenting this request:

Notary Public

Date _____

AUTHORIZATION & REQUEST TO RELEASE INFORMATION

TO: The Salt River Pima Maricopa Indian Community—Community Regulatory Agency
Agency Conducting the Background Investigation

FROM: _____
Print Applicant's Name

- A) I hereby authorize and request all persons to whom this request is presented having information relating to or concerning me including, but not limited to criminal history record information, or government records to furnish such information to a duly appointed agent of the following law enforcement and Community Regulatory Agency, Salt River Police Department, Arizona Department of Gaming, Federal Bureau of Investigation, National Indian Gaming Commission, or other Government Agency, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
- B) 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 Community Regulatory Agency of the Salt River Pima-Maricopa Indian Community, Salt River Police Department, 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.
- C) 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 Community Regulatory Agency of the Salt River Pima-Maricopa Indian Community, Salt River Police Department, 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 co-signed by me, checking account records, saving deposit records, safe deposit box records, passbook records and general ledger folio sheets.
- D) This authorization ends eighteen (18) months from the date of my signature below.
- E) I have filed with the Salt River Pima-Maricopa Indian Community, Community Regulatory Agency an "application" for a license. I understand that I am seeking the granting of a privilege and acknowledge that the burden of 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 action of financial loss which may result from action with respect to this application.
- F) 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 attorneys' fees arising out of or by reason of complying with this request.
- G) A reproduction of this request by photocopy or similar process shall be for all intents and purposes as valid as the original.

In witness whereof, I have executed this request at _____
(City)

_____ on the _____ day of _____, 20_____
(State) (Day) (Month) (Year)

Applicant's Signature

Subscribed and sworn to before me the _____ day of _____, 20_____
(MONTH)

SEAL

Signature of Notary Public

in and for the County of MARICOPA

State of ARIZONA

My Commission Expires _____

OATH

- A) The undersigned, in connection with the enclosed application for a gaming license, signs this application under oath and hereby asserts and agrees that:
- B) All disclosures stated in the application are full and complete to the best of my knowledge, information and belief. I agree that a false statement on any part of this application may be grounds for not hiring me, or for firing me after I have begun work. Additionally, if I am an applicant for a position as a Primary Management Official or Key employee I may be subject to criminal prosecution under U.S. Code, Title 18, and Section 1001 for any such false statement.
- C) The enclosed application shall constitute my agreement that any Tribal or State Investigative agency shall release any information in its possession concerning me in order to conduct a complete background check and I hereby appoint the Community Regulatory Agency, as my true and lawful attorney in fact to conduct such background checks as the Community Regulatory Agency, shall determine in its sole discretion.
- D) I also hereby release, acquit and forever discharge the Salt River Pima-Maricopa Indian Community, the Community Regulatory Agency, Salt River Police Department, and the U. S. Federal Government, and all of its members, agents, attorneys and employees from all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law of equity, which I ever had, now have, may have, or claim to have against any or all said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the application enclosed herein.
- E) The agreements and assertions made are binding on my heirs, executors, administrators, successors and assigns.

Dated this _____ day of _____, 20____.
(MONTH)

Applicant's Signature

Subscribed and sworn to before me

(Print Applicant's Name)

the _____ day of _____ 20____.
(MONTH)

SEAL

Signature of Notary Public

Notary Public in and for the County of MARICOPA,

State of ARIZONA.

My Commission Expires _____.