

Arizona Department of Gaming

# **Fantasy Sports Holding Company Application**



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

# Fantasy Sports Holding Company

## APPLICATION FEE:

Initial License Fee: **\$500**

Renewal License Fee: **\$250**

## Additional Information:

- Holding Company means a corporation, firm, partnership, limited partnership, limited liability company, trust or other form of business organization that is not an individual and that directly or indirectly does either of the following:
  - Holds an ownership interest of ten percent or more, as determined by the holding company's board, in a Fantasy Sports Contest Operator
  - Holds voting rights with the power to vote ten percent or more of the outstanding voting rights of a Fantasy Sports Contest Operator. **A.R.S. §5-1201(13)(a) and (b)**
- The Department may require licensure of a Holding Company...it considers sufficiently connected to the Fantasy Sports Contest Operator if that licensure is necessary to preserve the integrity of Fantasy Sports Contests and protect Fantasy Sports Contest Players. **A.R.S. §5-1202(G)**
- 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 Licensing. You are further advised that an application for State License may not be withdrawn without the permission of the Department of Gaming.
- An applicant for licensure, or renewal thereof, that wishes to withdraw an application must submit a request to the Department in writing. The application will not be considered withdrawn without the written permission of the Department. **A.A.C. R19-4-205(I)**

# Application Packet Checklist

On receipt of a completed application and the required fee, the Department shall conduct the necessary background investigations to determine if the applicant meets the qualifications for licensure. The Applicant agrees to provide access to the following information and/or documents and to provide copies, as requested.

This information includes, but is not limited to, the following:

**Please verify all items are checked-off and included in the application packet in order to avoid a rejected application.**



## **Application – Do NOT staple applications**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | EWFS – FS Holding Application   |
| <input type="checkbox"/> | ADG-903 Release Form  |
| <input type="checkbox"/> | ADG-906 Authorization to Release Credit Information   |
| <input type="checkbox"/> | <b>ALL</b> Applications <u>requested</u> for Key Employee   |
| <input type="checkbox"/> | Articles of Incorporation or Organization/Partnership Agreement and all amendments                        |
| <input type="checkbox"/> | Bylaws  |
| <input type="checkbox"/> | Certification of Good Standing from Registered State  |
| <input type="checkbox"/> | Current Litigation List   |
| <input type="checkbox"/> | List of all Gaming Licenses   |
| <input type="checkbox"/> | Updated – Detailed Internal and External Organizational charts  |
| <input type="checkbox"/> | <b>Payment</b> – <u>See attached Payment Instructions</u> - Please Provide a Copy of Payment Confirmation |

## **Financial Information**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Audited Financial Statements for the last <b><u>three (3) years</u></b> to include, but not be limited to: |
| <input type="checkbox"/> | Annual Reports   |
| <input type="checkbox"/> | Income Statement   |
| <input type="checkbox"/> | Balance Sheet  |
| <input type="checkbox"/> | Statement of Cash Flows  |
| <input type="checkbox"/> | Notes to Financial Statements  |
| <input type="checkbox"/> | Last <b><u>three (3) years</u></b> of tax returns  |
| <input type="checkbox"/> | List of past and current SEC violations if Publicly Traded   |

# ARIZONA DEPARTMENT OF GAMING

## HOLDING COMPANY APPLICATION

		Date:			
1.	Entity Name:			Phone:	
	Trade Name/				
	dba Name:			Fax:	
	Physical				
	Address:				
	City:	State:	Country:	Zip	
				Code:	
<hr/>					
	Mailing				
	Address:				
	City:	State:	Country:	Zip	
				Code:	
	Company Headquarters?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Website:	

2.	Parent				
	Company:			Phone:	
	Mailing				
	Address:			Fax:	
	City:	State:	Country:	Zip	
				Code:	
	Company Headquarters?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

3.	Contact Person:			Phone:	
	Position:			Fax:	
	Email address:				

4.	Accounting Contact Person			Phone:	
	Email address:			Fax:	
	Mailing				
	Address:				
	City:	State:	Country:	Zip	
				Code:	

5. Entity Type: ☐ Corporation ☐ S-Corp ☐ Partnership  
☐ Sole Proprietor ☐ Limited Liability Company  
☐ Other: \_\_\_\_\_

6. Ownership: ☐ Private ☐ Public Ticker Symbol \_\_\_\_\_ Exchanges on \_\_\_\_\_

7. Accounting Year ☐ Calendar Year ☐ Fiscal Year Year End Date: \_\_\_\_\_

8. Federal Tax Id Number / Employer Id Number: \_\_\_\_\_  
Social Security Number if Sole Proprietor: \_\_\_\_\_

9. Complete the following: (if the applicant is a partnership or limited liability company, furnish comparable information)  
(a) State of incorporation / Date of  
organization: \_\_\_\_\_ Incorporation: \_\_\_\_\_  
*(If incorporated out of state, you must attach a letter of good standing from the state where incorporated)*

10. (a) A general description of the nature of the business. (Attach a separate page, if necessary)  
\_\_\_\_\_

11. List all individuals and/or entities who hold a 10% or more ownership of company and have voting rights  
Each of the persons named below are required to complete and file all required application forms and  
fingerprint impressions. ☐ Check here if you attached a list. Please label list as "Item 11"  

Full Name	Title(s)	# of Shares	% of Ownership
			%
			%
			%
			%

12. Operator Partner: \_\_\_\_\_  
Business Relationship to Operator: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Title: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
Contact Email Address: \_\_\_\_\_

13. Tax Liability

☐ Check here if you attached a list. Please label list as “Item 13”

Tax Type	IRS or State	Filing Status/List Months Current or Past Due	Amount of Tax Liability, if past due
			\$
			\$
			\$
			\$
			\$

State of \_\_\_\_\_ )  
 ) ss.  
County of \_\_\_\_\_ )

I, \_\_\_\_\_, being duly sworn, depose and say that this application is true and correct to the best of my knowledge and belief and that this oath is executed with the knowledge that false or incomplete answers could result in criminal prosecution and the denial, or subsequent revocation, of state certification by the Arizona Department of Gaming. Further, that I am voluntarily submitting this application under oath and with full knowledge that it will be reviewed by appropriate State authorities charged by law with granting gaming licenses.

Signature of Applicant

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public

My commission expires \_\_\_\_\_

## APPLICANT'S REQUEST TO RELEASE INFORMATION

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

FROM \_\_\_\_\_  
Name of Business Entity

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. This authorization ends eighteen (18) months from the date of execution.
5. I have filed with the Arizona Department of Gaming an "application" for Certification/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.
6. I do, for myself, my heirs, executors, administrators, successors and assignees, 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, 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.
7. 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.
8. A reproduction of this request by photo copy or similar process shall be for all intents and purposes as valid as the original.

I have executed this request at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
City and State

\_\_\_\_\_  
Signature of Officer, Member, Partner or Owner

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
\_\_\_\_\_

\_\_\_\_\_  
Notary Public

Signature of Arizona Department of Gaming Agent  
Presenting this request:

County of \_\_\_\_\_, State \_\_\_\_\_

My commission expires \_\_\_\_\_

Date \_\_\_\_\_







Bank of America Merrill Lynch  
Treasury Fulfillment Service Operations  
275 S Valencia Ave, Brea, CA 92823  
[dedicatedwgov@bankofamerica.com](mailto:dedicatedwgov@bankofamerica.com)

July 1, 2021

STATE OF ARIZONA  
Attn: Michelle Huang

Regarding: **Account / Routing Number Confirmation**

Please accept this letter as confirmation that, according to our records, the account referenced below is maintained at Bank of America, N.A. with the following information:

Account number:	<b>457029490435</b>
Active ACH Blocks/Filters on file	<b>NO</b>
Routing number ACH/EFT	<b>122101706</b>
Account Name:	<b>STATE OF ARIZONA</b>
Account Address:	<b>1110 W WASHINGTON ST STE 260 PHOENIX AZ 85007</b>

The information set forth above is as of **July 1, 2021**. Please note that the information provided by the Bank in this letter is given as of the date of this letter and is subject to change without notice, and is provided in strict confidence to you for your own use only, without any responsibility, guarantee, representation, warranty (expressed or implied), commitment or liability on the part of the Bank, its parents, subsidiaries or affiliates or any of its or their directors, officers or employees to you or any third party, and none of them assumes any duties or obligations to you in connection herewith. This letter is not to be quoted or referred to without the Bank's prior written consent. The Bank has no duty and undertakes no responsibility to update or supplement the information set forth in this letter.

If you have any questions, or require further assistance, please do not hesitate to contact Dianne Saavedra at **888.715.1000 ext 63007**

Sincerely,

A handwritten signature in cursive script, appearing to read "Betty Mejia".

Betty Mejia

AVP: Treasury F&S Sr Spec- Services  
Treasury Fulfillment Service Operations

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