

**GENERAL INSTRUCTIONS:**

Please use black ink or type an answer to every question. **If a no answer applies, state with N/A.** Please write clear and legible. If the application is not legible, it will be discarded and not considered.

If additional space is required, continue on separate page and precede each answer with the section number and appropriate title.

All applicants are advised that this vendor application is an official document and any misrepresentation or failure to reveal information may be deemed sufficient cause for the refusal or revocation of a contract, agreement, or Santa Clara Pueblo Gaming Commission License. A false statement on any part of this application may also be grounds for criminal prosecution.

The applicant is hereby advised that they are seeking the granting of a privilege and that the burden of proving qualification for a favorable determination is at all times on the applicant. Further information may be required and requested at any time by the Santa Clara Pueblo Gaming Commission or the agents thereof.

**Audit Clause:**

The applicant is hereby advised that upon the granting of any Santa Clara Pueblo Gaming Commission License or Permit, the applicant is subject to an audit by the Santa Clara Pueblo Gaming Commission or their designated agents. This is to include the reviewing and/or copying of any business transactions, contracts, agreements, financial statements and records.

**The Gaming Vendor License is valid for one (1) years upon date of approval.**

Thereafter, every year a renewal Gaming Vendor License application will be due 30 days prior to the expiration date. There is a non-refundable application fee due when an application is submitted. Please make check or money order payable to: **Santa Clara Pueblo.**

**CHECK LIST:****Attachments Required**

- \_\_\_ Certified copies of Tax Returns from last year (including any consolidated returns). \*
- \_\_\_ Certified copies of Financial Statements from last year.\*
- \_\_\_ Copy of Partnership Agreement(s) or Articles of Incorporation. Including amendments, restated articles and bylaws.
- \_\_\_ Copy of all Business Licenses/Permits (**Santa Clara Pueblo Taxation Business Registration**)
- \_\_\_ **Non-Refundable Application Fee: New Vendor Tier (Attached) Attach a detailed breakdown of calculated gross revenues for the previous twelve (12) months with the Santa Claran Hotel Casino. (Fees are subject to change without prior notification)**
- \_\_\_ Attached Authorization for Release of Information forms (**highlighted in red**) are to be completed and signed by owners, partners, officers, directors, primary shareholders and/or technicians (service & installation) of this company and listed where required in application, along with 3x5 colored photos. **Note:** The release forms may be copied and distributed, if needed. All forms are required with original signatures and must be returned with the application. (Faxed copies are not accepted.)
- \_\_\_ The Licensing Department requires the completed renewal vendor license application and attachments be sent as PDF Files on a CD.

\*The financial records must reflect the business operation for which the application is being submitted. If the company is a prospective or has recently begun operating, please submit an estimated beginning balance sheet (proforma) and a statement of the amount(s) and source(s) of funding for the enterprise and specific documentation to support declaration.

*Please keep a copy of this application once completed. Faxes will NOT be accepted.*

**A. COMPANY NAME:** \_\_\_\_\_

**PHYSICAL ADDRESS:** \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT: \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

**PHONE:** (     ) \_\_\_\_\_ **FAX:** (     ) \_\_\_\_\_

**WEBSITE ADDRESS:** \_\_\_\_\_

**B. NAME OF DESIGNATED AGENT:** \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

**C. FEDERAL TAX ID #** \_\_\_\_\_ **NM TAX ID #** \_\_\_\_\_ **DUNS#** \_\_\_\_\_

**D. BUSINESS LEGAL STRUCTURE:**  
 (i.e. Corporation, Partnership, Sole Proprietor, Other)

\_\_\_\_\_

**E. LIST PARENT ENTITY AND/OR SUBSIDIARIES:**

\_\_\_\_\_

\_\_\_\_\_

**F. LIST OTHER LOCATIONS FROM WHICH VENDOR DOES BUSINESS: (Warehouse, Sales Office, Branch)**

City	State	Type of Business/Activity

**G. COMPLETE IF SOLE PROPRIETORSHIP**

**\* (AN AUTHORIZATION FOR RELEASE OF INFORMATION FORM WILL BE REQUIRED OF EACH INDIVIDUAL LISTED BELOW)**

OWNERS NAME:	DATE OF BIRTH:	CITIZENSHIP
ADDRESS:		
ARE YOU AN OWNER OR PARTNER OF ANY OTHER BUSINESS? (If so, please list company name, address & % of ownership interest held)		
SPOUSE NAME (Include Maiden Name):	DATE OF BIRTH:	SOCIAL SECURITY #

**H. COMPLETE IF PARTNERSHIP (Attach copy of partnership agreement)**

**\* (AN AUTHORIZATION FOR RELEASE OF INFORMATION FORM WILL BE REQUIRED OF EACH INDIVIDUAL LISTED BELOW)**

DATE PARTNERSHIP FORMED: (Limited and/or General) _____		
1. NAME:	% OWNERSHIP INTEREST HELD:	
ADDRESS:		
DATE OF BIRTH:	SOCIAL SECURITY #	SPOUSE NAME (Maiden)
DATE PARTNERSHIP FORMED: (Limited and/or General) _____		
2. NAME:	% OWNERSHIP INTEREST HELD:	
ADDRESS:		
DATE OF BIRTH:	SOCIAL SECURITY #	SPOUSE NAME (Maiden)
ARE ANY OF THESE PARTNERS LISTED ABOVE, THE OWNER OR PARTNER OF ANY OTHER COMPANIES? (If so, please list the company name, address, telephone # & % ownership interest held)		
1. _____		
2. _____		

**I. COMPLETE IF INCORPORATED** (Attach copy of Articles of Incorporation)

DATE OF INCORPORATION: \_\_\_\_\_ STATE: \_\_\_\_\_

**\*AN AUTHORIZATION FOR RELEASE OF INFORMATION FORM WILL BE REQUIRED OF EACH INDIVIDUAL LISTED BELOW**

1. NAME: _____		TITLE: _____
ADDRESS: _____		
Date of Birth _____	Social Security # _____	% of STOCK HELD _____
Spouse Name (Include Maiden): _____		% of STOCK HELD _____
2. NAME: _____		TITLE: _____
ADDRESS: _____		
Date of Birth _____	Social Security # _____	% of STOCK HELD _____
Spouse Name (Include Maiden): _____		% of STOCK HELD _____
3. NAME: _____		TITLE: _____
ADDRESS: _____		
Date of Birth _____	Social Security # _____	% of STOCK HELD _____
Spouse Name (Include Maiden): _____		% of STOCK HELD _____

**J. BANK INFORMATION:**

BANK NAME: _____		ADDRESS: _____
Contact Name _____	Telephone # _____	Length at this Bank: _____

**K. COMPANY HISTORY**

List any previous owners and/or officers of this company or corporation (within last year) now employed or compensated (include their title (consultant, management contractor or other capacity) and percent of stock currently held, if applicable.

Name	Title	% of stock held

**L. HOLDING COMPANIES/OTHER INTEREST HOLDERS**

List all holding companies, business organizations, and other entities or individuals, which may hold any financial interest in this company.

Name	Type of Interest

**M. IS THIS COMPANY A PUBLICLY TRADED CORPORATION? YES NO**

Trade Name: \_\_\_\_\_

**N. LIST OTHER STATES OR JURISDICTIONS WHERE INCORPORATED OR FILED WITH STATE CORPORATIONS DIVISIONS:**

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**O. LITIGATION**

(A) Is your enterprise currently a party to any civil lawsuits?

Yes  No

If you answered Yes, submit a description of all existing civil litigation to which the enterprise or any subsidiary is presently a party whether in this state or another jurisdiction. Include the following information: **(Label attachment)**

1. Official title or caption of the case
2. Docket or case number
3. Name and location of the court before which the case is pending
4. Identity of all parties to the litigation
5. General nature of all claims being made
6. Status/disposition

(B) Has your enterprise been a party to any other litigation:

1. In the previous year in which the enterprise or any of its officers, executives, or managers were accused of intentional misconduct?

Yes  No

2. In which an ultimate decision adverse to the enterprise or any of its officers, executives or managers would have or could have a current or future effect on the enterprise?

Yes  No

3. In which, the *owner, partner, director* has ever been (for any offense): arrested, charged, indicted, tried, court martial, plead no contest, or had any criminal record expunged in this or any other state or foreign country?

Yes  No

4. In which an ultimate decision adverse to the enterprise or any of its officers, executives or managers could reasonable be expected to reflect upon the current or future financial responsibility or ability of the enterprise or the character, reputation, or integrity of the enterprise or any of its officers, executives or managers?

Yes  No

If you answered, Yes, submit the following: **(Label as Attachment)**

1. Official title or caption of the case
2. Docket or case number
3. Name and location of the court before which the case is pending
4. Identity of all parties to the litigation
5. General nature of all claims being made
6. Status/disposition

**(C)** Has the enterprise ever had a judgment, consent decree or consent order pertaining to a violation or alleged violation of the Federal Antitrust, Trade Regulation or Securities Laws, or similar laws of any state, province or country entered against it or has the enterprise been named as an un-indicted co-conspirator in any criminal proceeding in this state or any other jurisdiction?

Yes  No

If you answered, Yes, to the above, submit the following: **(Label as Attachment)**

1. Official title or caption of the case
2. Docket or Case number
3. Name & Address of Court or Agency
4. Nature of Judgment
5. Decree or Order
6. Date Entered

**P. PRIOR NAMES OF COMPANY (Please provides documentation for all final mergers, acquisitions and name changes)**

List other names by which this company is known or has used; include mergers, acquisitions, all DBAs, AKAs, FKAs and date of name change.

1.	
2.	
3.	

**Q. SUBCONTRACTORS/CONSULTANTS/OTHERS PERFORMING SERVICES FOR VENDOR**

For licensing application purposes, the term “subcontractor” means any corporation, business, organization or entity, consultant, or person(s) other than the vendor or vendor’s employees, which the vendor contracts or authorizes to do work for Santa Claran Hotel-Casino. The vendor may not anticipate the use of subcontractors at the time of the initial license application; however, all subcontractors will be required to complete a Gaming Vendor License Application prior to any work being authorized. If the vendor has not yet selected a subcontractor, the vendor must provide the requested information as soon as it becomes known. No subcontracted work may be authorized under the vendor’s license.

\_\_\_\_\_ Initials

**1. Will you as the vendor use a subcontractor to provide all or part of the described services, materials, equipment listed under Section C? YES \_\_\_\_\_ NO \_\_\_\_\_**

*If yes, please provide the subcontractor a copy of this application for their submittal.*

2. Please list the name, address, telephone number and designated agent of the subcontractor below:

Subcontractor name

Address

Telephone #

Contact Name

***Failure to identify subcontractors or provide the required information on subcontractors could adversely impact the vendor license application, process or the vendor’s license.***

**R. BUSINESS LICENSES**

List all business licenses or permits this company, parent company or any subsidiary thereof, has been required to apply for or has obtained. *Please attach copies of the licenses or permits.*

1. Name of Agency \_\_\_\_\_ State \_\_\_\_\_

a. Disposition of Application \_\_\_\_\_

b. Has the license/permit ever been denied, revoked or suspended? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please provide full details of any suspensions, revocations or denial of any licenses or permits.

2. Name of Agency \_\_\_\_\_ State \_\_\_\_\_

a. Disposition of Application

b. Has the license/permit ever been denied, revoked or suspended? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please provide full details of any suspensions, revocations or denial of any licenses or permits.

3. Name of Agency

State

a. Disposition of Application

b. Has the license/permit ever been denied, revoked or suspended? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please provide full details of any suspensions, revocations or denial of any licenses or permits.

**S. GAMING LICENSES**

List the licenses or permits this company, parent company or any subsidiary thereof, has been required to apply for and/or has obtained in connection with gaming in any jurisdiction. *Please attach copies of the licenses or permits.*

1. Name of Commission/Regulatory Agency applied to:

Address:

Nature of Business with Agency

Disposition of Application

Has the license/permit ever been denied, revoked or suspended? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please provide full details of any suspensions, revocations or denial of any licenses or permits.



2. Name of Commission/Regulatory Agency applied to:

Address:

Nature of Business with Agency

Disposition of Application

Has the license/permit ever been denied, revoked or suspended? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please provide full details of the suspension, revocation or denial of any licenses or permits.

**T. DEBT/BANKRUPTCY ACTIONS**

**Has the applicant ever filed, or had filed against it, a proceeding for bankruptcy or ever been involved in any formal process to adjust, defer, suspend or otherwise work out payment of a debt? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If yes, please complete the following:**

Date of filing	Name & location of court	Case#	Disposition

**U. COMPANY REFERENCES**

**List names, addresses and telephone numbers of three (3) references, current or former, that you as the vendor /company have done business with:**

1. Name		
Address	Telephone #	Fax #
2. Name		
Address	Telephone #	Fax #
3. Name		

Address	Telephone #	Fax #

**V. AGREEMENTS/CONTRACTS**

**a. Has the applicant entered into any written agreements/contracts with Santa Claran Hotel-Casino?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please submit a copy of the agreement.

**b. Has the applicant entered into any unwritten agreements/contracts with Santa Claran Hotel-Casino?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please submit a description of the terms of each agreement/contract, including in said description, the expected duration and terms of the compensation of each such agreement/contract.

**c. List the annual volume of business in terms of dollars the applicant is doing or expects to do with Santa Claran Hotel-Casino: \$ \_\_\_\_\_**

**d. Are or were, any agreements/contracts between the applicant and Santa Claran Hotel-Casino, in any way subject to or conditioned upon any other agreement/contract between Santa Claran Hotel-Casino, its employees or either this applicant (company) or any other company whatsoever?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please submit a description of the agreement/contract and explain the relationship.

**W. DESCRIBE IN DETAIL THE SERVICES, EQUIPMENT, MATERIALS OR SUPPLIES PROPOSED TO BE SOLD OR LEASED TO SANTA CLARAN HOTEL-CASINO:**

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\_\_\_\_ SALE OR \_\_\_\_ LEASE                      TERMS: \_\_\_\_\_

**X. WILL THESE SERVICES REQUIRE ACCESS TO OR BE PROVIDED ON-SITE WITHIN THE SANTA CLARAN HOTEL-CASINO? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If yes, please identify the area/department where access may be required (shipping/receiving, slots, dock area, etc.) and the length of your visit.**

Department	Length of visit

**On your visit, PLEASE obtain a visitor's badge from the Security office. You will also be asked to provide a current Driver's License or an official photo identification card.**

**Y. EMPLOYEES:** (Those individuals visiting the Casino for business purposes for example: Sales Reps, Delivery, Installation, Service Technicians, etc. Please attach a 3x5 color photo for each employee/representative involved with Santa Claran Hotel-Casino). Vendors are responsible for submitting an updated list & documentation of each new employee/representatives working with the Santa Claran Hotel-Casino. All individuals must submit pages 13 and 14, in order to complete the background investigation.

Name	Position/Title	Driver's License # & State

## VERIFYING AFFIDAVIT

I, \_\_\_\_\_, as \_\_\_\_\_ of  
 Name of Agent/Representative (Title/Capacity)

\_\_\_\_\_, being duly sworn according to law on his/her  
 Name of Company

oath states the following:

1. The above information is true and correct to the best of his/her knowledge, and;
2. Any misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue, or revocation of any authorization and;
3. Applicant and signing agent are voluntarily submitting this statement and understand that misleading statements may subject them to criminal or other sanctions or punishment.

\_\_\_\_\_  
 Signature Title

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

Subscribed and Sworn before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

(Seal)

\_\_\_\_\_  
 Notary

My Commission Expires: \_\_\_\_\_

**RELEASE OF AUTHORIZATION FOR LICENSING**

1. The undersigned has filed an application for a gaming license with the Santa Clara Pueblo Gaming Commission. Federal and/or Tribal law requires the Gaming Commission to perform a thorough investigation of the undersigned, including, but not limited to, background, associates and finances.
2. The undersigned, hereby authorizes the Gaming Commission:
  - (A) to obtain any information from any source necessary to make a determination whether to issue a gaming license to undersigned; and
  - (B) to release the information to other 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 Gaming Commission or the National Indian Gaming Commission, the information is relevant to the licensing of the undersigned by the Gaming Commission.
3. The undersigned hereby releases, and forever discharges the Santa Clara Pueblo, its agents and employees, from any and all causes of action, and other claims, as well as any and all judgments known or unknown, that the undersigned may have or claim to have arising out of or by reason of the processing and investigation related to consideration of the undersigned's gaming license application or any legally required reporting.
4. On behalf of \_\_\_\_\_,  
(Name of Enterprise)

I, \_\_\_\_\_, have authorized the Santa Clara Pueblo Gaming Commission to conduct a full investigation into the background of said enterprise.

5. THEREFORE, you are hereby authorized to release any and all information pertaining to this enterprise, documentary or otherwise, as requested by any employee or agent of the Santa Clara Pueblo Gaming Commission.
6. A photostatic copy of this authorization is as effective and valid as the original.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

In witness whereof, I have executed this release on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

STATE OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

My Commission Expires: \_\_\_\_\_

SEAL

**RELEASE OF INFORMATION AUTHORIZATION**

I, \_\_\_\_\_, authorize any investigator, special agent or other representative of the United States Department of the Interior, the Federal Bureau of Investigation, or any tribal, state or local law enforcement or investigatory agencies, in order to determine my suitability for licensing in Indian gaming, to obtain any information requested related to my activities including: employment, schools, criminal justice agencies, consumer reporting agencies, regulatory agencies, property interests (real or personal) and other sources. This information includes, but is not limited to, my academic, residential, performance, disciplinary, financial, credit, employment, and criminal history records, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

I authorize custodians of such records and sources of information to release such information, including permitting the review and copying of any and all documents, records or correspondence pertaining to me, upon request of the representative of the agencies listed above, regardless of any previous agreement to the contrary.

I do, for myself, my heirs, administrators, successors and assigns, hereby release, remise and forever discharge any person to whom this request is presented and his agents and employees from any and 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 may claim to have against such person or his agents or employees arising out of or by reason of complying with this request.

I agree to accept any risk of adverse public notice, embarrassment, criticism or financial loss that may result from use of information that is obtained in connection with a background investigation for the purpose listed in this document.

I agree to indemnify and hold harmless any person to whom this request is lawfully presented, 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. I understand that the Santa Clara Pueblo Gaming Commission will ensure that access to all provided information is held in the strictest of confidence and restricted only to personnel involved in licensing and investigative deliberation. The Santa Clara Pueblo Gaming Commission shall not disclose any information or documents provided under this release without the prior, written consent of the enterprise. The information provided will be stored and maintained in such a manner as to safeguard against unauthorized access and dissemination.

I understand that the information released by records, custodians and other sources of information is required for a background investigation and to process my license application for gaming employment or management or providing goods or services as a vendor to a gaming operation.

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

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

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

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

My Commission Expires: \_\_\_\_\_

SEAL

# AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_  
NAME (MUST BE **PRINTED-LEGIBLY**) (SSN) (DOB)

PURSUANT TO NMSA 1978, SECTION **29-10-6(A)** (Repl. Pam. 1990), OF THE NEW MEXICO ARREST RECORD INFORMATION ACT, HEREBY APPOINT:

**SANTA CLARA PUEBLO GAMING COMMISSION**  
NAME (MUST BE **PRINTED**) (IF NO AGENT, **PRINT "SELF"**)

AS AN AUTHORIZED AGENT FOR ME FOR THE PURPOSE OF INSPECTING (AND /OR OBTAINING COPIES) ANY NEW MEXICO ARREST FINGERPRINT CARD SUPPORTED RECORD INFORMATION MAINTAINED BY THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING INFORMATION CONCERNING FELONY OR MISDEMEANOR ARRESTS.

TO THE CUSTODIAN OF THE RECORDS IN QUESTION, I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION TO THE AUTHORIZED AGENT AS DESCRIBED ABOVE.

I HEREBY RELEASE THE CUSTODIAN OR CUSTODIANS OF SUCH RECORDS AND THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING ANY OF THEIR AGENTS, EMPLOYEES, OR REPRESENTATIVES IN ANY CAPACITY, FROM ANY AND ALL CLAIMS OF LIABILITY OR DAMAGE OF WHATEVER KIND OR NATURE, WHICH AT ANY TIME COULD RESULT TO ME, MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE BECAUSE OF COMPLIANCE BY SAID CUSTODIAN OR CUSTODIANS WITH THIS "AUTHORIZATION FOR RELEASE OF INFORMATION" AND MY REQUEST CONTAINED HEREIN FOR THIS RELEASE OR BECAUSE OF ANY USE OF THESE RECORDS. THIS RELEASE IS BINDING, NOW AND IN THE FUTURE, ON MY HEIRS, ASSIGNS, AND ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

(\*ATTN: NOTARY-ENSURE DOCUMENT IS SIGNED IN YOUR PRESENCE AND NAME, DOB, SOC INFORMATION IS VERIFIED WITH A VALID ID)

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
(NOTARY PUBLIC)

( SEAL )

MY COMMISSION EXPIRES: \_\_\_\_\_