

# Michigan Gaming Control Board

3062 W. Grand Blvd, Suite L-700, Detroit, MI 48202-6062



## Institutional Investor Waiver Form NON 206c

\_\_\_\_\_  
Name of Institutional Investor

\_\_\_\_\_  
Date

REPORT SUSPICIOUS OR ILLEGAL GAMBLING RELATED ACTIVITY ANONYMOUSLY

ANONYMOUS TIP LINE PHONE NUMBER:  
1-888-314-2682

SUBMIT AN ANONYMOUS TIP AT:  
[WWW.MICHIGAN.GOV/MGCB](http://WWW.MICHIGAN.GOV/MGCB)

## Institutional Investor Waiver Form – NON 206c

This waiver form is authorized under the Michigan Gaming Control and Revenue Act ("Act"), 1997 PA 69, MCL 432.201 et. seq. and Resolution No. 2001-02 of the Michigan Gaming Control Board ("Board").

This form is to be used by institutional investors that do not meet the standards for waiver of eligibility and suitability requirements set forth in MCL 432.206c(1) of the Act, provided that the institutional investor:

- Holds not more than a 15% direct or indirect interest in a casino or supplier licensee or applicant.
- Does not hold securities representing a percentage of the outstanding debt of the casino or supplier licensee or applicant exceeding 20%, or a percentage of any issue of the outstanding debt of the casino or supplier licensee or applicant exceeding 50%.

### DEFINITIONS

The term "Applicant" in this form means an institutional investor subject to the eligibility and suitability requirements provided for under the Act and Rules.

The term "Institutional investor" in this form means any retirement fund administered by a public agency for the exclusive benefit of federal, state, or local public employees, an employee benefit plan, or pension fund that is subject to the employee retirement income security act of 1974, as amended, an investment company registered under the investment company act of 1940, title I of chapter 686, 54 Stat. 789, 15 U.S.C. 80a-1 to 80a-3 and 80a-4 to 80a-64, a collective investment trust organized by a bank under part 9 of the rules of the comptroller of the currency, a closed end investment trust, a chartered or licensed life insurance company or property and casualty insurance company, a chartered or licensed financial institution, an investment advisor registered under the investment advisers act of 1940, title II of chapter 686, 54 Stat. 847, 15 U.S.C. 80b-1 to 80b-21, or any other person as the board may determine for reasons consistent with the Act.

The term "security" in this form means any equity or debt instrument representing a source of funds provided to a casino or supplier licensee or applicant or an affiliated company that has any relationship to the financing of the casino or supplier licensee or applicant.

The term "fund manager" refers to the individual(s) responsible for managing the institutional investor and/or fund.

### INSTRUCTIONS

The Applicant must provide the Board with full and complete information, documents, materials and certifications as requested in the waiver form, to the best of the Applicant's knowledge and at the Applicant's sole expense.

The Board will not process or otherwise consider the Applicant's request for waiver of eligibility and suitability requirements until full and complete information, documents, materials and certifications are provided. **Any misrepresentation or omission is grounds for denial of the requested waiver or disciplinary action authorized under the Board's administrative rules.**

**The applicant must submit this application back to the supplier licensee. It is the responsibility of the supplier licensee to complete Part II (b) of the certification page and submit this application to the Board.**

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**Part I – Applicant Information**

1. Name of Applicant:

2. D/B/A or Trade Name:

3. FEIN:

4. Business Address (do not enter P.O. Box):

Street:

City:

State:

Zip Code:

Country:

Telephone Number:

Fax Number:

5. Mailing Address (if different than Business Address):

Street:

City:

State:

Zip Code:

Country:

6. Name of Person to be contacted in reference to this form (Last, First, Middle Initial):

Mr.  Ms.

Business Address:

Street:

City:

State:

Zip Code:

Country:

Telephone Number:

Fax Number:

7. The Applicant  is an institutional investor in:

**or**

(name of Supplier Applicant or Licensee)

intends to be an institutional investor in:

(name of Supplier Applicant or Licensee)

8. The Applicant  holds the following percentage of securities:

**or**

intends to hold the following percentage of securities:

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### **Part II – Investment Information**

1. Describe in detail the type of securities involved (e.g. share, certificate, mortgage, bond, indenture, note).
2. State the amount of the investments in the securities described above as a percentage of your total assets.
3. Describe the type of the Applicant's business organization (e.g. corporation, partnership, trust).
4. State the basis for defining the Applicant as an "institutional investor."
5. Provide as **Exhibit 1** a list of the names, social security numbers, tax identification numbers, titles, addresses, and telephone numbers of all Applicant's officers, directors or their equivalent, and any other person that has direct control over or the power to direct or control the above described investment securities.
6. Provide as **Exhibit 2** the names, social security numbers, tax identification numbers, titles, addresses, and telephone numbers of each person who has a greater than 5% interest in the Applicant's voting securities (5% if the Applicant is publicly traded).
7. Provide as **Exhibit 3** a list of all of the Applicant's affiliates that have a greater than 5% interest in the Applicant.
8. Provide as **Exhibit 4** a list of all equity securities of the person in which the Applicant has acquired an interest subject to this waiver application that are or were, directly or indirectly, beneficially owned by the Applicant or its affiliates within the preceding 1-year period. This list shall set forth a description of the securities, the amount of the securities, and the date of the acquisition or sale, or both.
9. Provide as **Exhibit 5** a list of all regulatory agencies with which the Applicant or any affiliate files periodic reports and the name, address, and telephone number of the person, if known, to contact at each agency regarding the Applicant.
10. Provide as **Exhibit 6** a copy of any filing under 15 U.S.C. § 18a with respect to the acquisition or proposed acquisition.
11. Provide as **Exhibit 7** a current certificate from any regulatory agency related to the conduct of Applicant's investment activities, certifying Applicant is authorized to conduct the investment activities and in good standing.

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### **Part III – Additional Information**

1. State whether the Applicant, its affiliates, and any current officer or director, or any former officer or director whose tenure ended within the preceding 12 months has been subject to criminal or regulatory sanctions imposed during the preceding 10 years. As to a former officer or director, such information need be provided only to the extent that it relates to actions arising out of or during such person's tenure with the Applicant or its affiliates.
2. State whether there have been any administrative or court proceedings filed by any regulatory agency during the preceding 5 years against the Applicant, its affiliates, and any current officer or director, or any former officer or director whose tenure ended within the preceding 12 months. As to a former officer or director, such information need be provided only to the extent that it relates to actions arising out of or during such person's tenure with the Applicant or its affiliates.
3. State whether the Applicant has ever been denied, restricted, suspended, revoked, or not renewed as to any license or certificate applied for, or granted or issued by, any licensing authority in Michigan or any other jurisdiction.
4. State whether the Applicant obtained funds from another source for purposes of financing the acquisition of the securities involved in this transaction. If so, identify the source and amount of funds.

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**Part IV (a) - CERTIFICATION**

**To be filled out by Entity/Person Requesting Waiver: (Use BLACK ink only.)**

State of \_\_\_\_\_ County of \_\_\_\_\_.

I, \_\_\_\_\_, being first duly sworn upon oath or affirmation, depose and state,

- 1. I swear (or affirm) that the information contained in this waiver application is true, complete and accurate to the best of my knowledge and belief.
- 2. I swear (or affirm) that I, acting on behalf of myself or on behalf of the applicant for waiver, am not significantly involved in and have no authority over the Licensee's conduct of business with any Michigan licensed casino.

\_\_\_\_\_  
(Individual's signature) (Title)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this \_\_\_ day of \_\_\_\_\_, of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public (Written Signature) Notary Public (Printed Signature)

My commission expires: \_\_\_\_\_ County of residence: \_\_\_\_\_

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

**Part IV (b) - CERTIFICATION**

**To be filled out by Supplier Applicant/Licensee: (Use BLACK ink only.)**

State of \_\_\_\_\_ County of \_\_\_\_\_.

I, \_\_\_\_\_, being first duly sworn upon oath or affirmation, depose and state,

- 1. Applicant/Licensee is responsible for the submission of this waiver application.
- 2. Applicant/Licensee agrees to be bound by and comply with the Act, to be subject to the jurisdiction of the courts of Michigan, and to choose Michigan as the forum if a dispute, question, or controversy arises under the Act.
- 3. Applicant/Licensee agrees to provide, upon request, any information and documentation as may be required by the Board to establish and determine the identity, eligibility, suitability, and qualification of the Applicant or any other person associated with the Applicant.
- 4. Applicant/Licensee understands that any material changes to this waiver application, of which it has knowledge of, will be filed with the Board without undue delay.

\_\_\_\_\_  
(Individual's signature) (Title)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this \_\_\_ day of \_\_\_\_\_, of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public (Written Signature) Notary Public (Printed Signature)

My commission expires: \_\_\_\_\_ County of residence: \_\_\_\_\_

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

# Institutional Investor Manager

**Part V is to be completed by the “fund manager”... Referring to the individual responsible for managing the institutional investor and/or fund.**

## Part V- Fund Manager Information

<b>Fund Name:</b>			
<b>Fund Manager's Personal Information</b>			
Last Name:			
First Name:			
Full Middle Name:			
Date of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number:			
Driver License Number:		Issuing State:	
<b>Present Residential Address</b>			
Street Address:			
City:			
State:			
Zip Code:		Country:	
<b>Contact Information</b>			
Telephone Number:		Extension:	
Facsimile Number:			
Email Address:			

**VOLUNTARY CONSENT TO RELEASE INFORMATION**

*To be filled out by the Institutional Investor Manager (Fund Manager).*

I, \_\_\_\_\_  
(NAME OF FUND MANAGER TO EXECUTE THIS RELEASE)

Authorize the Michigan Gaming Control Board, its employees and agents to conduct a preliminary background check.

Therefore, I authorize and request that you release any and all information, materials and documents in your possession which have been requested by any employee or agent of the Michigan Gaming Control Board regarding my personal or business activities. I am voluntarily giving this consent to release information, materials and documents provided that the employee or agent of the Michigan Gaming Control Board properly identifies himself or herself as an agent or employee of the Michigan Gaming Control Board.

This authorization supersedes and countermands any prior authorization and request to the contrary.

This authorization supercedes and countermands any prior authorization and request to the contrary.

A photostatic copy of this authorization will be considered as effective and valid as the original.

IN WITNESS WHEREOF, I have executed this release at the city of \_\_\_\_\_, State of \_\_\_\_\_, on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_ .

\_\_\_\_\_  
Individual's Signature

Before me, the undersigned, a Notary Public in and for said County and State, the above individual personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_ .

\_\_\_\_\_  
Notary Public, (Written Signature)

\_\_\_\_\_  
Notary Public, (Printed Signature)

My commission expires:

County of residence: