

Michigan Gaming Control Board

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



CASINO LICENSE ANNUAL RENEWAL REPORT

To be completed in conjunction with the Qualifier Renewal(s)

(Casino's Name)

(Date)

CASINO LICENSE ANNUAL RENEWAL REPORT

This form is authorized under Public Act 69 of 1997, the Michigan Gaming Control and Revenue Act.

For the purposes of this renewal application, the term "licensee," unless otherwise specified, means the person applying for the renewal of the casino license. The term "licensee" includes predecessor companies, which are entities that no longer exist in their original form but whose assets in substantial part have been acquired by another person or which have undergone certain internal changes, such as those of identity, form, or capital structure.

The licensee shall provide all information, documents, materials and certifications at the licensee's sole expense. The licensee will be billed for any additional cost incurred by the Board during the course of any background investigation. Failure to provide information could result in rejection of or delay in the processing of this application. The Board, in its discretion, may hereafter require the licensee to furnish additional information or complete and submit additional forms.

The licensee should respond to the questions contained herein to the best of her/his knowledge. **Any misrepresentation or omission is grounds for license denial.**

A licensee may claim any privilege afforded by the Constitution or laws of the United States or of the State of Michigan in refusing to answer questions or provide information requested by the Board. However, a claim of privilege with respect to any testimony or evidence pertaining to eligibility, qualifications, or suitability of a licensee to be granted or hold a license under the act and rules may constitute cause for denial, suspension, revocation or restriction of the license.

Instructions

1. Submit the Casino License Renewal Application to the Michigan Gaming Control Board, Licensing Division, 3062 W. Grand Blvd., Suite L-700, Detroit, MI 48202, **60 days prior to the expiration of the casino license.** *Along with all Qualifier Renewal forms and any Personal or Business Disclosure forms applicable.*
2. The annual assessment, pursuant to MCL432.212a, is payable directly to the State Treasurer by wire transfer using the same procedure when submitting daily wagering tax. Include in the description the MGCB agency #270, date, casino name and type of fee.
3. **Complete a Qualifier Renewal form for each person that is currently a qualifier and has previously submitted a personal or business disclosure form as part of the licensee's application or renewal application.**
4. **Complete a Personal or Business Disclosure form for each person that has not previously submitted one as part of the licensee's application or renewal application.**
5. Submit all required information in the format supplied in this application. Completely answer all questions. If a question is not applicable, check the appropriate box.

If using pen, use BLACK ink ONLY and print clearly.

If you choose to complete this application by hand and need more space on any of the tables, attach additional pages as necessary (see "TABLES" file on the enclosed CD).

If you require assistance in completing this application, please contact the Michigan Gaming Control Board, Licensing Division in Detroit at (313) 456-4100. General information is also available from the Board's Internet web site at www.michigan.gov/mgcb/.

Please do not use any staples or binders. Paperclips and binder clips are acceptable.

Please make a copy of this completed form before you send it to the Board. Once it is in the Board's possession, it cannot be returned or copied for you.

The most current forms must be completed. If you are not sure if this is the most current form, please check our website at www.michigan.gov/mgcb/ or contact the Board's Licensing Division at 313-456-4100.

CASINO LICENSE RENEWAL

CASINO LICENSE NO.

NAME OF CASINO (as appears on the certificate of incorporation, charter, by-laws, partnership agreement, operating agreement, or other official document)

D/B/A OR TRADE NAME

BUSINESS ADDRESS

<u>Number/Street</u>	<u>City</u>	<u>State</u>	<u>ZIP</u>
<u>Business Telephone Number</u> ()	<u>Business Fax Number</u> ()	<u>Country</u>	<u>Province (If applicable)</u>
<u>Federal Identification Number (FIN):</u>			

Check here if address has changed since last submitted application
 ****Please remember you MUST notify the Board immediately in writing of material changes.

List primary contact person and registered agent authorized to accept notices, subpoenas, summons, and other legal documents from the Board on behalf of the applicant:

Last Name:	Business Name:	Business Telephone: () Extension:
First Name, MI:	Title:	
Check one: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	Business Address:	Business Fax: ()
E-mail Address:	City:	State:
ZIP:	Country:	Province (if applicable):

D. Submit the following information on all **KEY PERSONS** [see R432.1104 (c)] associated with the licensee:

A Qualifier Renewal form must be submitted for all key persons listed who have already submitted a Personal or Business Disclosure to the Board. Any new key persons listed, who have not previously submitted a Personal or Business Disclosure must submit one with this renewal.

TABLE 1

Name	Date of Birth	Home Address	% of Direct Interes	Title/Position
Full Name: Please check one: <input type="checkbox"/> <i>Qualifier Renewal attached o</i> <input type="checkbox"/> <i>Disclosure attached</i>		Address: City: State: ZIP: Country:		
Full Name: Please check one: <input type="checkbox"/> <i>Qualifier Renewal attached o</i> <input type="checkbox"/> <i>Disclosure attached</i>		Address: City: State: ZIP: Country:		
Full Name: Please check one: <input type="checkbox"/> <i>Qualifier Renewal attached o</i> <input type="checkbox"/> <i>Disclosure attached</i>		Address: City: State: ZIP: Country:		
Full Name: Please check one: <input type="checkbox"/> <i>Qualifier Renewal attached o</i> <input type="checkbox"/> <i>Disclosure attached</i>		Address: City: State: ZIP: Country:		
Full Name: Please check one: <input type="checkbox"/> <i>Qualifier Renewal attached o</i> <input type="checkbox"/> <i>Disclosure attached</i>		Address: City: State: ZIP: Country:		
Full Name: Please check one: <input type="checkbox"/> <i>Qualifier Renewal attached o</i> <input type="checkbox"/> <i>Disclosure attached</i>		Address: City: State: ZIP: Country:		
Full Name: Please check one: <input type="checkbox"/> <i>Qualifier Renewal attached o</i> <input type="checkbox"/> <i>Disclosure attached</i>		Address: City: State: ZIP: Country:		
Full Name: Please check one: <input type="checkbox"/> <i>Qualifier Renewal attached o</i> <input type="checkbox"/> <i>Disclosure attached</i>		Address: City: State: ZIP: Country:		

Check here if Table 1 continued

- D. Submit the following information on all AFFILIATES AND AFFILIATED COMPANIES of the licensee:
 N/A

TABLE 2

Name of Affiliate/Affiliated Company	Address	% Direct Interest in Licensee	Authorized Representative	Position
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			

Check here if Table 2 continued

- E. Submit the following information on any OTHER PERSONS, other than publicly traded corporations and their 5% or less shareholders, that have more than a 1% direct, indirect, or attributed pecuniary or equity interest in the licensee: N/A

TABLE 3

Name of Other Persons as Identified in the Statement Above	Date of Birth or N/A	Address of Person	% of Direct Interest
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	

Check here if Table 3 continued

PART 2 - GOVERNMENT REGULATION

A. Is the licensee subject to regulation by a public agency in Michigan or any other jurisdiction?

No

Yes

If you answered **Yes**, complete the following table:

TABLE 4

Name, Address, and Telephone Number of Public Agency	Type of Regulation	License No. or Other Identifying No.

Check here if Table 4 continued

B. Since submission of your most recent application or renewal:

1. Has the licensee had a complaint or other notice of pending disciplinary action from any jurisdiction or regulatory agency? No Yes

2. Has the licensee ever had any license or certificate issued by any jurisdiction denied, restricted, suspended, revoked or not renewed? No Yes

3. Has the licensee withdrawn its application, license, or certificate in any jurisdiction?

No Yes

4. Has the licensee applied for or received any new licenses, registrations, or certifications?

No Yes

If you answered **Yes** to any of these questions, include as **Exhibit 2** a statement describing the facts or circumstances. Complete the following table:

TABLE 5

Name, Address, and Telephone Number of Licensing Authority	Date of Action

Check here if Table 5 continued

C. Since submission of your most recent application or renewal, has the licensee been assessed and/or paid any fines or penalty fees to any Federal, State, Local or City jurisdiction?

No

Yes

If **Yes**, complete the following table:

TABLE 6

Name, Address, and Telephone Number of Jurisdiction	Date of Action	Amount Paid	Disposition (Paid/Contested)	Reason for Penalty

Check here if Table 6 continued

D. Since submission of your most recent application or renewal, has the licensee applied in any jurisdiction for a license, permit, or other authorization to participate in a lawful gaming operation (including the manufacturing or distribution of gaming supplies, casino gaming, horse racing, dog racing, paramutual operation, lottery, sports betting, etc.)?

No Yes If Yes, complete the following table:

TABLE 7

Type of Gambling Operation	Position Sought or Held	Name, Address, and Telephone Number of Licensing Agency (Including State, County, or Municipality)	Disposition (Granted, Pending, or Denied)	If Issued - Provide License/Permit Number

Check here if Table 7 continued

PART 3 - Debt, Insolvency or Bankruptcy Actions

A. Since submission of your most recent application or renewal, has the licensee filed, or had filed against it, a proceeding for bankruptcy or been involved in any formal process to adjust, defer, suspend or otherwise work out payment of a debt?

No Yes If you answered Yes, complete the following table:

TABLE 8

Date of Filing	Name and Address of Court:	Case Number:	Disposition:

Check here if Table 8 continued

- B. For each bankruptcy, submit as **Exhibit 3** the following:
1. A copy of the approved reorganization plan.
 2. The final order of the court.
 3. The final statements of assets and liability.
 4. List of equity security holders.
 5. Details of the licensee's involvement in the bankruptcy.

PART 4 - Tax

- A. Submit a copy of your most recent federal, state and local tax returns or filing extensions.
 Attached - Required
- B. Since submission of your most recent application or renewal to the Board, have you filed all required Federal, State and Local tax returns with the appropriate agencies for yourself or any business entity in which you have a financial or ownership interest in?
 No **Yes**
- C. Since submission of your most recent application or renewal, has there been filed against the licensee or has the licensee been served with a complaint, lien, judgment, or other notice filed with any public body regarding the payment of any tax required under Federal, State or local law?
 No **Yes**
- D. Since submission of your most recent application or renewal, has the licensee been subject to a tax audit by any governmental agency?
 No **Yes**

If you answered **Yes** to C or D, complete the following table and submit a copy of the complaint, lien, judgment, or other notice filed.

TABLE 9

Taxing Agency	Type of Tax	Date of Taxing Period (MM/YY)	Amount

Check here if Table 9 continued

PART 5 - Political Contributions/Public Officials

- A. Since submission of your most recent application or renewal, has the licensee, or any person who has an interest in the licensee as defined in MCL 432.207b(2) made any political contribution, loan, gift, or other payment to any candidate, campaign committee or officeholder elected in Michigan?

No **Yes** If you answered **Yes**, complete the following table:

TABLE 10

Name of candidate/ office holder	Office sought/held	Date	Amount	Method of payment	Intermediary, if any
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					

Check here if Table 10 continued

B. Does any public official or officer of any governmental entity, or any relative of said officials or officers, directly or indirectly own any financial interest in, have any beneficial interest in, hold any debt or credit instrument issued by, hold or have any interest in any contractual or service relationship with the licensee?

No Yes

If you answered **Yes**, complete the following:

TABLE 11

Name Of Official/Officer	Title	Business Address	Telephone Number
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()

Check here if Table 11 continued

PART 6 - Criminal History

The questions listed below relate to criminal offenses, either felony or misdemeanor under the laws of any jurisdiction. Answer each question as it pertains to the licensee.

A. Has the licensee, since submission of its most recent application or renewal:

No	Yes		No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	been convicted	<input type="checkbox"/>	<input type="checkbox"/>	pleaded guilty
<input type="checkbox"/>	<input type="checkbox"/>	forfeited bail	<input type="checkbox"/>	<input type="checkbox"/>	been indicted
<input type="checkbox"/>	<input type="checkbox"/>	pleaded nolo contendere (no contest)			

If you answered **Yes** to any of the above, complete the following table:

TABLE 12

Nature of charge or arrest	Date of charge or arrest	Name & address of court involved	Disposition	Date	Felony or misdemeanor

Check here if Table 12 continued

- B. Since submission of its most recent application or renewal, has the licensee been granted immunity?
 No **Yes**
- C. Since submission of its most recent application or renewal, has the licensee been named an unindicted co-conspirator? **No** **Yes**
- D. Describe all arrests since submission of most recent application or renewal, which did not result in a formal criminal charge. **N/A**
-
-
- E. Describe all criminal convictions that have been expunged since submission of most recent application or renewal. **N/A**
-
-
- F. Has your enterprise been charged with a criminal offense, either felony or misdemeanor, since submission of most recent application or renewal? **No** **Yes**

If you answered **Yes**, describe the nature and date of the charge, name and address of government agency or court involved, and disposition.

PART 7 - FINANCIAL DOCUMENTS

- A. Submit as **Exhibit 4** a copy of the most recent certified financial audit by independent certified public accountants to include balance sheets, income statements, and cash flow, for the licensee and all guarantor(s) of the licensee's debt.
- B. Submit as **Exhibit 5** term sheets or a written summary on all (include pending) mergers or acquisitions since the submission of your most recent application or renewal.
- C. Submit as **Exhibit 6** a written summary of all capital commitments including all significant changes in current or future debt load.

PART 8 - LITIGATION

- A. Since submission of your most recent application or renewal, has the licensee been party to any litigation? **No** **Yes**

If you answered **Yes**, submit as **Exhibit 7** a description of all existing civil litigation to which the licensee or any affiliate is presently a party, whether in this state or another jurisdiction.

Exhibit 7 shall include the following:

1. Official title or caption of the case
2. Docket or case number
3. Name and address 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

PART 9 - ADDITIONAL REQUIRED DOCUMENTS

Attach as Exhibits the following documents:

A. ORGANIZATIONAL STRUCTURE - REQUIRED

- **Exhibit 8**, A chart showing the corporate organizational structure of the licensee, including all officers, directors. Include the names and titles of persons holding each position. ATTACHED
- **Exhibit 9**, A list identifying all committees of the licensee. Include the names of all committee members, their titles, and the committee(s) with which they are affiliated. N/A ATTACHED

B. OWNERSHIP - REQUIRED

- **Exhibit 10**, A flowchart illustrating the fully diluted ownership of the licensee. List all parent, holding or intermediary companies until the flowchart reflects the stock, partnership or ownership interest as being held by a natural person(s) and not another enterprise(s). If the ultimate parent company is publicly traded and no natural person controls more than 5% of the publicly traded stock, indicate that in a footnote to the flowchart. ATTACHED

PART 10 - MISCELLANEOUS

- A. Submit as **Exhibit 11**, a summary of all material events that have taken place since submitting your most recent application.

N/A

- B. Since submission of your most recent application or renewal, has the licensee obtained any direct, indirect or attributed legal or beneficial interest in any business entity outside the United States?

No Yes

If you answered **Yes**, submit as **Exhibit 12** a detailed statement describing each business entity, including its location and the licensee's interest and/or affiliation with the business entity.

- C. Since submission of your most recent application or renewal, has the licensee obtained any assets or liabilities outside the United States?

No Yes

If you answered **Yes**, submit as **Exhibit 13** a detailed statement describing each asset and/or liability, including its type, value or amount, and location.

- D. Since submission of your most recent application or renewal, has any director, officer, partner or employee or any third party acting for or on behalf of the licensee, made any bribes or kickbacks to any employee, company or organization to obtain favorable treatment?

No Yes If you answered **Yes**, submit as **Exhibit 14** a detailed statement.

- E. Since submission of your most recent application or renewal, has the licensee maintained any assets, including bank account(s), domestic or foreign, not reflected on your books or records?

No Yes If you answered **Yes**, submit as **Exhibit 15** a detailed statement.

- F. Since submission of your most recent application or renewal, has the licensee maintained any assets, i.e. numbered account(s) or any account(s) in the name of a nominee for the corporation?

No Yes If you answered **Yes**, submit as **Exhibit 16** a detailed statement.

- G. Submit as **Exhibit 17**, a copy of the Declaration Statement regarding current policies for Liability and Casualty insurance.

ATTACHMENT A
(Use BLACK ink ONLY)

APPLICANT'S CONSENT TO RELEASE INFORMATION

To all Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other such Institutions, and All Governmental Agencies federal, state and local, without exception, both foreign and domestic.

On behalf of _____
(NAME OF ENTITY)

I, _____
(NAME AND TITLE OF PERSON AUTHORIZED TO EXECUTE THIS RELEASE)

have authorized the Michigan Gaming Control Board to conduct a full investigation into the background and activities of said entity.

Therefore, you are hereby authorized to release any and all information pertaining to said entity, documentary or otherwise, as requested by any employee or agent of the Michigan Gaming Control Board, provided that he or she certifies to you that said entity has an application pending before the Michigan Gaming Control Board or that said entity is a licensee or other person required to be qualified under the provisions of the Michigan Gaming Control and Revenue Act.

This authorization shall supersede and countermand any prior request or authorization 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

Title

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 _____, of _____.

Notary Public, (Written Signature)

Notary Public, (Printed Signature)

My commission expires:

County of residence:

ATTACHMENT B
(Use BLACK ink ONLY)

LICENSEE'S VERIFICATION

State of _____

County of _____

I, _____, being first duly sworn upon oath or affirmation, depose and state:

1. I am the individual responsible for submitting this renewal application. I have full authority to execute this verification.
2. I swear (or affirm) that the information contained in this renewal application form is true, current, complete and accurate to the best of my knowledge and belief.
3. _____ has fulfilled its obligation under the act and the rules to notify the board of any change in information provided in its original license application to the best of my knowledge and belief.
4. I respectfully request the renewal of the license for _____.

Managing Officer/Director

Date

WITNESS, my hand and Notary Seal, this _____ day of _____, of _____.

Notary Public, (Written Signature)

Notary Public, (Printed Signature)

My commission expires:

County of residence:

ATTACHMENT C
(Use BLACK ink ONLY)

LICENSEE'S ACKNOWLEDGEMENT, AGREEMENT AND CONSENT

I,
(Licensee)

hereby acknowledge that the Michigan Gaming Control Board will require supplemental materials in order to carry out its statutory duties. The licensee:

hereby agrees to submit supplemental materials as requested by the Board.

hereby acknowledge that issuance of a casino license is a privilege. I have the responsibility to prove that I am eligible, suitable, and qualified to be licensed. I must accept any risk of adverse public notice, embarrassment, criticism, or other action, or financial loss, which may result from action with respect to an application or the public disclosure of information, requested in this form, and expressly waive any claim for damages as a result thereof. Information not called for in this application, or in addition to that provided in response to this application, may be requested.

hereby acknowledge that I am under a continuing duty to promptly disclose to the Board any changes in the information provided in the application and requested materials submitted to the Board. To comply with this requirement I must submit a letter to the Board stating the changes and reference the specific question(s) within the application to which the changes pertain. (Sec. 6.(10))

hereby consent to inspections, searches, and seizures as provided in Section 5.(4) and to disclose to the Board and its agents confidential records, including tax records held by any federal, state or local agency or credit bureau or financial institution while applying for or holding a license under this act. (Sec.6.(9)) This consent is authorization to review and inspect tax records administered under the Revenue Act 122 of 1941 (as amended).

I affirm, under the penalties of perjury, that the information set forth in this document is true and complete to the best of my knowledge.

I have full authority to execute this affidavit of full disclosure on behalf of the licensee and otherwise bind the licensee to the above.

Licensee Signature

Printed Name

Date

IN WITNESS WHEREOF, I have executed this instrument at the city of _____, State of _____,
on this _____ day of _____, of _____.

WITNESS, my hand and Notary Seal, this _____ day of _____, of _____.

Notary Public, (Written Signature)

Notary Public, (Printed Signature)

My commission expires:
County of Residence:
MGCB-LC-3004 (Rev. 9/08)
f-caren.75372

ATTACHMENT D
(Use BLACK ink ONLY)

AFFIDAVIT OF FULL DISCLOSURE

State of _____

County of _____

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

that, except as reported in the applicant's/my application, I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee or otherwise any interest in the application,

that, except as reported in the application, I have no agreements or understanding with any person or entity and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any person or entity related to the acquisition of any interest in the application,

that, except as reported in the application, I have no agreements or understandings and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any person or entity related to the sale of any interest in the application.

I have full authority to execute this affidavit of full disclosure on behalf of the applicant and otherwise bind the applicant to the above.

(Individual Signature)

(Title)

Address: _____

City/State/Zip: _____

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: