

Michigan Gaming Control Board

Cadillac Place 3062 W. Grand Blvd., Suite L-700 Detroit, Michigan 48202-6062



VENDOR EXEMPTION APPLICATION

Initial Exemption Renewal Exemption

Name of Applicant

Date MM/DD/YYYY

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

This application is to be completed by a person or entity providing nongaming-related goods and/or services in an amount greater than \$50,000 but less than \$400,000 of business with any one commercial casino in any rolling twelve-month period.

Monetary Thresholds

It is the affirmative duty of the person or entity to monitor the total dollar amount of its business with a casino licensee. Following receipt of a vendor exemption, the person or entity can provide more than \$50,000 but not more than \$400,000 in goods and/or services to any one casino licensee. Prior to exceeding the \$400,000 threshold in goods and/or services, a temporary supplier's license, a supplier's license, or an exemption in a different category must be granted.

Application Fee

The MGCB requires a NON-REFUNDABLE application fee of:

- \$200 Initial Exemption
- \$100 Renewal Exemption

Please make your check or money order payable to the "State of Michigan."

Application Submission

The applicant is required to submit this application, a letter of intent from the commercial casino (initial applications only), and the applicable application fee directly to:

Michigan Gaming Control Board
ATTN: Enterprise Licensing Section
3062 West Grand Blvd., Suite L-700
Detroit, Michigan 48202

MGCB will not process an application without the following:

- **Executed Application Certification**
- **Attachment A for applicant and each entity as required**
- **Attachment B for each individual as required**
- **Signed Letter of Intent from a Detroit casino (Initial Applications only)**
- **Application fee payable to the "State of Michigan"**
- **4506-T Request for Transcript of Tax Returns for all entities and individuals listed on the application**

Forms

Additional application forms, 4506-T Request for Transcripts forms and form instructions can be found at:

WWW.MICHIGAN.GOV/MGCB → [CLICK ON FORMS](#) → [LICENSING FORMS](#) → [VENDOR FORMS](#)



Please contact the Enterprise Licensing Section for assistance or questions.
Telephone: (313) 456-1501
Facsimile: (313) 456-4190
Email: MGCB-Vendor@michigan.gov
Website: www.michigan.gov/mgcb



NONGAMING VENDOR EXEMPTION APPLICATION

Authority: P.A. 69 of 1997

APPLICANT INFORMATION

1. Applicant Business Name

2. Doing Business As (DBA)

3. Have the applicant or its owners conducted business in the last five (5) years under names in addition to what is listed above? No Yes If yes, complete the following table:

Business Name	Doing Business As (DBA) Name	Date	
		From	To

4. Ownership Type (e.g.: Sole Proprietorship, Limited Liability Company, Partnership, Corporation) 5. Publicly Traded? No Yes

6. US Federal Employer Identification Number/Social Security Number 7. Type of Tax Return Filed (e.g.: 1120, 1065)

8. Physical Business Address County
 City State/Province ZIP Country:

9. Mailing Address: Same as Physical Business Address County
 City: State/Province: ZIP Country

10. Telephone Number () 11. Facsimile Number ()

12. Applicant Website Address 13. Date business was established

14. Authorized contact person responsible for correspondence regarding application:

Name	Telephone Number	Ext.
	()	
Email Address	Fax Number	Preferred Communication:
	()	<input type="checkbox"/> Email <input type="checkbox"/> Fax

GOODS AND/OR SERVICES PROVIDED

15. Check the name of the casino to which the Applicant is/will be providing goods and/or services.
 Greektown Casino, LLC MGM Grand Detroit, LLC MotorCity Casino

16. Please provide a detailed description of goods and/or services to be provided to the casino licensee(s).

17. Does or will the applicant utilize subcontractors that will provide goods and/or services to the casino licensee(s) under the applicant's contract with the casino licensee(s)? No Yes If yes, complete the following table as to each such subcontractor:

Name of Subcontractor	Address (Street, City, State, ZIP, Country)	Nature of Goods/Services	Anticipated Dollar Amount

INDIVIDUAL DISCLOSURE

18. In the table below, list all individuals who meet one or more of the following criteria:

- Own **25% or greater** direct or indirect equity interest in the applicant
- Perform the **principal executive, financial or operations** role for the applicant (CEO, CFO, COO or equivalent). **Account for all three positions.**
- Individuals authorized to sign agreements to provide goods and/or services to the casino licensee(s) ("Agreement Holder")

Owner <input type="checkbox"/> ___ % Principal Executive <input type="checkbox"/> Principal Financial <input type="checkbox"/> Principal Operations <input type="checkbox"/> Agreement Holder <input type="checkbox"/>	Name (Last, First, MI)	Birth Date	Social Security #	Male <input type="checkbox"/> Female <input type="checkbox"/>
	Residential Address (Street, City, State, ZIP)		Driver's License #	D.L. State
	Title(s)		If Owner, is ownership direct or indirect? <input type="checkbox"/> Direct <input type="checkbox"/> Indirect	
Owner <input type="checkbox"/> ___ % Principal Executive <input type="checkbox"/> Principal Financial <input type="checkbox"/> Principal Operations <input type="checkbox"/> Agreement Holder <input type="checkbox"/>	Name (Last, First, MI)	Birth Date	Social Security #	Male <input type="checkbox"/> Female <input type="checkbox"/>
	Residential Address (Street, City, State, ZIP)		Driver's License #	D.L. State
	Title(s)		If Owner, is ownership direct or indirect? <input type="checkbox"/> Direct <input type="checkbox"/> Indirect	
Owner <input type="checkbox"/> ___ % Principal Executive <input type="checkbox"/> Principal Financial <input type="checkbox"/> Principal Operations <input type="checkbox"/> Agreement Holder <input type="checkbox"/>	Name (Last, First, MI)	Birth Date	Social Security #	Male <input type="checkbox"/> Female <input type="checkbox"/>
	Residential Address (Street, City, State, ZIP)		Driver's License #	D.L. State
	Title(s)		If Owner, is ownership direct or indirect? <input type="checkbox"/> Direct <input type="checkbox"/> Indirect	
Owner <input type="checkbox"/> ___ % Principal Executive <input type="checkbox"/> Principal Financial <input type="checkbox"/> Principal Operations <input type="checkbox"/> Agreement Holder <input type="checkbox"/>	Name (Last, First, MI)	Birth Date	Social Security #	Male <input type="checkbox"/> Female <input type="checkbox"/>
	Residential Address (Street, City, State, ZIP)		Driver's License #	D.L. State
	Title(s)		If Owner, is ownership direct or indirect? <input type="checkbox"/> Direct <input type="checkbox"/> Indirect	
Owner <input type="checkbox"/> ___ % Principal Executive <input type="checkbox"/> Principal Financial <input type="checkbox"/> Principal Operations <input type="checkbox"/> Agreement Holder <input type="checkbox"/>	Name (Last, First, MI)	Birth Date	Social Security #	Male <input type="checkbox"/> Female <input type="checkbox"/>
	Residential Address (Street, City, State, ZIP)		Driver's License #	D.L. State
	Title(s)		If Owner, is ownership direct or indirect? <input type="checkbox"/> Direct <input type="checkbox"/> Indirect	
Owner <input type="checkbox"/> ___ % Principal Executive <input type="checkbox"/> Principal Financial <input type="checkbox"/> Principal Operations <input type="checkbox"/> Agreement Holder <input type="checkbox"/>	Name (Last, First, MI)	Birth Date	Social Security #	Male <input type="checkbox"/> Female <input type="checkbox"/>
	Residential Address (Street, City, State, ZIP)		Driver's License #	D.L. State
	Title(s)		If Owner, is ownership direct or indirect? <input type="checkbox"/> Direct <input type="checkbox"/> Indirect	

ENTITY DISCLOSURE

19. In the table below, list all entities owning **25% or greater** direct or indirect equity interest in the applicant.

Owner 1 ___ %	Entity Name	Is ownership direct or indirect? <input type="checkbox"/> Direct <input type="checkbox"/> Indirect	FEIN
	Entity Address (Street, City, State, ZIP)		Established Date
Owner 2 ___ %	Entity Name	Is ownership direct or indirect? <input type="checkbox"/> Direct <input type="checkbox"/> Indirect	FEIN
	Entity Address (Street, City, State, ZIP)		Established Date
Owner 3 ___ %	Entity Name	Is ownership direct or indirect? <input type="checkbox"/> Direct <input type="checkbox"/> Indirect	FEIN
	Entity Address (Street, City, State, ZIP)		Established Date
Owner 4 ___ %	Entity Name	Is ownership direct or indirect? <input type="checkbox"/> Direct <input type="checkbox"/> Indirect	FEIN
	Entity Address (Street, City, State, ZIP)		Established Date

20. Total ownership percentage of individuals and entities owning **less than 25%** direct or indirect equity interest (e.g. shareholders, partners, members) in the applicant **%**

****Must Account for 100% Ownership of Applicant****

TAX LIABILITY

21. Has there been filed against the applicant or has the applicant been served with a complaint, lien or judgment from any public body regarding the nonpayment of any tax required under federal, state, or local law? No Yes

22. Do any of the above-noted owners, officers, or agreement holders have any outstanding complaints, liens or judgments from any public body regarding the nonpayment of any tax required under federal, state, or local law? No Yes

If **yes** to one or both of the above questions, complete the following table and provide applicable documentation:

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

CRIMINAL HISTORY

23. Has the applicant been charged, convicted, forfeited bail, pled nolo contendere (no contest), pled guilty, or indicted of any misdemeanor or felony in any state? No Yes

24. Have any of the above-noted owners, officers, or agreement holders been arrested, charged, convicted, forfeited bail, pled nolo contendere (no contest), pled guilty, or indicted of any misdemeanor or felony in any state? No Yes

If **yes** to one or both of the above questions, attach a detailed description of each incident that includes: name, nature of incident, date of incident, severity of charge (misdemeanor or felony), name and address of court, final disposition, date of disposition, and court file number.

APPLICATION CERTIFICATION

Name of Applicant: _____

The undersigned hereby certifies that by completing this application on behalf of the applicant based on the undersigned's actual knowledge and with full authority to complete the application.

The undersigned certifies that all the representations, information and data presented in this application are true, accurate and complete.

The undersigned hereby certifies that, in the reasonable exercise of commercial business judgment, the applicant does not currently expect to provide in excess of \$400,000 worth of nongaming-related goods and/or services to any casino licensee in any rolling 12 month period.

The undersigned understands that failure to answer truthfully, completely, and accurately could preclude the vendor from obtaining or maintaining a vendor exemption or supplier license. Further, the undersigned certifies that the applicant accepts and consents to the conditions, requirements and procedures outlined in Board Resolution 2015-01.

A vendor exemption is not a license and is merely a conditional waiver of the supplier-licensing requirements of the Michigan Gaming Control & Revenue Act and Administrative Rules. In the event that the necessary conditions for exemption from supplier-licensing requirements are no longer being met, the Executive Director may summarily suspend the exemption if it appears that the public health, safety, or welfare requires emergency action. Actions or omissions that will require emergency action include, but are not limited to, the following:

1. Material misrepresentations to the Board;
2. Failure to disclose information upon request of the Board or Executive Director;
3. Any noncompliance with, or violation, of the Act, the Board's administrative rules, or Board resolutions;
4. Evidence that the person would not be eligible or suitable for licensure.

If the circumstances that caused the summary suspension are corrected or ameliorated to the satisfaction of the Executive Director, he or she may reinstate the vendor exemption.

The applicant shall provide all information, documents, materials, and certifications at the applicant's sole expense. The Board, in its discretion, may at any time require the applicant to furnish additional information or complete and submit additional forms.

Date:

Authorized Agent Signature

Print Name & 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 (Signature)

Notary Public (Printed Name)

My Commission Expires:

County of Residence:

**ATTACHMENT A
(APPLICANT & OWNERSHIP ENTITIES)**

***Required for the applicant and entities holding greater than or equal to 25% ownership interest.
Each entity will need to complete a separate form***

APPLICANT'S CONSENT TO RELEASE INFORMATION

To all Courts, Probation Departments, Selective Service Boards, Employers, and all Government 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)

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

Date:

Authorized Agent Signature

Print Name & 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 (Signature)

Notary Public (Printed Name)

My Commission Expires: _____ County of Residence: _____

ATTACHMENT B
(OWNER/OFFICERS/AGREEMENT HOLDERS)

Each person will need to complete a separate form

VOLUNTARY CONSENT TO RELEASE INFORMATION, MATERIALS, AND DOCUMENTS

To all Courts, Probation Departments, Selective Service Boards, Employers, and all Government Agencies federal, state, and local, without exception, both foreign and domestic.

I, _____
(FULL LEGAL NAME OF PERSON AUTHORIZED TO EXECUTE THIS RELEASE)

authorized the Michigan Gaming Control Board and its employees and agents to conduct a full background investigation into my personal and business activities.

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 shall supersede and countermand any prior request or authorization to the contrary.

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

Date:

Authorized Agent Signature

Print Name & 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 (Signature)

Notary Public (Printed Name)

My Commission Expires: _____ County of Residence: _____