



# FIELD OF COMMERCE EXEMPTION REQUEST

Authority: P.A. 69 of 1997.

In accordance with Michigan Gaming Control Board Resolution 2003-07, please complete the following information and provide documentary evidence that ultimately supports this exemption request. Note that the disposition of this exemption request will be based on the information that is provided. 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.

1. Check Type of Ownership:			
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Other: (Describe):			

2. Name of Applicant:	3. Telephone Number: ( )	Ext.
	4. Facsimile Number: ( )	

5. Business Address:					
Street:	City:	County:	State:	Country:	Zip:

6. Type of Business Conducted with Casino: (Describe the goods/service(s) to be provided).
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7. Doing Business As (DBA):
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US Federal Employer Identification Number/Social Security Number:	8. Contact Person:
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10. Check one of the following Field Exemptions:
<input type="checkbox"/> A medical corporation, partnership, sole proprietorship, or other business entities authorized to transact business in Michigan, to the extent such entities provide medical related services to a licensee.
<input type="checkbox"/> Insurance companies licensed or authorized to transact business in Michigan by the Michigan Insurance Bureau to the extent such companies provide insurance related services to a licensee.
<input type="checkbox"/> Professional legal services.
<input type="checkbox"/> A Michigan or federally chartered depository financial institution to the extent that the entity provides financial related services to a licensee. This does not include financial institutions that provide financing to a licensee.
<input type="checkbox"/> Michigan public institutions of higher education to the extent such institutions provide education related services to a licensee.
<input type="checkbox"/> Public utilities regulated by the Michigan Public Service Commission to the extent such entities provide regulated utility related services to a licensee.
<input type="checkbox"/> Governmental agencies and the United States Postal Service to the extent that such agencies provide services related to their agency function to a licensee.
<input type="checkbox"/> Providers of facilities and services utilized by licensed casinos to provide or present advertising, special events or promotional events to casino patrons, including but not limited to, theatres, ballrooms, halls, arenas, parks, stadia, golf courses, and other entertainment, recreational and sports facilities located in the State of Michigan. This exemption includes all goods and services ordinarily furnished by the facility provider for similar or comparable events, including private boxes and admission tickets and seating, to the extent such services are provided to a licensed casino or its patrons and directly purchased or reimbursed by the casino. This exemption is only available to providers that make their facilities and services available to all licensed casinos on a non-exclusive basis under similar or reasonably comparable terms and conditions.
<input type="checkbox"/> Professional entertainers, sports figures and other celebrities engaged by a licensed casino to appear at casino-sponsored special entertainment or promotional events, and their respective individual agents who do not otherwise provide services to Michigan licensed casinos on a regular or continuing basis. This exemption is not available to promoters or agents that provide their services to a licensed casino on a regular or continuing basis.
<input type="checkbox"/> Hotels, motels or other lodging facilities, located within the State of Michigan, which regularly offer rooms to the general public to the extent that they provide lodging and other hospitality facilities and services to casino patrons that are directly purchased or reimbursed by a licensed casino. This exemption includes all goods and services ordinarily available to the provider's customers, including, but not limited to, food and beverage services, health club and spa services, convention and banquet services. This exemption is only available to providers that make their lodging and hospitality facilities and services available to all licensed casinos on a non-exclusive basis under similar or reasonably comparable terms and conditions.
<input type="checkbox"/> Third party retail tenants who have a strictly and purely landlord-tenant relationship with licensed casinos, who do not have direct access to the gaming areas, and who would be accessible to the general public without having to enter the gaming areas. This exemption does not apply to retailers providing complimentary goods or services for casino patrons.

**NOTE: You are required to obtain a Vendor Exemption Number prior to your Field of Commerce Exemption request being processed. If you do not meet the requirements for a Field of Commerce Exemption, you will be required to obtain a supplier license.**

Send to: MICHIGAN GAMING CONTROL BOARD  
1500 Abbott Road, Suite 400, East Lansing, MI 48823  
Telephone: 517.241.0040  
Facsimile: 517.241.1480

Name of Applicant: \_\_\_\_\_

The undersigned hereby certifies that all the representations, information and data, presented in this application, are true, accurate and complete to the best of the undersigned's knowledge. *The undersigned understands that failure to answer truthfully, completely and accurately could preclude the supplier from obtaining or maintaining a supplier license or exemption. Further, the undersigned certifies that they accept and consent to the conditions, requirements and procedures outlined in MGCB Resolution 2003-07. The applicant shall provide all information, documents, materials and certifications at the applicant's sole expense. The Board, in its discretion, may hereafter require the applicant to furnish additional information or complete and submit additional forms.*

**INDIVIDUAL SUPPLIER**

\_\_\_\_\_  
Individual Signature

\_\_\_\_\_  
Print Name

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

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

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

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

**CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY** (Must be signed by President, CEO or Chairperson with authority to certify on behalf of the supplier)

\_\_\_\_\_  
Signature of President, CEO, or Chairperson

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title

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

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

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

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