

Michigan Gaming Control Board

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



SUPPLIER LICENSE EXEMPTION APPLICATION

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

In accordance with Michigan Gaming Control Board Resolution 2015-01, please complete the following application and provide documentary evidence that supports this exemption application request.

Application Submission

The applicant is required to submit this application, a letter of intent from the commercial casino, and the applicable supporting documentation 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**
- **Signed Letter of Intent from a Detroit casino**

The Board may require the applicant to furnish additional information with its application.



SUPPLIER LICENSE EXEMPTION APPLICATION

Authority: P.A. 69 of 1997

APPLICANT INFORMATION

1. Applicant Business Name			
2. Doing Business As (DBA)			
3. Ownership Type (e.g.: Sole Proprietorship, Limited Liability Company, Partnership, Corporation)		4. Publicly Traded? <input type="checkbox"/> No <input type="checkbox"/> Yes	
5. US Federal Employer Identification Number/Social Security Number		6. Type of Tax Return Filed (e.g.: 1120, 1065)	
7. Physical Business Address			
City	State/Province	ZIP	County
Country:			
8. Mailing Address: <input type="checkbox"/> Same as Physical Business Address			
City:			Country
State/Province:		ZIP	Country
9. Telephone Number ()		10. Facsimile Number ()	
11. Applicant Website Address		12. Date business was established	
13. 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

14. 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

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

QUALIFICATION INFORMATION

PLEASE CHECK THE APPROPRIATE BOX(ES)

- If applying as a business regulated by another regulatory agency in the State of Michigan, complete the following information:

Regulating Agency Name: _____

Agency Address: _____

Type of Regulation: _____

- If applying as a business that considers licensing unnecessary to protect the public interest or to accomplish the policies and purposes of P.A. 69 of 1997, attach a statement fully explaining the factual basis for your request.

Fields regulated by another regulatory agency in Michigan:

- 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.
- Insurance companies licensed or authorized to transact business in Michigan by the Michigan Office of Financial and Insurance Services to the extent such companies provide insurance related services to a licensee.
- Michigan public institutions of higher education to the extent such institutions provide education related services to a licensee.
- Public utilities regulated by the Michigan Public Service Commission to the extent such entities provide regulated utility related services to a licensee.

Other exemption classifications:

- A publicly traded domestic corporation under the regulation of the United States Securities and Exchange Commission, or a wholly owned subsidiary of such a corporation, whose annual overall gross revenues from doing business with the casino licensees constitute less than 5% of the publicly traded corporation's annual gross revenues. Attach documentary evidence to demonstrate that Applicant is a publicly traded corporation under the regulation of the U.S. Securities and Exchange Commission, or a wholly-owned subsidiary of such a corporation.
- A professional entertainer, sports figure and other celebrity engaged by a licensed casino to appear at casino-sponsored special entertainment or promotional event, and their respective individual agents. Note: This exemption is not available to promoters or agents who provide their services to a casino licensee on a regular and continuing basis.
- A media outlet (defined as a newspaper, a magazine, an outdoor advertising business, a radio or television outlet, or any internet-based form of those entities) that derives less than 5% of its gross revenues from advertising by casino licensees.
- A provider of a facility or a host or sponsor of an event that presents advertising on behalf of or promotes a casino licensee including but not limited to theatres, ballrooms, halls, arenas, parks, stadiums, golf courses, and other entertainment, recreational and sports facilities located in the State of Michigan.
- A provider of a facility that provides entertainment, recreational, or hospitality services to a casino licensee, that is a theatre, ballroom, hall, arena, park, stadium, golf course, or a special event venue, located in the State of Michigan.
- A Michigan or federally chartered depository financial institution to the extent that it provides financial-related services to a casino licensee. This provision does not extend to providing services related to a debt transaction.
- A person or entity that provides legal services to a casino licensee. Please provide documentary evidence to demonstrate each of the attorneys providing services to the casino licensee are licensed and in good standing.

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 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 supplier license 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: