



VENDOR NOTIFICATION & DISCLOSURE FORM

Authority: P.A. 69 of 1997.

The information contained on this form must be completed for any vendor providing nongaming-related goods or services for a casino or casino enterprise.

NOTE: Do not send this form to the MGCB. The information on this form must be submitted to the casino or casino enterprise for processing. The casino or casino enterprise is responsible for forwarding the requested information to the MGCB.

PART I GENERAL INFORMATION.

1. Vendor Name:		3. 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. Trading as (T/A) or Doing Business As (DBA):		4. Indicate the State in which the entity is domiciled: <input type="checkbox"/>		
5. Vendor's Business Address: Street: _____ City: _____ State: _____ Country: _____ Zip: _____ County: _____ Province: _____				
6. Web Site Address (if applicable):		7. Telephone Number: ()	8. Facsimile Number: ()	
9. United States Federal Employer Identification Number:		10. Date Vendor's business was established: (MM/DD/YYYY)		
11. Type of Business Conducted with the Casino or Casino enterprise: (Describe the goods/service(s) to be provided).				
12. Date of Agreement to provide goods/service(s) to the Casino or Casino Enterprise: (MM/DD/YYYY) Use all 4 digits for the Year				
13. (A) Check the name of the casino or casino enterprise to/for which the Vendor is providing goods/services (Check Only One): <input type="checkbox"/> Detroit Entertainment, LLC <input type="checkbox"/> Greektown Casino, LLC <input type="checkbox"/> MGM Grand Detroit, LLC (Atwater/Circus Circus) (B) Do you have a direct contract with the casino or casino enterprise? <input type="checkbox"/> Yes <input type="checkbox"/> No				

PART II BACKGROUND INFORMATION.

14. Provide the complete names, resident addresses, dates of birth, social security numbers, and drivers' license numbers of those persons employed by the Vendor who signed the agreement to provide goods & services to the casino or casino enterprise.

Name (Last) (First) (MI)	Resident Address (Street) (City) (State) (Country) (Zip)	Date of Birth MM/DD/YYYY	SSN	Driver's License No.

15. Provide the complete names, addresses, dates businesses established or dates of birth, federal identification numbers or social security numbers, and percentage of ownership held by each entity or person owning 15% or more of the Vendor's business that will be providing goods and services to the casino or casino Enterprise. When listing persons, also provide drivers' license numbers.

Percent of Ownership	Name (Last) (First) (MI)	Resident Address (Street) (City) (State) (Country) (Zip)	Date Business Established or Date of Birth MM/DD/YYYY	SSN or U.S. Federal EIN	Driver's License No.

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22. Has the Vendor or its predecessor, parent or subsidiary companies ever filed, or had filed against it, a proceeding for bankruptcy or ever been involved in any formal process to adjust, defer, suspend or otherwise work out payment of debt? No Yes If you answered **Yes**, complete the following:

Date of Filing	Court :	Court Location: (Street) (City) (State) (Country) (Zip)	Case Number:	Disposition:

23. Is the Vendor subject to regulation by a public agency in any jurisdiction? No Yes If you answered **Yes**, complete the following:

Name and Location of Public Agency: (Name) (Street) (City) (State) (Country) (Zip)	Type Of Regulation:	Licensing no. or other identifying no.

24. Has the Vendor or its predecessor/parent/subsidiary companies, or any owner, director or officer of the vendor, or its predecessor/parent/subsidiary companies, ever had any license or certificate issued by any jurisdiction denied, restricted, suspended, revoked or not renewed?

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

Name of Licensing Authority	License or Certificate Number	Date of Action

25. Has the Vendor, its predecessor/parent/subsidiary companies, or any owner, director or officer of the Vendor or its predecessor/parent/subsidiary companies, ever been served with, a complaint or other notice filed with any public body regarding the delinquent payment of any tax required under the federal, state or local law?

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

Name of Taxing Agency	Type of Tax	Dates involved (month/year)	Amount

26. List the name and address of the Surety firm(s) used by Vendor over the last three (3) years.

Name	Address: (Street) (City) (State) (Country) (Zip)

27. Has the Vendor or any owner, director or officer of the Vendor, ever been refused bond, denied bond, or had any type of bond called? No Yes If you answered **Yes**, complete the following:

Name of Bonding Company:	Reason for Bond	Refused?	Was bond: Denied?	Called?
		<input type="checkbox"/> No <input type="checkbox"/> Yes Date of Action:	<input type="checkbox"/> No <input type="checkbox"/> Yes Date of Action:	<input type="checkbox"/> No <input type="checkbox"/> Yes Date of Action:
		<input type="checkbox"/> No <input type="checkbox"/> Yes Date of Action:	<input type="checkbox"/> No <input type="checkbox"/> Yes Date of Action:	<input type="checkbox"/> No <input type="checkbox"/> Yes Date of Action:
		<input type="checkbox"/> No <input type="checkbox"/> Yes Date of Action:	<input type="checkbox"/> No <input type="checkbox"/> Yes Date of Action:	<input type="checkbox"/> No <input type="checkbox"/> Yes Date of Action:

28. Indicate the name of current insurance agent, address, and policy/coverage description:

Name	Address: (Street) (City) (State) (Country) (Zip)	Describe policy/coverage:

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29. Does Vendor own any interest in a casino or casino enterprise? No Yes If you answered Yes, please indicate name and describe interest:

Name of Casino or Casino Enterprise	Describe Interest in the Casino or Casino Enterprise:

30. List the three (3) largest suppliers of goods and services for the Vendor business:

Name	Address: (Street) (City) (State) (Country) (Zip)

31. Is the Vendor a subcontractor? No Yes If you answered Yes, provide the name(s) of each contractor and Prime for whom goods/service(s) will be provided.

Name	Address: (Street) (City) (State) (Country) (Zip)

PART III Certification:

The undersigned hereby certifies that all the representations, information and data, presented in this notification, are true, accurate and complete to the best of the undersign's knowledge. *The undersigned understand that a failure to answer truthfully, completely and accurately could preclude the undersigned's enterprise from providing goods and/or services to a casino enterprise.*

For Individual Vendor { _____
(Individual Name)

(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:

For CORPORATION, PARTNERSHIP, or LIMITED LIABILITY COMPANY
(Must be signed by Vendor's President, CEO or Chairperson with authority to make this certification on behalf of the vendor) _____
Name 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: