



MICHIGAN LOTTERY
 LICENSING SECTION
 101 E. HILLSDALE, BOX 30023
 LANSING, MICHIGAN 48909
 www.michiganlottery.com

PERSONAL DATA SHEET

Business Name (dba) _____

EACH OWNER, PARTNER, PRINCIPAL SHAREHOLDER, CORPORATE OFFICER, PRINCIPAL OFFICERS, AND/OR LOTTERY CHAIRPERSONS OF THIS BUSINESS/ORGANIZATION MUST COMPLETE AND SIGN A PERSONAL DATA SHEET. (USE AS MANY ADDITIONAL SHEETS AS NECESSARY.)

NAME (LAST, FIRST, M.I.)		MAIDEN NAME			
SOCIAL SECURITY NO. *	DATE OF BIRTH	SEX	DRIVER'S LICENSE NO.		
HOME ADDRESS (NO., STREET)		CITY	STATE	ZIP	COUNTY
HOME PHONE NUMBER ()	CELL PHONE NUMBER ()	EMAIL ADDRESS		TITLE	% OWNERSHIP

* PROTECTED BY FEDERAL PRIVACY LAWS AND STATE CONFIDENTIALITY REQUIREMENT

1. Full name of spouse _____

2. I or my spouse previously held, or now hold interest in the following licenses for sale of Lottery products as sole licensee, partner or corporation: (attach additional sheets if necessary)

RETAILER NUMBER	STORE NAME	ADDRESS

3. If you are not a U.S. citizen - are you a registered alien? YES NO or do you have a Visa? YES NO

4. Have you ever legally changed your name? YES NO

From _____ to _____

5. Have you ever been known by any other names? YES NO

Give names _____

Questions 6 - 11 relate to criminal offenses, either felony or misdemeanor. Answer each question as it pertains to you. DO NOT include civil traffic violations.

6. Have you ever:

YES <input type="checkbox"/>	NO <input type="checkbox"/>	been arrested or detained	YES <input type="checkbox"/>	NO <input type="checkbox"/>	pled no contest
<input type="checkbox"/>	<input type="checkbox"/>	been indicted or charged	<input type="checkbox"/>	<input type="checkbox"/>	forfeited bail
<input type="checkbox"/>	<input type="checkbox"/>	pleaded guilty	<input type="checkbox"/>	<input type="checkbox"/>	been convicted

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

NATURE OF OFFENSE	DATE OF CHARGE OR INCIDENT M/D/YYYY	NAME AND ADDRESS OF COURT OR POLICE AGENCY	DISPOSITION	DATE M/D/YYYY	FELONY (F) OR MISDEMEANOR (M)

7. Have you ever been granted immunity? Yes No

8. Have you ever been named an un-indicted co-conspirator? Yes No

- OVER -

COMPLETION: Required.
 PENALTY: Denial of application.

9. Have you ever been charged with a criminal offense, either felony or misdemeanor, which did not result in a conviction?

Yes No If you answered yes, describe the nature and date of the charge, name of government agency, and disposition.

10. Have you ever been placed on a diversionary program to avoid criminal arrest or conviction?

Yes No If you answered yes, describe the circumstances, outcome, and efforts being made to pay back any debt incurred.

11. Describe any arrests, which did not result in formal criminal charge.

Not Applicable

12. Has this business/organization or have you individually ever been investigated or penalized by a state or federal agency?

Yes No If yes, attach explanation that includes the date, location, charge, disposition, and the government agency involved.

13. Has this business/organization or have you individually ever failed to pay taxes, fees, or other obligations owed to the U.S. government, a state government, or any local governmental subdivisions?

Yes No If yes, attach explanation that includes the date of default, type of tax or fee in default and date cleared.

14. Have you ever had any involvement in a personal or business bankruptcy or business in receivership?

Yes No If yes, attach explanation.

15. Are there currently any lawsuits pending against you or your business/organization?

Yes No If yes, attach reason for suit, plaintiff, amount(s) of uninsured potential damages.

WARNING: Rule 432.4 provides that the Retailer's license may be immediately suspended or revoked or its renewal rejected if the application for license contains false or misleading information.

I HAVE EXAMINED THIS INFORMATION AND VERIFY IT IS COMPLETE AND CONTAINS NO MISREPRESENTATIONS OR FALSE STATEMENTS. I AUTHORIZE THE RELEASE OF ALL INFORMATION REGARDING MY PERSONAL/BUSINESS CREDIT AND CRIMINAL HISTORY TO THE MICHIGAN LOTTERY. I UNDERSTAND IT IS MY RESPONSIBILITY TO REPORT ANY CHANGES IN THE ABOVE INFORMATION. I ACCEPT THAT ANY VIOLATION OF THE LOTTERY ACT, RULES, CONTRACT, DIRECTIVES, INSTRUCTIONS, OR COMMUNICATIONS MAY BE CAUSE FOR REVOCATION OF ANY LOTTERY LICENSE.

SIGNATURE	DATE
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