



State of Michigan
 Michigan Gaming Control Board
 Office of the Executive Director
 P.O. Box 30786
 Lansing, MI 48909
 Phone: (313) 456-4940
 Fax: (313) 456-3405
 Email: Millionaireparty@michigan.gov
www.michigan.gov/mgcb

MILLIONAIRE PARTY

License Change Form

INSUFFICIENT INFORMATION WILL DELAY PROCESSING

**SUBMIT NO FEWER THAN 20 DAYS BEFORE THE PROPOSED CHANGE TAKES EFFECT
 PLEASE PRINT OR TYPE IN BLUE OR BLACK INK**

Organization Name	Organization ID Number	License Number
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Check Applicable Sections

<input type="checkbox"/> CHANGE LOCATION												
Location is (check one): <input type="checkbox"/> Organization's Facility <input type="checkbox"/> Donated (submit agreement) <ul style="list-style-type: none"> ▶ Location ID Number _____ ▶ Donated agreement – required ▶ Demarcated area* diagram – required <input type="checkbox"/> Rented (submit agreement) <ul style="list-style-type: none"> ▶ Location ID Number _____ ▶ Rental/Use Agreement – required ▶ Demarcated area* diagram – required 	New Millionaire Party Location (include building name if applicable) <hr/> Street Address <hr/> City <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">State</td> <td style="width:10%; border: none;">ZIP Code</td> <td style="width:10%; border: none;">County</td> <td style="width:50%; border: none;"></td> </tr> <tr> <td style="border: none; text-align: center;">MI</td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>				State	ZIP Code	County		MI			
State	ZIP Code	County										
MI												
*Demarcated area means the physical area in which licensed millionaire party gaming will be conducted, the boundaries of which are marked with rope or tape or separated in an access-controlled area of the location.												

<input type="checkbox"/> CHANGE EQUIPMENT PROVIDER	
Equipment is (check one): <input type="checkbox"/> Owned by Organization <input type="checkbox"/> Donated (submit agreement) <input type="checkbox"/> Rented (submit supplier agreement)	If equipment is rented from a supplier, provide: Supplier ID W _____ Supplier Name _____

<input type="checkbox"/> CHANGE DEALER						
Remove or Add	Full Legal Name (First, Middle, Last)	Bona fide member of Organization?	Dealer on prior event application within this calendar year?*	Date of Birth	Sex M / F	Phone Number
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			()
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			()
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			()
* Dealer Information Form and a legible copy of the individual's valid driver's license or valid government-issued identification card is required unless it has been submitted to the MGCB within the current calendar year.						

<input type="checkbox"/> CHANGE DATE AND/OR TIME (Must return original license if previously issued)	
The request must be received on or before the originally scheduled event date. Submit no fewer than 20 days before the proposed change takes effect.	
FROM Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm to _____ <input type="checkbox"/> am <input type="checkbox"/> pm Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm to _____ <input type="checkbox"/> am <input type="checkbox"/> pm Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm to _____ <input type="checkbox"/> am <input type="checkbox"/> pm Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm to _____ <input type="checkbox"/> am <input type="checkbox"/> pm	TO Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm to _____ <input type="checkbox"/> am <input type="checkbox"/> pm Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm to _____ <input type="checkbox"/> am <input type="checkbox"/> pm Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm to _____ <input type="checkbox"/> am <input type="checkbox"/> pm Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm to _____ <input type="checkbox"/> am <input type="checkbox"/> pm

LICENSE CHANGE FORM MUST BE SIGNED BY THE PRINCIPAL OFFICER –OR– SIGNED BY THE TWO OFFICERS LISTED ON PAGE ONE (SECTION 6) ON THE APPLICATION		
Signature	Print Name	Date
Principal Officer		
Vice President or Equivalent		
Other Officer		

PLEASE RETAIN A COPY OF THE COMPLETED APPLICATION FOR YOUR RECORDS AND BRING IT WITH YOU EACH DAY OF THE MILLIONAIRE PARTY EVENT