Michigan Gaming Control Board

P.O. Box 30786, Lansing, MI 48909

MILLIONAIRE PARTY SUPPLIER LICENSE INITIAL APPLICATION

_____

Name of Supplier

_____

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

Authority: Act 382 of the Public Acts of 1972, as amended
MGCB-MP-5055(I) (Rev. 07-16)

MILLIONAIRE PARTY SUPPLIER APPLICATION

This application is intended for individuals and entities that would like to provide millionaire party equipment to qualified organizations hosting licensed millionaire party events.

The applicant is required to submit this application, supporting documentation, and a $300 non-refundable application fee to the following address:

State of Michigan
Michigan Gaming Control Board
Office of the Executive Director
P.O. Box 30786
Lansing, Michigan 48909

The $300 non-refundable application fee must be made payable to the "State of Michigan" by check or money order.

Note: If you are renewing your supplier license with the Charitable Gaming Division of the Michigan Bureau of State Lottery (Charitable Gaming) and have submitted your application fee to Charitable Gaming, do not submit an application fee to the MGCB. You must, however, still submit the application and supporting documents to the MGCB for consideration.

Due Dates

Renewal applications, supporting documents, and fees must be submitted no later than September 1 prior to the renewal period (October 1 through September 30).

If you are renewing a supplier license, a completed Supplier Annual Report, form MGCB-MP-5045, must be submitted no later than October 15, covering the period October 1 of the previous year through September 30 of the current year.

Required Documents

The MGCB will not process an application without the required documents listed on page 5 of the application.

Contact

Please contact the Enterprise Licensing Section for assistance or questions.

Telephone Number: (313) 456-4940
Fax Number: (313) 456-3405
Email Address: Millionaireparty@michigan.gov

MILLIONAIRE PARTY SUPPLIER APPLICATION

GENERAL INFORMATION			
1. Applicant Business Name:			
2. Doing Business As (DBA):			
3. Ownership Type: ☐ LLC ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Tenants		4. Date Business Was Established:	
5. U.S. Federal Employer Identification Number /Social Security Number:	6. Website Address:		
7. Physical Business Address:			
City:	State/Province:	ZIP Code:	County:
8. Mailing Address: ☐ *Same as Physical Business Address*			
City:	State/Province:	ZIP Code:	County:
9.Telephone Number ( )	10. Fax Number ( )		
11. Tax Liability: Does the applicant have any outstanding tax liabilities, delinquencies, judgments, installment plans, or liens with the Internal Revenue Service, any state, or any local municipality? ☐ No ☐ Yes (If yes, attach an explanation and supporting documentation.)			
12. Bankruptcy: Does the applicant have any pending bankruptcy proceedings? ☐ No ☐ Yes (If yes, attach an explanation and supporting documentation.)			
13. Litigation: Does the applicant have any pending litigation to which the applicant is a party? ☐ No ☐ Yes (If yes, attach an explanation and supporting documentation.)			
14. Authorized contact person responsible for completing application:			
Name:	Telephone Number: ( )	Ext.:	
Title:	Company:		
Mailing Address:			
City:	State:	ZIP Code:	
Email Address:	Fax Number: ( )	Preferred Communication: ☐ Email ☐ Fax	

15. List all names under which the applicant or its owners have done business for the last five years:

Business Name:	Doing Business As (DBA) Name:	Date From:	To:

16. Does the applicant utilize, or plan on utilizing, any third parties or intermediaries (e.g. consultants) to assist the applicant in its operations?

☐ No ☐ Yes (If yes, complete the following table.)

Third party or Intermediary Name	Describe goods and services provided

OWNERSHIP INFORMATION
****Must account for 100% of ownership****

17. In the tables below, list individuals and/or businesses with ownership interest in the applicant.

Owner Information (Individuals)

%	M/F	Name (Last, First, MI)	Resident Address (Street, City, State, ZIP Code, Country)	Birth Date	SSN	Driver's License #	D.L. State

Owner Information (Businesses)

%	Business Name	Business Address (Street, City, State, ZIP Code, Country)	FEIN

18. Tax Liability: Do the owners have any outstanding tax liabilities, delinquencies, judgments, installment plans, or liens with the Internal Revenue Service, any state, or any local municipality?

☐ No ☐ Yes (If yes, attach an explanation and supporting documentation.)

19. Bankruptcy: Do the owners have any pending bankruptcy proceedings?

☐ No ☐ Yes (If yes, attach an explanation and supporting documentation.)

20. Litigation: Do the owners have any pending litigation to which the owners are a party?

☐ No ☐ Yes (If yes, attach an explanation and supporting documentation.)

OFFICERS

21. List all principal executive, financial, and operations individuals (i.e. officers, directors, managers)

M/F	Title	Name (Last, First, MI)	Resident Address (Street, City, State, ZIP Code, Country)	Birth Date	SSN	Driver's License #	D.L. State
	Executive						
	Financial						
	Operations						

22. Tax Liability: Do the officers have any outstanding tax liabilities, delinquencies, judgments, installment plans, or liens with the Internal Revenue Service, any state, or any local municipality? ☐ No ☐ Yes (If yes, attach an explanation and supporting documentation.)
23. Bankruptcy: Do the officers have any pending bankruptcy proceedings? ☐ No ☐ Yes (If yes, attach an explanation and supporting documentation.)
24. Litigation: Do the officers have any pending litigation to which the officers are a party? ☐ No ☐ Yes (If yes, attach an explanation and supporting documentation.)
25. My $300 non-refundable payment was submitted to: ☐ MGCB ☐ Charitable Gaming
26. **Each individual listed as an officer or owner is required to complete a Criminal Background Form, an IRS 4506-T Request for Transcript of Tax, and two fingerprint cards.**

INITIAL APPLICATION – REQUIRED DOCUMENTS (submit with application)
If required documents are not applicable, please provide a written explanation
• $300 non-refundable application fee • IRS 4506-T Request for Transcript of Tax Return for the applicant, its owners, shareholders, partners, and officers • Attachment A from the applicant and each ownership entity • Attachment B from each individual owner, shareholder, partner, and officer • Criminal Background Forms from the applicant's owners, shareholders, partners, and officers • Fingerprint cards from the owners, shareholders, partners and/or officers of the applicant. Each individual is required to submit two fingerprint cards. Prints must be taken at a local law enforcement agency or at the MGCB Detroit offices with a scheduled appointment. • Current Ownership Chart • Current Organizational Chart • Company bank statements from January of the previous three years to present • Check register from January of the previous three years to present • Listing of all company accounts holding cash or cash equivalents**,** including current balances • Listing of all 1099 vendors and individuals, including name, identification number and accumulative payments from January of the previous three years to present • Copy of all payroll reports, including employee name, social security number, report date, gross pay amount, and net pay amount from January of the previous three years to present • Copies of credit card and procurement card statements from January of the previous three years to present • Petty Cash Journal including payee name, payment amount, date, and description from January of the previous three years to present • Summary of capital contributions (e.g. cash deposits by owners) and capital distributions (e.g. cash withdrawals by owners) made between January of the previous three years to present • Listing of all related party transactions* between January of the previous three years to present * Related party transactions include transactions between (a) an enterprise and its owners, management, or members of their immediate families; (b) a parent company and its subsidiaries; (c) subsidiaries of a common parent; and (d) affiliates. Some examples of common types of transactions with related parties are: sales, purchases, and transfers of realty and personal property; services received or furnished; borrowings and lendings; and use of property and equipment by lease or otherwise.

Certification of Application Information

Name of Applicant: _____

The undersigned hereby certifies that all 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 applicant from obtaining or maintaining a supplier license. The undersigned certifies that he or she accepts and consents to the conditions, requirements, and procedures outlined in the Bingo Act and its promulgated rule Further, the applicant agrees to* provide all information, documents, materials, *and certifications at the applicant's sole expense and that 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 _____ , 20 _____ .

Notary Public (Signature) _____

Notary Public (Printed Name) _____

My Commission Expires _____ County of Residence _____

MILLIONAIRE PARTY SUPPLIER APPLICATION

ATTACHMENT A
(COMPANY)
Each entity will need to complete a separate form

APPLICANT/ OWNERSHIP ENTITY
CONSENT TO RELEASE INFORMATION

To all courts, probation departments, Selective Service boards, employers, and all government agencies federal, state, and local, without exception, both foreign and domestic.

On behalf of _____
(NAME OF ENTITY)

I, _____
(NAME AND TITLE OF PERSON AUTHORIZED TO EXECUTE THIS RELEASE)

authorize the Michigan Gaming Control Board to conduct a full investigation into the background and activities of said entity.

Therefore, you are hereby authorized to release any and all information pertaining to said entity, documentary or otherwise, as requested by any employee or agent of the Michigan Gaming Control Board, provided he or she certifies to you that said entity has an application pending before the Michigan Gaming Control Board or that said entity is a licensee or other person required to be licensed under the provisions of the Traxler- McCauley-Law-Bowman Bingo Act.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A copy of this authorization will be considered as effective and valid as the original.

IN WITNESS WHEREOF, I have executed this release at the city of _____

State of _____ on this _____ day of _____ , 20 _____ .

_____
Signature

_____
Title

_____
Date

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 _____ , 20 _____ .

Notary Public (Signature) _____

Notary Public (Printed Name) _____

My Commission Expires _____ County of Residence _____

ATTACHMENT B
(INDIVIDUAL OWNER/OFFICER)
Each person will need to complete a separate form

VOLUNTARY CONSENT TO RELEASE INFORMATION MATERIALS AND DOCUMENTS

To all courts, probation departments, Selective Service boards, employers, and all government agencies federal, state, and local, without exception, both foreign and domestic.

I _____
(NAME OF PERSON AUTHORIZED TO EXECUTE THIS RELEASE)

authorize the Michigan Gaming Control Board and its employees and agents to conduct a full background investigation into my personal and business activities.

Therefore, you are hereby authorized to release any and all information, materials, and documents in your possession which have been requested by any employee or agent of the Michigan Gaming Control Board regarding my personal or business activities. I am voluntarily giving this consent to release information, materials, and documents provided that the employee or agent of the Michigan Gaming Control Board properly identifies himself or herself as an agent or employee of the Michigan Gaming Control Board.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A copy of this authorization will be considered as effective and valid as the original.

IN WITNESS WHEREOF, I have executed this release at the city of _____

State of _____ on this _____ day of _____ , 20 _____ .

_____
Signature

_____
Title

_____
Date

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 _____ , 20 _____ .

Notary Public (Signature) _____

Notary Public (Printed Name) _____

My Commission Expires _____ County of Residence _____

Criminal Background Form

(The Applicant's owners, shareholders, partners, and officers are required to complete this form.)

Print Name:

The questions listed below relate to criminal offenses, either felony or misdemeanor, under the laws of any jurisdiction. **Do not include traffic violations.**

Have you ever:

☐ No	☐ Yes	been arrested	☐ No	☐ Yes	granted immunity
☐ No	☐ Yes	been charged	☐ No	☐ Yes	forfeited bail
☐ No	☐ Yes	plead guilty	☐ No	☐ Yes	named an unindicted co-conspirator
☐ No	☐ Yes	been indicted	☐ No	☐ Yes	plead nolo contendere
☐ No	☐ Yes	been convicted			

If you answered "**Yes**" to any of the above questions, complete the following:

Nature of Charge or Arrest:		Date of Charge or Arrest:	
Disposition:	☐ Felony ☐ Misdemeanor		
Name of Court:			
Address:	City:	State:	ZIP Code:
Nature of Charge or Arrest:		Date of Charge or Arrest:	
Disposition:	☐ Felony ☐ Misdemeanor		
Name of Court:			
Address:	City:	State:	ZIP Code:

Describe all arrests which did not result in a formal criminal charge: ☐ Not Applicable

Describe all criminal convictions that have been expunged: ☐ Not Applicable

Signature	Date

☐ Check here if continued on an additional sheet.