

# Michigan Gaming Control Board

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



## OCCUPATIONAL LICENSE LEVEL 3 APPLICATION

This form is authorized under Public Act 69 of 1997, the Michigan Gaming Control and Revenue Act. Failure to provide information could result in rejection of or delay in the processing of this application.

***Any individual who will be employed by a casino licensee, or supplier licensee, whose employment duties do not require a Level 1 or Level 2 Occupational License, but are performed in the casino gaming area or affect gambling operations is required to hold a current and valid Occupational License, Level 3, prior to such employment.***

The Board will not process an application for an occupational license unless the application includes a **written statement from a casino or supplier licensee that the applicant has been hired, or will be hired upon receiving the appropriate occupational license.**

Respond to all the questions to the best of your knowledge. **Any misrepresentation or omission is grounds for license denial.**

### **A. Application Fee**

The applicant is responsible for the payment of all fees required under the Act. **These fees only apply to Occupational License Level 3 applicants.** This application along with a \$50.00 application fee must be filed with the Michigan Gaming Control Board, Cadillac Place 3062 West Grand Blvd. Suite L-700 Detroit, MI 48202.

All payments must be by cashier's check, certified check or money order, and made payable to the "State of Michigan." **DO NOT SEND CASH.** The applicant will be billed for any additional costs incurred by the Board during the course of the background investigation. In addition to the application fee, a \$50.00 license fee is due upon the initial issuance of the occupational license and each renewal.

### **B. Forms and Documents**

The applicant shall provide all information, documents, materials and certifications at the applicant's sole expense. The applicant shall submit an **original** of the application and all required attachments.

When you appear at the Michigan Gaming Control Board office with a completed application, bring the following with you:

- (1) Your **birth certificate**
- (2) Your **Social Security Card**
- (3) **Picture identification** (driver's license, state or military ID, passport)
- (4) Appropriate **Alien registration** (if not a U.S. citizen)
- (5) A copy of your U.S. Military Service Record (**DD-214**) if applicable
- (6) A **written statement** from a casino or supplier licensee that you have been hired, or will be hired upon receiving the appropriate occupational license

The Michigan Gaming Control Board will take your photograph and fingerprints during the application process.

**Note:** The Board, in its discretion, may hereafter require the applicant to furnish additional information or complete and submit additional forms.

### **C. Application Withdrawal**

In the event the applicant fails to provide the information, forms, and documents required by Board in connection with this application within **60 days** of the date this application is received by the Board, the application shall, without further notice, be deemed to have been voluntarily withdrawn as of that date and no further action will be taken in connection with the application. However, if the applicant's employer is licensed or registered under the Michigan Gaming Control and Revenue Act, the Board will notify the applicant's employer of the application withdrawal, its effective date, and the expiration of any temporary license that may have been issued pending provision of the information, forms, or documents required. The Board, in its discretion, may reinstate the application upon good cause shown.

**When completing this application, you may require additional space. Please use a separate sheet of 8½ x 11 paper to complete your answer. Be sure to indicate which question you are answering.**

Occupational License Application						Level 3	
Last Name			First Name			Middle Name	
Maiden Name, Alias(es), Nicknames, Other Name Changes - Legal or Otherwise				Occupation		Residence Telephone (   )	
Present <u>Residence</u> Address (Street)			City		State	Zip Code	Since (Date)
Date of Birth		Place of Birth (City, State, Country)				Country of Citizenship	
Social Security Number		Sex <input type="checkbox"/> F <input type="checkbox"/> M	Height	Weight	Hair Color		Eye Color
Tattoos, amputations, distinguishing marks <input type="checkbox"/> Not Applicable				Driver's License Number		State	
If you are not a citizen of the United States, provide the following: <input type="checkbox"/> Not Applicable							
Admission/Arrival #:				Alien "A" Number or Social Insurance Number			
If you are not a citizen of the United States, list the name and address of your sponsor upon your arrival: <input type="checkbox"/> N/A							
Name		Address			City	State	Zip Code
If you are a naturalized citizen, provide the following information: <input type="checkbox"/> Not Applicable							
Alien "A" Number			Certificate Number			Date Citizenship Granted	
Court				City/State of Court			
<b>Current Marital Information</b>							
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced*** <input type="checkbox"/> Widowed							
Current Spouse's Name (Include Maiden Name) <input type="checkbox"/> Not Applicable							
Last Name		First Name		MI		Maiden Name	
Present <u>Residence</u> Address (Street)		City		State	Zip Code		Since (Date)
Employment Address (Street) <input type="checkbox"/> N/A		City		State	Zip Code		Since (Date)
Occupation			Residence Telephone (   )			Employment Telephone (   )	
Date of Birth		Place of Birth (City, State, Country)					
Date of Marriage	Place of Marriage		Social Security Number		Driver's License Number		State
Name of Former Spouse***			Current Address			Telephone (   )	
Date of Birth		Place of Birth (City, State, Country)					
Date of Divorce	County of Divorce		Social Security Number		Driver's License Number		State

The below listed questions relate to criminal offenses, either felony or misdemeanor. Answer each question as it pertains to you. Do not include civil traffic violations.

1. Have you ever:

**No**      **Yes**

☐  
☐  
☐

been arrested or detained  
been indicted or charged  
pleaded guilty

**No**      **Yes**

☐  
☐  
☐

pled no contest  
forfeited bail  
been convicted

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

Nature of Offense	Date of charge or Incident	Name and address of court or Police Agency	Disposition	Date	Felony or misdemeanor

### ADDITIONAL CRIMINAL HISTORY

Do not include civil traffic violations for the following questions.

2. Have you ever been granted immunity? ☐ **No**      ☐ **Yes**

3. Have you ever been named an unindicted co-conspirator? ☐ **No**      ☐ **Yes**

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

☐ **No**      ☐ **Yes**

If you answered **yes**, describe the nature and date of the charge, name and address of government agency or court involved and final disposition.

*(Include Court or Police Agency Documentation)*

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5. Have you ever been placed on a diversionary program to avoid criminal arrest or conviction? ☐ **No**      ☐ **Yes**

If you answered **yes** describe the circumstances, outcome, and efforts being made to pay back any debt incurred. *(Include Court or Repayment Documentation)*

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6. Describe any arrests, which did not result in a formal criminal charge. ☐ **Not Applicable**  
(Include Court or Police Agency Documentation)

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7. Describe all criminal convictions that have been expunged or otherwise removed from your criminal record. ☐ **Not Applicable**  
(Include Court or Police Agency Documentation)

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8. Have you ever had any permit, certification, or license (include driver's license), denied, suspended, restricted, revoked or not renewed by a governmental entity?

☐ **No** ☐ **Yes** If you answered **yes**, complete the following table:

Type	License/Permit/ Certification number	Name of Licensing Authority	Date of action	Reason action was taken

9. Have you ever been delinquent in the payment of any taxes? ☐ **No** ☐ **Yes**  
If you answered **yes**, complete the following table:

Taxing Agency	Type of tax	Dates involved (M/Y)	Amount

10. Has this delinquency been satisfied? ☐ **No** ☐ **Yes**
11. Are you current in filing Federal, State, and Municipal tax returns? ☐ **No** ☐ **Yes**
12. Did you ever serve in the military? (Military service includes service in the reserves or the National Guard.)
- ☐ **No** ☐ **Yes** If you answered **yes**, submit as **Exhibit (1)**, a copy of your DD214.
13. While you were in the military, were you ever the subject of any hearing, disciplinary proceeding, trial or court-martial?
- ☐ **No** ☐ **Yes** ☐ **Not Applicable**

14. Beginning with the present date and working backward list places of employment for the last 5 years. *(Include unemployment and Military service.)*

From (M/Y)	To (M/Y)	Name & full address of employer	Position & duties	Supervisor & reason for leaving	Gaming related?
		Employer's Name			<input type="checkbox"/> Yes  <input type="checkbox"/> No
		Street			
		City, State, Zip			
		Employer's Name			<input type="checkbox"/> Yes  <input type="checkbox"/> No
		Street			
		City, State, Zip			

15. Complete the table below indicating all residences during the past 5 years. *(Include second and summer homes, etc. Do not include present residence.)*  
☐ **Not Applicable**

From	To	Address (No., Street, Apt.)	City, State, Zip Code, Country		
			City	State	Zip
			Country		
			City	State	Zip
			Country		

16. Have you ever applied for a license, permit or other authorization to participate in a Gaming Operation in Michigan or any other jurisdiction?

☐ **No**    ☐ **Yes**    If you answered **yes**, indicate State: \_\_\_\_\_

17. Within the past five (5) years, have you or your spouse been named as plaintiff or defendant in any civil lawsuit?

☐ **No**    ☐ **Yes**    If you answered **yes**, provide the following:

Date of filing	Name and address of court	Case number	Disposition

18. Do you have, or have you ever had, any gambling-related problems or debts?

☐ **No**    ☐ **Yes**    If you answered **yes**, submit as **Exhibit (2)** a detailed statement describing the gambling related problem or debt.

## EMERGENCY CONTACT:

19. Please list the name of a person (**Not living with you**) who can be contacted in case of emergency:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

20. Provide two (2) references (**do not use family members**):

Name	Address	Phone number	Length of relationship
Last, First, MI	Street	(    )	
	City, State, Zip		
Last, First, MI	Street	(    )	
	City, State, Zip		



## Attachment A

### APPLICANT'S ACKNOWLEDGEMENT, AGREEMENT AND CONSENT

I, \_\_\_\_\_

(Applicant)

hereby acknowledge that the Michigan Gaming Control Board will require supplemental materials in order to carry out its statutory duties. I hereby agree to submit supplemental materials as requested by the Board. I further agree to withdraw my application in the event that I do not provide materials required by the Board, within **60** days from the date the Board receives this application.

hereby acknowledge that issuance of a gaming license is a privilege. I have the responsibility to prove that I am eligible, suitable, and qualified to be licensed. I must accept any risk of adverse public notice, embarrassment, criticism, or other action, or financial loss, which may result from action with respect to an application or the public disclosure of information, requested in this form, and expressly waive any claim for damages as a result thereof. Information not called for in this application or in addition to that provided in response to this application may be requested.

hereby acknowledge that I am under a continuing duty to promptly disclose to the Board any changes in the information provided in the application and requested materials submitted to the Board. To comply with this requirement I must submit a letter to the Board stating the changes and reference the specific question(s) within the application to which the changes pertain. **MCL 432.208(10), R 432.1206(2), R 432.1301(6)(a)(c)**

hereby consent to inspections, searches, and seizures as provided in **MCL 432.208(9)** and to disclose to the Board and its agents confidential records, including tax records held by any federal, state or local agency or credit bureau or financial institution while applying for or holding a license under this act. **R 432.1336**. This consent is also authorization to review and inspect tax records administered under the Revenue Act 122 of 1941 (as amended).

I affirm, under the penalties of perjury, that the information set forth in this document is true and complete, to the best of my knowledge.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Date

IN WITNESS WHEREOF, I have executed this instrument at the City of \_\_\_\_\_, State of \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Before me, the undersigned, a Notary Public in and for said County and State, 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, (Written Signature)

\_\_\_\_\_  
Notary Public, (Printed Name)

My commission expires: \_\_\_\_\_

County of Residence: \_\_\_\_\_

**ATTACHMENT B**

**VOLUNTARY CONSENT TO RELEASE INFORMATION  
MATERIALS AND DOCUMENTS**

To all Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other such Institutions, and all Governmental Agencies federal, state and local, without exception, both foreign and domestic.

I, \_\_\_\_\_  
(APPLICANT)

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

Therefore, I authorize and request that you 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 supercedes and countermands any prior authorization and request to the contrary.

A photostatic 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 \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Individual's Signature

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, (Written Signature)

\_\_\_\_\_  
Notary Public, (Printed Signature)

My commission expires: \_\_\_\_\_

County of residence: \_\_\_\_\_

## **ATTACHMENT C**

### **RELEASE OF ALL CLAIMS**

The undersigned has filed with the Michigan Gaming Control Board (Board) certain forms and documents relative to a written application request for licensing by the Board. In consideration of the assurance by the Board that no vote on said application will be taken except after deliberate, intensive and thorough investigation of the undersigned, including but not limited to background history, associates, and finances, the undersigned does for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the Michigan Gaming Control Board, the State of Michigan, the Department of Attorney General, the Department of State Police and their respective members, agents and employees, from any and all manner of actions causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which the undersigned ever had, now has, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the application.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have executed this release at the city of [REDACTED], State of [REDACTED], on this [REDACTED] day of [REDACTED], [REDACTED].

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Applicant's Signature

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this [REDACTED] day of [REDACTED], of [REDACTED].

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Notary Public, (Written Signature)

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Notary Public, (Printed Signature)

My commission expires: [REDACTED]

County of residence: [REDACTED]

## Attachment D

### INDIVIDUAL TAX INFORMATION AUTHORIZATION REQUEST

I, \_\_\_\_\_, Social Security Number \_\_\_\_\_, swear or affirm under penalty of perjury that I am the taxpayer to which the forms listed below apply and this is my signature authorizing the Internal Revenue Service to release these forms to:

**Executive Director  
Michigan Gaming Control Board  
1500 Abbott Road  
East Lansing, MI 48823**

I request the Internal Revenue Service release confidential returns, or return information, i.e., all information in the possession of the Internal Revenue Service with respect to my tax liability for the tax years 1995 through 2004. Release any and all information relative to:

<u>Type of Tax</u>	<u>Tax Form</u>
Income	1040
Gift	709
Employment	941
Unemployment	940

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Spouse or Former Spouse

Employer/Casino/Supplier: \_\_\_\_\_

Position: \_\_\_\_\_

MGCB Tracking #: \_\_\_\_\_

**MGCB Regulation Officer:** \_\_\_\_\_

***This authorization is intended to comply with Internal Revenue Service Code Section 6103(c).***

**ATTACHMENT E**

**APPLICANT'S VERIFICATION**

State of

County of

I,  being first duly sworn upon oath or affirmation, depose and state:

1. I am the individual responsible for submitting this application.
2. I swear (or affirm) that the information contained in this application form is true, complete and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Before me, the undersigned, a Notary Public in and for said County and State, 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, (Written Signature)

\_\_\_\_\_  
Notary Public, (Printed Signature)

My commission expires:

County of residence:

**ATTACHMENT F**

**Occupational License Applicant Verification Form**

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn upon oath or affirmation,  
depone and state:

1. I have not been convicted of a felony under the laws of Michigan, any other state or the United States.
2. I have not been convicted of a misdemeanor involving gambling, dishonesty, theft, or fraud in Michigan, any other state, or any violation of an ordinance in any state involving gambling, dishonesty, theft, or fraud that substantially corresponds to a misdemeanor in that state.
3. I am at least 18 years of age if applying for a non-gaming position or at least 21 years of age if applying for a position involved in gaming.
4. I authorize and consent that my fingerprints will be taken by the Michigan Gaming Control Board for purposes of identification, licensing, or license renewal. These fingerprints will be forwarded to and retained by the Michigan State Police for any lawful investigative and identification purposes.

I understand that a false statement in my application or on this form may result in the withdrawal, suspension, or revocation of my temporary license and could lead to the denial of my occupational license application. I affirm, under the penalties of perjury, that the information set forth in this document is true and complete, to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

IN WITNESS WHEREOF, I have executed this instrument in the city of \_\_\_\_\_

State of \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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 \_\_\_\_\_, \_\_\_\_\_.

My commission expires:

County of residence:

\_\_\_\_\_  
Notary Public, (Written Signature)

\_\_\_\_\_  
Notary Public, (Printed Signature)

## NOTICE – OCUPATIONAL LICENSE LEVEL 3

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An Occupational License Application **will not be accepted** by the Michigan Gaming Control Board if it is not **filled out completely**.

Make sure:

- ☐ all **QUESTIONS** are **answered**.
- ☐ **TABLES** are **complete**.
- ☐ all required **EXHIBITS** are **submitted** and are **legible**.
- ☐ **ATTACHMENTS** are **signed** and **dated**
- ☐ **ATTACHMENTS** are properly **notarized**.