

Michigan Gaming Control Board

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



VENDOR REGISTRATION APPLICATION

Internet Gaming

Internet Sports Betting

Name of Applicant

Date

Initial

Five-Year Renewal

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

Form Instructions

This application is to be filled out by a vendor providing goods and/or services, directly, or indirectly, to an internet sports betting operator, internet sports betting supplier, internet gaming operator, or internet gaming supplier including, but not limited to, the following:

- Affiliate marketers which do not have an agreement based on the sharing of gross receipts or adjusted gross receipts. In connection with its vendor registration, the affiliate marketer must also submit a completed Affiliate Marketer Certification, available on our [website](#).
- Independent integrity monitoring providers
- Payment processors
- Data centers providing physical security and infrastructure; data centers which have physical access and/or control of gaming servers must obtain a supplier license
- A person that provides over \$100,000 worth of goods and/or services to any internet sports betting operator, internet sports betting supplier, internet gaming operator, or internet gaming supplier in connection with its Michigan internet sports betting operation and/or internet gaming operation in a calendar year.
- Any other person as deemed necessary by the MGCB.

Unless otherwise provided for by the Board, the following persons are not required to register as a vendor:

- Insurance companies.
- A person or entity that provides legal services.
- Entities providing medical related services.
- Michigan public institutions of higher education.
- Public utilities regulated by the Michigan Public Service Commission.
- A Michigan or federally chartered depository financial institution.
- A person or business that provides goods or services as a result of the licensee's employees engaging in business travel, including transportation, lodging, food, and fuel providers.
- A person who provides employee training or professional development to a licensee.
- A person who provides conferences, seminars, publications, or memberships that will directly contribute to the work performance or professional development of the licensee's employees.

Fees:

The MGCB requires a non-refundable application fee for each category as follows:

Internet Gaming Vendor

- Initial Registration - \$200
- Five-Year Renewal Registration - \$100

Internet Sports Betting Vendor

- Initial Registration - \$200
- Five-Year Renewal Registration - \$100

Please make your check or money order payable to the "State of Michigan."

Submit application and required attachments to:

Michigan Gaming Control Board: ATTN Enterprise Licensing
3062 W. Grand Blvd., Suite L-700
Detroit, MI 48202

For application questions, please contact our helpdesk at:

Telephone: (313) 456-1501
Email: MGCB-vendor@michigan.gov



VENDOR REGISTRATION APPLICATION

APPLICANT INFORMATION			
1. Applicant Legal Business Name			
2. Doing Business As (DBA)			
3. Has the applicant or its owners conducted business in the last five (5) years under names in addition to what is listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, complete the following table:			
		Date	
Business Name	Doing Business As (DBA) Name	From	To
4. Ownership Type (e.g. Sole Proprietorship, Limited Liability Company, Partnership, Corporation)		5. Federal Employer Identification Number or SSN	
6. Registered with Michigan Department of Licensing and Regulatory Affairs (LARA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain:		7. Type of Tax Return Filed (e.g. 1120, 1065)	
8. Physical Business Address			County
City	State/Province	ZIP	Country
9. Mailing Address <input type="checkbox"/> Same as Physical Business Address			County
City	State/Province	ZIP	Country
10. Telephone Number ()		11. Facsimile Number ()	
12. Applicant Website Address		13. Date business was established	
14. Authorized contact person responsible for correspondence regarding application:			
Name and Title		Telephone Number	Ext.
Email Address		()	()
		Fax Number	()
		()	
BUSINESS INFORMATION AND GOODS AND/OR SERVICES PROVIDED			
15. Name of the casino(s), tribe(s), or supplier licensee(s) to which the applicant intends to conduct or is currently conducting business with in Michigan.			
16. Description of the goods and/or services the applicant intends to provide or is currently providing in Michigan. Please be specific and provide a detailed response including variations to goods and services to different platform providers and/or operators in Michigan.			
17. Is the applicant an affiliate marketer? No Yes			
*If Yes, the applicant is required to complete an Affiliate Marketer Certification and submit with this application.			
18. Will the applicant have a payment agreement based on gross receipts or adjusted gross receipts? No Yes			
*If Yes, the applicant may not qualify for a vendor registration. Please contact the MGCB prior to completing this application.			
19. Is the applicant a publicly traded domestic corporation under the regulation of the United States Securities and Exchange Commission (SEC), or a wholly owned subsidiary of such a corporation? No Yes			
*If Yes, the applicant may skip pages 4-5 and continue on page 6. Please submit documentary evidence to demonstrate the applicant is a publicly traded corporation under the regulation of the U.S. SEC, or a wholly owned subsidiary of such a corporation.			

INDIVIDUAL DISCLOSURE

20. List all individuals who meet one or more of the following criteria:

- Own 25% or greater direct or indirect equity interest in the applicant.
- Perform the **principal** executive, financial, and operations role for the applicant (CEO, CFO, COO or equivalent). All three positions must be identified in the table below.

Owner <input type="checkbox"/> ___ % Principal Executive <input type="checkbox"/> Principal Financial <input type="checkbox"/> Principal Operations <input type="checkbox"/>	Name (Last, First, MI)	Birth Date	Social Security #	Male <input type="checkbox"/> Female <input type="checkbox"/>
	Residential Address (Street, City, State, ZIP)		Driver's License #	D.L. State
	Title(s)		If Owner, is ownership direct or indirect? <input type="checkbox"/> Direct <input type="checkbox"/> Indirect	
Owner <input type="checkbox"/> ___ % Principal Executive <input type="checkbox"/> Principal Financial <input type="checkbox"/> Principal Operations <input type="checkbox"/>	Name (Last, First, MI)	Birth Date	Social Security #	Male <input type="checkbox"/> Female <input type="checkbox"/>
	Residential Address (Street, City, State, ZIP)		Driver's License #	D.L. State
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	Residential Address (Street, City, State, ZIP)		Driver's License #	D.L. State
	Title(s)		If Owner, is ownership direct or indirect? <input type="checkbox"/> Direct <input type="checkbox"/> Indirect	

ENTITY DISCLOSURE

21. List all entities owning **25% or greater** direct or indirect equity interest in the applicant.

Owner 1 ___ %	Entity Name	Is ownership direct or indirect? <input type="checkbox"/> Direct <input type="checkbox"/> Indirect	FEIN
	Entity Address (Street, City, State, ZIP)		Established Date
Owner 2 ___ %	Entity Name	Is ownership direct or indirect? <input type="checkbox"/> Direct <input type="checkbox"/> Indirect	FEIN
	Entity Address (Street, City, State, ZIP)		Established Date
Owner 3 ___ %	Entity Name	Is ownership direct or indirect? <input type="checkbox"/> Direct <input type="checkbox"/> Indirect	FEIN
	Entity Address (Street, City, State, ZIP)		Established Date
Owner 4 ___ %	Entity Name	Is ownership direct or indirect? <input type="checkbox"/> Direct <input type="checkbox"/> Indirect	FEIN
	Entity Address (Street, City, State, ZIP)		Established Date

22. Total ownership percentage of individuals and entities owning **less than 25%** direct or indirect equity interest (e.g. shareholders, partners, members) in the applicant **%**

****Ownership Chart submitted with this application must account for 100% ownership of the applicant****

TAX LIABILITY

23. Are there any federal, state, and/or local outstanding tax liabilities owed by the applicant and/or any related business entities in which it has a financial or ownership interest? No Yes

24. Are there any federal, state, and/or local outstanding tax liabilities owed by the above-noted owners or officers and/or any related business entities in which they have a financial or ownership interest? No Yes

If **yes** to one or both of the above questions, complete the following table and provide applicable documentation:

Name	Taxing Agency	Type of Tax	Taxing Period (MM/YY)	Amount

25. Has the applicant filed all required federal, state, and/or local tax returns with the appropriate agencies for itself and all related business entities in which it has a beneficial interest? Yes No, provide explanation:

26. Has the above-noted owners or officers filed all required federal, state, and/or local tax returns with the appropriate agencies for themselves and all related business entities in which they have beneficial interest? Yes No, provide explanation:

CRIMINAL HISTORY

27. Has the applicant been charged, convicted, forfeited bail, pled nolo contendere (no contest), pled guilty, or indicted of any misdemeanor or felony in any state? No Yes

28. Have any of the above-noted owners or officers been arrested, charged, convicted, forfeited bail, pled nolo contendere (no contest), pled guilty, or indicted of any misdemeanor or felony in any state? No Yes

If **yes** to one or both of the above questions, attach a detailed description of each incident that includes: name, nature of incident, date of incident, severity of charge (misdemeanor or felony), name and address of court, final disposition, date of disposition, and court file number.

APPLICATION CERTIFICATION

Name of Applicant: _____

The undersigned hereby certifies that by completing this application on behalf of the applicant based on undersigned's actual knowledge and with full authority to complete the application.

The undersigned certifies that all the representations, information and data presented in this application are true, accurate and complete.

The undersigned understands that failure to answer truthfully, completely, and accurately could preclude the vendor from obtaining or maintaining a vendor registration or supplier license. Further, the undersigned certifies that the applicant accepts and consents to the conditions, requirements and procedures outlined in the Lawful Internet Gaming Act, Lawful Sports Betting Act and associated Administrative Rules.

I hereby acknowledge that I am under a continuing duty to promptly disclose to the MGCB any changes in the information provided in the application and requested materials submitted to the MGCB. To comply with this requirement, I must submit a letter to the MGCB stating the changes and reference the specific question(s) within the application to which the changes pertain.

I hereby authorize the MGCB to conduct a federal, state and/or local tax check of the applicant.

The applicant shall provide all information, documents, materials, and certifications at the applicant's sole expense. The MGCB, 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 and 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 _____ of _____.

Notary Public (Signature)

My Commission Expires

County of Residence

**ATTACHMENT A
(APPLICANT & OWNERSHIP ENTITIES)**

*Required for the applicant and entities holding greater than or equal to 25% ownership interest.
Each entity will need to complete a separate form*

APPLICANT'S 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)

authorized the Michigan Gaming Control Board to conduct an 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 that 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 qualified under the provisions of the Lawful Internet Gaming Act, Lawful Sports Betting Act and associated Administrative Rules.

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.

Date

Authorized Agent Signature

Print Name and 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 _____ of _____.

Notary Public (Signature)

Notary Public (Printed Name)

My Commission Expires County of Residence

**ATTACHMENT B
(OWNERS & OFFICERS)**

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, _____
(FULL LEGAL NAME OF PERSON AUTHORIZED TO EXECUTE THIS RELEASE)

authorized the Michigan Gaming Control Board and its employees and agents to conduct a 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 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.

Date

Authorized Agent Signature

Print Name and 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 _____ of _____.

Notary Public (Signature)

Notary Public (Printed Name)

My Commission Expires County of Residence

Required Items Due Upon Submission

Required Items (U.S. Publicly Traded Entities):

Complete Application

Executed Application Certification

Documentary evidence to demonstrate the applicant is a publicly traded corporation under the regulation of the U.S. SEC, or a wholly owned subsidiary of such a corporation

Signed Letter of Intent from a sports betting operator, sports betting supplier, internet gaming operator, or internet gaming supplier (Initial Applications only)

Application fee(s) payable to the "State of Michigan"

Required Items (All Other Entities):

Complete Application

Fully diluted ownership chart

Executed Application Certification

Attachment A for the applicant and each entity listed on page 4

Attachment B for each individual listed on page 4

Signed Letter of Intent from a sports betting operator, sports betting supplier, internet gaming operator, or internet gaming supplier (Initial Applications only)

Application fee(s) payable to the "State of Michigan"

[4506-C](#) Request for Transcript of Tax Returns for all entities and individuals listed on the application