



# OPERATOR LICENSE APPLICATION

## Initial or Five-Year Renewal

Applicant Name \_\_\_\_\_

Date \_\_\_\_\_

Initial       Five-Year Renewal

**Application Type (Select all that apply):**

**Commercial Casino:**

Internet Gaming

Internet Sports Betting

**Tribal:**

Internet Gaming

Internet Sports Betting

**REPORT SUSPICIOUS OR ILLEGAL GAMBLING ACTIVITY ANONYMOUSLY**

**ANONYMOUS TIP LINE:  
888-314-2682**

**SUBMIT AN ANONYMOUS TIP:  
[www.michigan.gov/MGCB](http://www.michigan.gov/MGCB)**

# FORM INSTRUCTIONS

This form should be completed by the following Applicants:

1. Internet and/or Sports Betting Operators: Commercial Casinos or Tribal, interested in conducting or offering internet gaming and/or internet sports betting.
  - a. Commercial Casinos: Complete section 1 and attachments
  - b. Tribal: Complete sections 1-5 and attachments

Applicant should respond to questions contained herein to the best of their knowledge. Any misrepresentations or omissions may result in application denial.

Applicant shall provide all information, documents, and attachments at its sole expense. The Board, at its discretion, may require Applicant to furnish additional information or complete and submit additional forms. Further, the Board may require additional individuals and entities to submit disclosures based on information contained in this application or otherwise identified during its background investigation.

Applicant has a continuing duty to disclose promptly any material changes in information previously provided to the Board as soon as becoming aware of such changes. The duty to disclose changes in information continues throughout the period of licensure by the Board.

Additional tables available online [tinyurl.com/2yxje5fw](http://tinyurl.com/2yxje5fw)  
Please utilize as needed and include with submittal.

## **FEES**

Assessed individually for each industry type. Applicant will be billed for all investigative fee costs incurred by the Board during the background investigation. The license fee will be credited against investigative costs incurred prior to billing. The application fee or license fee amounts noted below are due for each industry type i.e., internet gaming or internet sports betting, the applicant is applying for.

### **Internet Gaming Operator**

Initial: \$50,000 non-refundable application fee due upon filing plus \$100,000 non-refundable license fee due upon approval

Annual License Fee: a license fee of \$50,000 due annually each year after the initial license is issued

### **Internet Sports Betting Operator**

Initial: \$50,000 non-refundable application fee due upon filing plus \$100,000 non-refundable license fee due upon approval

Annual License Fee: a license fee of \$50,000 due annually each year after the initial license is issued.

Submit application, including required fee(s), items, and attachments to:

Michigan Gaming Control Board  
ATTN: Enterprise Licensing  
3062 W. Grand Blvd., Suite L-700  
Detroit, MI 48202-6062

For application questions, please contact our helpline at:

Telephone: (313) 456-1459  
E-Mail: [MGCB-suppliers@michigan.gov](mailto:MGCB-suppliers@michigan.gov)

## SECTION 1 – GENERAL INFORMATION

**1.1 APPLICANT NAME** of Commercial Casino or Tribal Name as it appears on certificate of incorporation, charter, by-laws, operating agreement, or other official document or Tribal documentation:

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**1.2 APPLICANT IDENTIFICATION INFORMATION for Commercial Gaming ONLY**

Commercial Casino	
<b>D/B/As Any/all D/B/As utilized in conducting business (submit documentation)</b>	

Comments, as needed:

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**1.2 APPLICANT IDENTIFICATION INFORMATION for Tribal Gaming ONLY**

Tribal	
<b>Governing Body Name (Tribal Council)</b>	
<b>Name of Casino(s) participating in Internet Gaming and/or Internet Sports Betting</b>	

**1.3 NAME(S) OF ASSOCIATED PLATFORM PROVIDER(S)**

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**1.4 BUSINESS ADDRESS**

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_ Website \_\_\_\_\_

**1.5 DESIGNATED CONTACT (liaison to the Board)**

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

**1.6 INITIAL APPLICANTS ONLY**

Has Applicant had additional business names or addresses during the past five years?  
 No     Yes, see below:

Prior Name	Reason for Cessation	To:	From:
Prior Address - Street, City, State, ZIP Code, Country		To:	From:
Prior Name	Reason for Cessation	To:	From:
Prior Address - Street, City, State, ZIP Code, Country		To:	From:



## SECTION 3 – REGULATION (TRIBAL)

**3.1** Is Applicant subject to regulation by a public agency in the state of Michigan or any other jurisdiction?  No  Yes, see below:

Name and Location of Public Agency	Type of Regulation	License/ID Number

Additional tables available online [tinyurl.com/2yxje5fw](http://tinyurl.com/2yxje5fw) Please utilize as needed and include with submittal.

**3.2** Has Applicant ever applied in any jurisdiction for a license, permit, or other authorization to participate in lawful gaming operations (including manufacturer or distributor of gaming supplies, casino gaming, horse racing, dog racing, pari-mutuel operations, lottery, sports betting, or internet gaming)?  No  Yes, see below:

Name and Location of Regulatory Agency	Type of Gaming Activity	License/ID Number

Additional tables available online [tinyurl.com/2yxje5fw](http://tinyurl.com/2yxje5fw) Please utilize as needed and include with submittal.

**3.3** Has Applicant had a formal complaint or notice of disciplinary action from any jurisdiction or regulatory agency?  No  Yes, see below:

Licensing Authority Name	Address	Phone Number	Date of Action

Additional tables available online [tinyurl.com/2yxje5fw](http://tinyurl.com/2yxje5fw) Please utilize as needed and include with submittal.

**3.4** Has Applicant ever had any license or certificate issued by any jurisdiction denied, restricted (including any conditions placed on any license or certificate), suspended, revoked, or not renewed?  No  Yes, see below:

Licensing Authority Name	Address	Phone Number	Date of Action

Additional tables available online [tinyurl.com/2yxje5fw](http://tinyurl.com/2yxje5fw) Please utilize as needed and include with submittal.

3.5 Has Applicant withdrawn its application, license, or certificate in any jurisdiction?  No  Yes, see below:

Licensing Authority Name	Address	Phone Number	Date of Action

Additional tables available online [tinyurl.com/2yxje5fw](http://tinyurl.com/2yxje5fw) Please utilize as needed and include with submittal.

### SECTION 4 – CRIMINAL/LITIGATION (TRIBAL)

4.1 Has the Applicant ever been involved in any of the following criminal offense (felony/misdemeanor) scenarios under the laws of any jurisdiction?  No  Yes, see below:

- Charged (with or without conviction)
- Indicted
- Convicted (including expunged/pardoned offenses)
- Granted immunity
- Pled no contest
- Pled guilty
- Named as an unindicted co-conspirator

Offense Category	Incident Date	Disposition Date
Court Name and Location	Incident Description	Disposition

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<b>Court Name and Location</b>	<b>Incident Description</b>	<b>Disposition</b>

Additional tables available online [tinyurl.com/2yxje5fw](http://tinyurl.com/2yxje5fw) Please utilize as needed and include with submittal.

**4.2** Do any of the below scenarios apply to Applicant or any of its associated key individuals or entities in any jurisdiction?  No Yes, see below:

- Currently a party to any civil lawsuits
- Been a party to any other litigation over the past ten years in which:
  - Applicant or any of its associated key individuals or entities were accused of intentional misconduct
  - An ultimate decision could cause an adverse effect on applicant, reflecting in its financial condition, character, reputation, or integrity

<b>Case Title/Caption</b>			
<b>Docket/Case Number</b>			
<b>Name/Location of Court Involved</b>	<b>Involved Parties</b>	<b>Nature of Claim(s)</b>	

<b>Case Title/Caption</b>			
<b>Docket/Case Number</b>			
<b>Name/Location of Court Involved</b>	<b>Involved Parties</b>	<b>Nature of Claim(s)</b>	

<b>Case Title/Caption</b>			
<b>Docket/Case Number</b>			
<b>Name/Location of Court Involved</b>	<b>Involved Parties</b>	<b>Nature of Claim(s)</b>	

Additional tables available online [tinyurl.com/2yxje5fw](http://tinyurl.com/2yxje5fw) Please utilize as needed and include with submittal.

## SECTION 5 – MANAGEMENT OFFICIALS (TRIBAL)

**5.1** List primary management officials of the Applicant's casinos who will have management responsibility for the Applicant's internet gaming and/or internet sports betting operations. "Primary management officials" does not include an elected or appointed representative of the Applicant unless the representative is also a full-time employee of the Applicant's internet gaming operations.

<b>Individual Name</b>		
<b>Title</b>		
<b>Position Description – Including Applicable Board Committee(s)</b>		<b>Address</b>

<b>Individual Name</b>		
<b>Title</b>		
<b>Position Description – Including Applicable Board Committee(s)</b>		<b>Address</b>

<b>Individual Name</b>		
<b>Title</b>		
<b>Position Description – Including Applicable Board Committee(s)</b>		<b>Address</b>

Additional tables available online [tinyurl.com/2yxje5fw](http://tinyurl.com/2yxje5fw) Please utilize as needed and include with submittal.



## ATTACHMENT A VERIFICATION

I, \_\_\_\_\_, (Managing Officer / Director of Applicant), attest: I am the individual responsible for submitting this application and have full authority to execute this verification on behalf of the Applicant or licensee, otherwise binding them to the above.

To the extent the information requested in this form has been previously submitted to the Michigan Gaming Control Board under the Michigan Gaming Control and Revenue Act (MCL 432.201 to MCL 432.226), the Lawful Internet Gaming Act (MCL 432.301 to MCL 432.322), the Lawful Sports Betting Act (MCL 432.401 to MCL 432.219), or the Fantasy Contests Consumer Protection Act (MCL 432.501 to MCL 432.516); I hereby authorize the Michigan Gaming Control Board to use the previously submitted information, along with any updates provided herein or thereafter.

The information contained in this application is true, current, complete, and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Managing Officer / Director Signature

\_\_\_\_\_  
Managing Officer / Director  
Printed Name and Title

\_\_\_\_\_  
Date

### Notary Certificate of Acknowledgement

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

On \_\_\_\_\_ before me, \_\_\_\_\_  
Date Notary Printed Name

Personally appeared, \_\_\_\_\_  
Signer Printed Name

Proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person or entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal

\_\_\_\_\_  
Notary Signature

My Commission Expires:

\_\_\_\_\_  
Date



## ATTACHMENT B ACKNOWLEDGEMENT, AGREEMENT, CONSENT, AND RELEASE

I, \_\_\_\_\_, (Managing Officer / Director of Applicant), hereby acknowledge the Michigan Gaming Control Board may require supplemental materials in order to carry out its statutory duties. I agree to submit supplemental materials as requested by the Board.

I accept any risk of adverse public notice, embarrassment, criticism, other action, or financial loss, which may result from action with respect to this disclosure form in conjunction with the application for a license. I also accept the risk of public disclosure of information requested in this form and expressly waive any claim as a result thereof.

I hereby acknowledge that I am under a continuing duty to promptly disclose to the Board any changes in the information provided in this disclosure form 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 disclosure form to which the changes pertain.

I hereby consent to inspections, searches, seizures, 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. This consent is also authorization to review and inspect tax records administered under the Revenue Act 122 of 1941 (as amended).

I agree to discharge and release the State of Michigan, the Board, Department of Attorney General and the Department of State Police and their respective members, agents, and employees, from any and all actions, causes of action, suits, known or unknown, arising out of or by reason of the processing or investigation of or other action related to the disclosure form.

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.

\_\_\_\_\_  
Managing Officer / Director of Applicant Signature

\_\_\_\_\_  
Managing Officer / Director of Applicant Name and Title

\_\_\_\_\_  
Date



## ATTACHMENT C

### CONSENT TO RELEASE INFORMATION

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.

On behalf of \_\_\_\_\_ (Applicant), I, \_\_\_\_\_ (Managing Officer / Director of Applicant), have authorized the Michigan Gaming Control Board and its employees and agents to conduct a full background 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, is a licensee, or is required to be qualified.

This authorization supersedes and countermands any prior authorization and request to the contrary. A copy of this authorization will be considered as effective and valid as the original.

\_\_\_\_\_  
Managing Officer / Director of Applicant Signature

\_\_\_\_\_  
Managing Officer / Director of Applicant Name and Title

\_\_\_\_\_  
Date

#### Notary Certificate of Acknowledgement

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

On \_\_\_\_\_ before me, \_\_\_\_\_  
Date Notary Printed Name

Personally appeared, \_\_\_\_\_  
Signer Printed Name

Proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person or entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal \_\_\_\_\_  
Notary Signature

My Commission Expires: \_\_\_\_\_  
Date



# ATTACHMENT D AFFIDAVIT OF FULL DISCLOSURE

I, \_\_\_\_\_,  
Managing Officer / Director of Applicant

being first duly sworn upon oath or affirmation, depose and state, that, except as reported in the application, I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee, or otherwise any interest in the Applicant/licensee;  
that, except as reported in the application, I have no agreements or understanding with any person or entity and no present intent to pay any sums of money or give anything of value such as, including but without limitation, a finder's fee or commission to any person or entity related to the acquisition and/or sale of any interest in the Applicant/licensee; and

I have full authority to execute this affidavit of full disclosure on behalf of Applicant and otherwise bind Applicant to the above.

\_\_\_\_\_  
Managing Officer / Director of Applicant Signature

\_\_\_\_\_  
Managing Officer / Director of Applicant Name and Title

\_\_\_\_\_  
Date

### Notary Certificate of Acknowledgement

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

On \_\_\_\_\_ before me, \_\_\_\_\_  
Date Notary Printed Name

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Proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person or entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal \_\_\_\_\_  
Notary Signature

My Commission Expires: \_\_\_\_\_  
Date

## **REQUIRED ITEMS DUE UPON SUBMISSION – COMMERCIAL CASINOS**

- Application Fee(s) or License Fee(s)
- Additional Tables as needed (Available online [tinyurl.com/2yxje5fw](http://tinyurl.com/2yxje5fw)). Please utilize and include with submittal

## **REQUIRED ITEMS DUE UPON SUBMISSION – TRIBAL**

- Application Fee(s) or License Fee(s)
- The tribal law, charter, or any other organizational document of Applicant or other governing documents under which Applicant operates each of its casinos
- Organizational chart identifying all primary management officials who will have management responsibility for Applicant's internet gaming and /or internet sports betting operations and all member of the board or directors. Include position descriptions and names of individuals in such roles and all members of board of directors. Include position descriptions and names of individuals in such roles
- Copies of last independent audit and management letter submitted by Applicant to the National Indian Commission under 25 UCS 2710(b)(2)(C) and (D) and 25 CFR parts 271.12 and 271.13
- Certificate of insurance demonstrating liability and casualty limits
- Personal Disclosures resulting from management officials identified in Section 5 above
- Current facility license for Applicant's casino(s)
- An executed copy of the Compact with the State of Michigan providing for the conduct of Class III gaming. (Tribes operating more than one gaming location should only submit one copy of Compact)
- Additional Tables as needed (Available online [tinyurl.com/2yxje5fw](http://tinyurl.com/2yxje5fw)). Please utilize and include with submittal

**Note:** In connection with the review process, additional supplemental documents will be required during the course of investigation and will be requested at a later time.