

# Michigan Gaming Control Board

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CADILLAC PLACE 3062 W. Grand Blvd., L-700, Detroit, MI 48202  
Telephone Number (313) 456-4100



## REGISTRATION FOR LABOR ORGANIZATIONS

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](http://WWW.MICHIGAN.GOV/MGCB)

## Labor Organization Registration

This form is authorized under Public Act 69 of 1997, MCL 432.207c; MSLA 18.969 (207c), the Michigan Gaming Control and Revenue Act. Each local labor organization that directly represents casino gaming employees shall register with the board annually by completing the attached forms/certification. Pursuant to MCL 432.204a(1)(a), the board has the authority to investigate applicants for registration, under this act and rules promulgated under the act.

The **Labor Organization Registration Form** must be completed by the local labor organization.

Information required in the **Designated Individual Registration Form** must be provided by the labor organization for designated individuals. A designated individual means an officer, agent, principal employee, or individual performing any of the following functions:

- 1) Adjusting grievances for or negotiating or administering the wages, hours, working conditions, or employment conditions of casino gaming employees.
- 2) Soliciting, collecting, or receiving from casino gaming employees any dues, assessments, levies, fines, contributions, or other charges within this state for or on behalf of the local labor organization.
- 3) Supervising, directing, or controlling other officers, agents, or employees of the local labor organization.
- 4) Supervising, directing, or controlling other officers, agents, or employees of the local labor organization in performing functions described in (1) and (2).

Each designated individual must submit a photograph (taken within the last 60 days) and a complete set of fingerprints with the registration form. The Employee Licensing Section can provide assistance, please call 1-313-456-4100.

Answer all questions completely. There are tables in these registration forms. If you need more space on any of the tables, additional tables are included at the end of the packet. Please mark the box under the table if you have used additional tables. Please use the appropriately lettered or numbered table.

The **Employee Labor Organization Registration Certification** must be completed by the labor organization's president, secretary, treasurer, or chief official.

Please submit an original and one copy of each completed form or certification.

***You may satisfy the information requirements above by providing to the board copies of reports filed with the United States Department of Labor under the Labor Management Reporting and Disclosure Act of 1959, Public Law 860257. Any information not contained in those reports, but required on this form must be submitted on this form.***



## LABOR ORGANIZATION REGISTRATION FORM

Each local labor organization that directly represents casino gaming employees shall register with the board annually and provide the following information.

<b>Name of Labor Organization</b>		
<b>Present Business Address (Street)</b>	<b>City</b>	
<b>State</b>	<b>Zip</b>	<b>Business Telephone ( )</b>

A. Does any officer, agent, or principal employee of this registering organization hold any financial interest in a casino licensee that employs persons they represent?

Yes                       No

If yes, complete the following table:

**TABLE A**

Name of Individual	Title	Amount of Financial Interest	Casino Licensee

**Table A continued**

B. List any international labor organization with which the registering labor organization directly or indirectly maintains an affiliation or relationship.

**Not Applicable**

**TABLE B**

<b>Name of Organization</b>		
<b>Present Business Address (Street)</b>		<b>City</b>
<b>State</b>	<b>Zip</b>	<b>Business Telephone</b> ( )
<b>Name of Organization</b>		
<b>Present Business Address (Street)</b>		<b>City</b>
<b>State</b>	<b>Zip</b>	<b>Business Telephone</b> ( )

**Table B continued**

C. Provide the following information for the individual who will act as the liaison to the Michigan Gaming Control Board for registration concerns:

<b>Name of Liaison</b>		<b>Position Title</b>
<b>Present Business Address (Street)</b>		<b>City</b>
<b>State</b>	<b>Zip</b>	<b>Business Telephone</b>



## DESIGNATED INDIVIDUAL REGISTRATION FORM

DEFINITION OF DESIGNATED INDIVIDUAL - An officer, agent, principal employee, or individual performing any of the following functions:

- Adjusting grievances for or negotiating or administering the wages, hours, working conditions, or employment conditions of casino gaming employees.
- Soliciting, collecting, or receiving from casino gaming employees any dues, assessments, levies, fines, contributions, or other charges within this state for or on behalf of the registering labor organization.
- Supervising, directing, or controlling other officers, agents, or employees of the registering labor organization in performing functions listed above.

### PART 1 – GENERAL INFORMATION

Last Name	First Name	Middle Name	
Maiden Name, Alias(es), Nicknames, Other Name Changes			Telephone Number (    )
Resident Address (Street)	City	State	Zip Code
Date of Birth	Social Security No.	Place of Birth (City, State, Country)	

## PART 2 – LABOR ORGANIZATION INFORMATION

Name of Labor Organization		Business Address (Street)	
City	State	Zip Code	Business Telephone ( )
Position Title/Designation	Date of Hire	Date first consulted with/advised labor organization	
Detailed description of duties & activities			

A. Have you performed the same or similar activities previously for labor organizations?

Yes
  No

If yes, please complete the table below. If no, proceed to question B.

**TABLE 1**

Date From/To	Name & full address of labor organization	Position & activities performed		
	Name			
	Street			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">City</td> <td style="width: 20%; padding: 5px;">State</td> <td style="width: 50%; padding: 5px;">Zip</td> </tr> </table>		City	State
City	State	Zip		

**Table 1 continued**

B. Complete the following **financial table** based on the most recent completed calendar year.

Annual Compensation	
Salary	
Allowances	
Reimbursed expenses	
Other direct disbursements	
Other indirect disbursements	
<b>TOTAL</b>	

### PART 3 – EMPLOYMENT HISTORY

Beginning with the present date and working backward, list places of employment for the last 15 years. *(Include Military service.)*

**TABLE 2**

Date From/To	Name & full address of employer	Position & duties performed
	Employer's Name	
	Street	
	City	
	Employer's Name	
	Street	
	City	

Table 2 continued

### PART 4 – CRIMINAL HISTORY

A. Have you ever been convicted of a criminal offense? *(Do not include minor traffic offense.)*

Yes

No

If you answered yes to the above, complete the following table.

**TABLE 3**

Nature of charge or arrest	Date of charge/arrest	Name & address of court	Disposition	Date	Felony or misdemeanor

Table 3 continued

B. Have you ever had a criminal conviction set aside, expunged, sealed by court order, or pardoned?

Yes  No

If yes, please complete the following table:

**TABLE 4**

Nature of charge or arrest	Date of charge/arrest	Name & address of court		Disposition	Date	Felony or misdemeanor
		Name	Street			
		State	Zip			
		Name	Street			
		State	Zip			

**Table 4 continued**

C. Have you ever been charged or indicted for any criminal offense but not convicted?

Yes  No

If yes, please complete the following table:

**TABLE 5**

Criminal Offense	Court or law enforcement organization involved	Final disposition

**Table 5 Continued**



**PART 5 – LICENSES**

A. Have you ever been denied a business, liquor, gaming, or other professional license?

Yes  No

B. Have you ever had a business, liquor, gaming, or other professional license revoked?

Yes  No

If the answer for either of the above questions is yes, complete the following table:

**TABLE 6**

License Type	Reason for Denial/Revocation	Date	Name of licensing authority

Table 6 continued

**PART 6 – SUITABILITY**

A. Has any court or government agency determined that you are/were unsuitable to be affiliated with a labor organization?

Yes  No

If yes, complete the following table:

Court or Government Agency	Name & address of labor organization	Date of determination	Final determination (If decision involved a time sanction include that information)

**Attach documentation from the court or government agency that outlines the final determination.**

B. Have you ever been subpoenaed as a witness before any of the following?

- Grand Jury
- Administrative Body
- Similar Agency

- Legislative Committee
- Crime Commission

If yes, complete the following table:

Name and address of Agency	Did you Testify (Y/N)	Date of Subpoena	Name and address of the parties involved

C. Summarize the focus of your testimony.  
Attach a copy of the subpoena (*if available*).



## EMPLOYEE LABOR ORGANIZATION REGISTRATION CERTIFICATION

I hereby certify that the information provided in the Labor Organization Registration is complete and accurate.

Any change in the information provided on designated individuals must be reported to the board within 21 days.

Required information for any newly designated individuals will be provided within 21 days.

\_\_\_\_\_  
Labor Officer (Written Signature)

\_\_\_\_\_  
Labor Officer (Printed Signature)

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)

# LABOR REGISTRATION ADDITIONAL TABLES

**TABLE A**

Name of Individual	Title	Amount of Financial Interest	Casino Licensee

**TABLE B**

Name of Organization		
Present Business Address (Street)		City
State	Zip	Business Telephone (   )
Name of Organization		
Present Business Address (Street)		City
State	Zip	Business Telephone (   )

**DESIGNATED INDIVIDUAL REGISTRATION  
ADDITIONAL TABLES**

**TABLE 1**

Date From/To	Name & full address of labor organization	Position & activities performed
	Name	
	Street	
	City	

**TABLE 2**

Date From/To	Name & full address of employer	Position & duties performed
	Employer's Name	
	Street	
	City	
	Employer's Name	
	Street	
	City	

**TABLE 3**

Nature of charge or arrest	Date of charge/arrest	Name & address of court	Disposition	Date	Felony or misdemeanor

**TABLE 4**

Nature of charge or arrest	Date of charge/arrest	Name & address of court		Disposition	Date	Felony or misdemeanor
		Name				
		Street				
		State	Zip			
		Name				
		Street				
		State	Zip			

**TABLE 5**

Criminal Offense	Court or law enforcement organization involved	Final disposition

**TABLE 6**

License Type	Reason for Denial/Revocation	Date	Name of licensing authority