

Michigan Gaming Control Board

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



PERSONAL DISCLOSURE FORM

For Use by Individual Qualifiers of any of the following:

- Casino Licensee
- Gaming-Related Supplier Licensee or Applicant
- Nongaming-Related Supplier Licensee or Applicant

(Qualifying Individual's Name)

(Date)

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**

Personal Disclosure Form

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.

All key persons or applicants of a Supplier License must submit this form. See Rule 104(c) of ADMINRULE, for definition of a key person, and Sec. 2.(e) of PA69 for definition of Applicant.

The applicant should respond to all the questions to the best of his/her knowledge. **Any misrepresentation or omission is grounds for license denial.**

If using pen, use BLACK ink ONLY and print clearly.

Please make a copy of this completed form before you send it to the Board. Once it is in the Board's possession, it cannot be returned or copied for you.

The most current forms must be completed. If you are not sure if this is the most current form, please check our website at www.michigan.gov/mgcb or contact the Board's Licensing and Investigations Division at 313-456-1459.

A. Forms and Documents

The applicant shall provide all information, documents, materials and certifications at the applicant's sole expense. **Note: The Board, in its discretion, may hereafter require the applicant to furnish additional information or complete and submit additional forms.**

The completed, signed original disclosure form, including exhibits and attachments, must be returned to the Michigan Gaming Control Board, 3062 W. Grand Blvd., Suite L-700, Detroit, MI 48202. When you submit your disclosure form to the Michigan Gaming Control Board, a copy of the following items will be needed:

- (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 **photograph** of yourself

If you choose to complete this application by hand, and need more space on any of the tables, please attach additional tables and ensure that they are appropriately numbered.

B. The below listed questions relate to criminal offenses, either felony or misdemeanor. Answer each question as it pertains to you. Include all alcohol related violations (such as driving under the influence of, or impaired by, alcohol or drugs; open alcohol; etc.) Do not include traffic violations (such as speeding tickets, parking tickets, etc.) **Have you ever:**

- | No | Yes | |
|--------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | been arrested |
| <input type="checkbox"/> | <input type="checkbox"/> | been charged |
| <input type="checkbox"/> | <input type="checkbox"/> | been convicted |
| <input type="checkbox"/> | <input type="checkbox"/> | forfeited bail |
| <input type="checkbox"/> | <input type="checkbox"/> | pleaded nolo contendere (no contest) |
| <input type="checkbox"/> | <input type="checkbox"/> | pleaded guilty |
| <input type="checkbox"/> | <input type="checkbox"/> | been indicted |

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

TABLE 2

Nature of incident	Date of incident	Name & address of court	Disposition	Date	Felony or misdemeanor

Check here if Table 2 continued

C. Have you ever had your driver's license, any permit, certification, or any other license denied, suspended, restricted, revoked or not renewed by a governmental entity?

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

TABLE 3

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

Check here if Table 3 continued

- D. Have you ever filed for any type of bankruptcy or been involved in any formal process to adjust, defer, suspend or otherwise work out payment of any debt?
 No **Yes** If you answered **yes**, provide the following:

<u>Date of filing / Name and address of court / Case number</u>

- E. Do you have any debts in which you have made a formal agreement to adjust, defer, suspend or otherwise work out the payment of the debt?
 No **Yes** If you answered **yes**, provide the following:

<u>Date of filing / Name and address of court / Case number</u>

- F. Has there been filed against you or have you ever been served with a complaint, lien, judgment, or other notice filed with any public body regarding the payment of any tax required under federal, state or local law?
 No **Yes** If you answered **yes**, complete the following table:

TABLE 4

Taxing Agency	Type of tax	Date of Taxing Period (MM/YY)	Amount

Check here if Table 4 continued

Submit as **EXHIBIT 1**, a copy of the tax filing or any correspondence you received from, or provided to, the taxing agency.

Not Applicable

Submit as **EXHIBIT 2**, a statement listing the names and titles of all public officials, officers or employees of any governmental entity, relatives of said public officials, officers or employees, who directly or indirectly, own any financial interest in, have any beneficial interest in, are the creditors of, or hold any debt instrument issued by, or hold or have any interest in, any contractual or service relationship with the applicant.

N/A

Please note that an applicant, including associated key persons; may not make a political contribution to a state or local elective office-holder, candidate, candidate committee, political party committee, independent committee (as defined by the *Michigan Campaign Finance Act*), or committee organized by a state legislative caucus.

A *supplier applicant* and its associated key persons are prohibited from making a political contribution once the application for supplier licensure is submitted to the MGCB and for a period of three (3) years after the license expires. See Public Act 69 of 1997; MCL 432.201 et. seq. and Rule 206(2) of the Board’s Administrative Rules.

A *casino applicant* can find more information regarding the prohibited period for itself and its associated key persons at MCL 432.207b.

G. Within five (5) years of this application, have you, your spouse, your parent, your child, or spouse of a child, either directly or indirectly, made any political contribution, loan, or other payment to any candidate, campaign committee, or office holder elected in Michigan?

No Yes If you answered yes, complete the following table: (Please note: Rule 206(2))

TABLE 5

Contributor	Name of official/candidate/committee	Office sought/held	Date	Amount	Method of payment	Intermediary, if any
	Last Name					
	First Name, MI					
	Last Name					
	First Name, MI					
	Last Name					
	First Name, MI					
	Last Name					
	First Name, MI					
	Last Name					
	First Name, MI					

Check here if Table 5 continued

PART 2 – GENERAL INFORMATION

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)
Country	Province (If applicable)	Date of Birth		Country of Citizenship	
Place of Birth (City, State, Country)					
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"/> N/A			Driver's License Number		State Issued
If you are not a citizen of the United States, provide the following:				<input type="checkbox"/> N/A	
Admission/Arrival #:			Alien "A" 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"/> N/A	
Alien "A" Number		Certificate Number		Date Citizenship Granted	
Court			City/State of Court		
Current Marital Information					
<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"/> N/A					
Last Name		First Name		MI	Maiden Name
Present <u>Residence</u> Address (Street)		City	State	Zip Code	Since (Date)
Present <u>Business</u> Address (Street) <input type="checkbox"/> N/A		City	State	Zip Code	Since (Date)
Occupation		Residence Telephone ()		Business Telephone ()	
Date of Birth		Place of Birth (City, State, Country)			
Date of Marriage	Place of Marriage	Social Security Number	Driver's License Number		State

If you intend to be represented by an attorney or any other person in matters before the Michigan Gaming Control Board, complete the following: **N/A**

Name:	Business Telephone Number:
Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	

PART 3 - EDUCATION

Identify the highest level of education you have attained.

<u>Name of School/Address/Dates Attended (From/To)/Degree or Certificate Received</u>

PART 4 - MILITARY

A. Did you ever serve in the military? (*Military service includes service in the reserves or the national guard.*)
 No **Yes** If **yes**, submit as **Exhibit 3**, a copy of your DD214.

B. While you were in the military, were you ever the subject of any hearing, disciplinary proceeding, trial or court-martial?
 No **Yes** **N/A**

If you answered **yes**, give a brief summary of the incident, and include the month and year.

PART 5 - EMPLOYMENT/RESIDENCES

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

TABLE 6

From (MM/YY)	To (MM/YY)	Name & full address of employer	Position & duties	Supervisor & reason for leaving	Gaming-related? (Y/N)
		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			

Check here if Table 6 continued

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

N/A

TABLE 7

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

Check here if Table 7 continued

PART 6 - LICENSES

A. List your driver's license and any permits or other licenses issued to you:

N/A

TABLE 8

Date issued	License/permit number	Type of license/permit	Issuing jurisdiction (Name/City/State)	Expiration date

Check here if Table 8 continued

B. Have you ever applied in any jurisdiction for a license, permit, or other authorization to participate in a lawful gaming operation (including the manufacturing or distribution of gaming supplies, casino gaming, horse racing, dog racing, paramutual operation, lottery, sports betting, etc.)?

No Yes

Have you ever withdrawn an application, license or certificate in any jurisdiction?

No Yes

If you answered **yes** to either of these questions, include a statement describing the facts or circumstances and complete the following table:

TABLE 9

Type of Gambling Operation	Position Sought or Held	Licensing Agency (including state, county, or municipality)	Disposition (granted, pending, or denied)	If Issued - Provide License/Permit Number

Check here if Table 9 continued

PART 7 - BUSINESS INTERESTS

A. Do you have any financial, ownership, right to ownership or employment interest with a:

- | | | |
|--------------------------|--------------------------|--|
| No | Yes | |
| <input type="checkbox"/> | <input type="checkbox"/> | Casino Licensee |
| <input type="checkbox"/> | <input type="checkbox"/> | Gaming Supplier Licensee or Applicant |
| <input type="checkbox"/> | <input type="checkbox"/> | Non-gaming Supplier Licensee or Applicant <i>(as it applies to a casino operation)</i> |

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

Name of licensee or applicant/Address/Type of interest/Percent of ownership

B. During the past ten-year period, have you held a ten percent (10%) or greater ownership interest in or been a director, officer, or principal employee, of any corporation, partnership, sole proprietorship or other business entity that has made (either itself or through third parties) bribes or kickbacks to any employee, company or organization to obtain a competitive advantage, or to any government official, domestic or foreign, to obtain favorable treatment?

- No Yes

If you answered **yes**, submit as **Exhibit 4** a complete explanation of the circumstances.

C. List below all business entities with which you have been associated as an officer, director, partner, proprietor, manager, policy maker, owner, investor, or substantial creditor from age 18.

- N/A

TABLE 10

Date		Name, address and telephone number of business	Description of business	Your title or type of association	Percent of ownership	Is gaming a part of entity's business? (Y/N)
From	To					
		Name:			_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Street:				
		City:				
		State:				
		ZIP:				
		Phone:				
		Name:			_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Street:				
		City:				
		State:				
		ZIP:				
		Phone:				

Check here if Table 10 continued

PART 8 - FINANCIAL

A. Has any business in which you had an ownership interest (other than ownership of stock in a publicly traded company) or in which you served as an officer or director, ever been declared bankrupt by a court, or filed for any type of bankruptcy or insolvency?

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

<u>Date of filing/Name and address of court/Case number/Disposition</u>

B. Have your wages, salary or other income ever been subject to garnishment, attachment, charging order or the like during the past five (5) year period?

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

<u>Name and address of court/Amount of obligation/Docket number/Current status of legal action</u>
--

C. Have you ever been bonded for any purpose or been refused or denied any type of bond?

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

<u>Employer(s) for whom you were bonded/Reason for bond/Bond issuer/Was bond called?(Yes/No)/Date and reason bond was called</u>
--

D. Have you been a beneficiary, settlor, trustee, grantor, or transferor, to any trust during the past ten (10) years?

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

TABLE 11

Name of trust	Nature of your connection with trust	Terms of your connection with trust	Domestic or foreign trust?	Location of trust asset

Check here if Table 11 continued

E. Have you filed all required federal, state and local tax returns with the appropriate agencies for yourself or any business entity in which you have a financial or ownership interest for the last ten years?

No **Yes** If you answered **no**, provide a brief explanation in the space provided below.

F. Submit as **Exhibit 5**, true and accurate copies of your federal, state and local tax returns for the last three years.

Attached **REQUIRED**

PART 9 – ADDITIONAL CRIMINAL HISTORY

Include all alcohol related violations (such as driving under the influence of, or impaired by, alcohol or drugs; open alcohol; etc.) for subsections A-E. Do not include traffic violations (such as speeding tickets, parking tickets, etc.)

A. Have you ever been granted immunity?

No **Yes**

B. Have you ever been named an unindicted co-conspirator?

No **Yes**

C. Have you ever been charged with a criminal offense, either felony or misdemeanor?

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.

D. Describe all criminal charges, which did not result in a conviction. **N/A**

E. Describe all criminal convictions that have been expunged or pardoned. **N/A**

PART 10 - LITIGATION

A. Are you presently, or have you within the last ten (10) years been, a party to a lawsuit as an individual, or as officer, director, partner, proprietor, manager, policy maker, or more than a 5% owner, of any business entity?

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

TABLE 12

Names of parties	Case number	Name and location of court	Detailed description of case	Disposition of case

Check here if Table 12 continued

Submit as **Exhibit 6** copies of all complaints, petitions or similar pleadings, which initiated each lawsuit.

B. Within the past five (5) years, have you or your spouse filed any insurance claim(s) in excess of \$5,000?

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

<u>Insurance company / Date of claim / Nature of claim</u>
--

PART 11 - RELATIVES

For the purpose of the following questions “relatives” includes your spouse, your children, and your spouse’s children, including stepchildren and adopted children, your parents, your spouse’s parents, your brothers and sisters, your spouse’s brothers and sisters, including stepbrothers and stepsisters, and said persons’ spouses.

A. Provide the following information about your relatives (if deceased, indicate date of death and last address):

TABLE 13

Full name (include married/maiden)	Relationship	Date of birth	Occupation	Address and telephone number	Date of death, if applicable
Last				Street	
First				City, State, Zip	
MI, Maiden				Phone	
Last				Street	
First				City, State, Zip	
MI, Maiden				Phone	
Last				Street	
First				City, State, Zip	
MI, Maiden				Phone	
Last				Street	
First				City, State, Zip	
MI, Maiden				Phone	
Last				Street	
First				City, State, Zip	
MI, Maiden				Phone	

Check here if Table 13 continued

B. Have any of your relatives or any of your spouse's relatives ever been charged with or convicted of any criminal offense?

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

TABLE 14

Full Name	Address	Date Of Birth	Relationship	Involved Law Enforcement Agency Or Court (City/State)	Charge Or Conviction	Disposition
Last: _____ First: _____ MI: _____	Street City, State, Zip					
Last: _____ First: _____ MI: _____	Street City, State, Zip					
Last: _____ First: _____ MI: _____	Street City, State, Zip					
Last: _____ First: _____ MI: _____	Street City, State, Zip					
Last: _____ First: _____ MI: _____	Street City, State, Zip					
Last: _____ First: _____ MI: _____	Street City, State, Zip					
Last: _____ First: _____ MI: _____	Street City, State, Zip					

Check here if Table 14 continued

- C. List any relatives that have any financial, ownership or employment interest in any business entity with a gaming license. N/A

TABLE 15

Identity Of Person And Employment Title	Business Entity Name/Address	Type Of Interest	Dates Involved		Financial Interest/% Of Ownership
			From	To	
Last _____	Name				_____ %
First _____	Street				
	City				
MI _____	State				
	ZIP				
Last _____	Name				_____ %
First: _____	Street				
	City				
MI _____	State				
	ZIP				

Check here if Table 15 continued

- D. If you have had previous marriages provide the following:

N/A

Name, address, and telephone number of former spouse(s)

Submit as **Exhibit 7**, copies of all marriage licenses.

N/A ATTACHED

Submit as **Exhibit 8**, copies of any divorce decrees.

N/A ATTACHED

PART 12- GOVERNMENT/POLITICAL

Within the last ten (10) years, have you or any of your relatives been a public official, an officer, or an employee of any governmental entity?

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

TABLE 16

Full Name	Address And Telephone Number	Relationship	Title And Duties	Dates held	
				From	To
Last	Street				
First	City, State, Zip				
MI	Phone				
Last	Street				
First	City, State, Zip				
MI	Phone				
Last	Street				
First	City, State, Zip				
MI	Phone				

Check here if Table 16 continued

PART 13 - SUBSTANCE ABUSE/GAMBLING PROBLEMS

- A. Do you have, or have you ever had, a substance abuse problem?
 No **Yes** If you answered **yes**, submit as **Exhibit 9** a detailed statement describing the substance abuse problem.

- B. Have you ever been treated, or are you currently being treated, for any substance abuse problem?
 No **Yes** If you answered **yes**, submit as **Exhibit 10** a detailed statement describing the substance abuse treatment.

- C. Do you have, or have you ever had, any gambling related problems or debts?
 No **Yes** If you answered **yes**, submit as **Exhibit 11** a detailed statement describing the gambling related problem or debt.

- D. Have you ever been treated for any gambling related problems?
 No **Yes** If you answered **yes**, submit as **Exhibit 12** a detailed statement describing the gambling related treatment.

PART 14 - SAFE DEPOSIT BOX

Do you control or have access to any safe deposit box or other depository?

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

<u>Account name(s) / Box number / Bank or depository name and address / Other individuals with access</u>

PART 15 – REFERENCES

Provide five (5) references (*do not use family members*):

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

PART 16 - OTHER REQUIRED DOCUMENTS

Submit as **Exhibit 13**, a photograph of yourself taken within the last year. (*Photograph is to be a clear, front facial picture, in color, and is not to be smaller than 2" x 2"*) Print or tape securely to a blank white sheet of paper. Do not use staples. **ATTACHED**

Submit as **Exhibit 14**, a clear copy of your birth certificate. *If you need to request a replacement from your county courthouse, submit as Exhibit 14 a statement to that effect, and then forward a copy to the MGCB when you receive the replacement certificate.* **ATTACHED**

Submit as **Exhibit 15**, a clear copy of your Social Security card or its equivalent if you are not a United States citizen. *If you need to request a replacement card from the Social Security Administration, submit as Exhibit 15 a copy of the request for replacement application, and then forward a copy to the MGCB when you receive the replacement card.* **ATTACHED**

Submit as **Exhibit 16**, a clear copy of picture identification (*check one of the following*):

United States Citizen: Driver's License or State Identification

Or Foreign Citizen only: Passport

Submit as **Exhibit 17**, a clear copy of appropriate alien registration, if you are not a United States citizen.
 N/A **ATTACHED**

Note: Fingerprinting for state and federal background checks will be required at a later date, unless you are instructed otherwise. Once the Board receives this disclosure, instructions for you to be printed will be sent to the Licensee/Applicant's liaison.

SCHEDULE OF EXHIBITS

Complete the following table.

Exhibit number	Exhibit description		Exhibit prepared by:	Official title
1	Tax filings/correspondence for tax audits/adjustments	<input type="checkbox"/> N/A		
2	Names/titles of individuals with various relationships with applicant.	<input type="checkbox"/> N/A		
3	Copy of Military form DD214	<input type="checkbox"/> N/A		
4	Details of attempts to gain advantage or favorable treatment	<input type="checkbox"/> N/A		
5	Tax returns (3 years)	Required		
6	Lawsuit complaints, petitions, pleadings, etc.	<input type="checkbox"/> N/A		
7	Copies of all marriage licenses	<input type="checkbox"/> N/A		
8	Copies of all divorce decrees	<input type="checkbox"/> N/A		
9	Statement of substance abuse	<input type="checkbox"/> N/A		
10	Statement of substance abuse treatment	<input type="checkbox"/> N/A		
11	Gambling related problem or debt	<input type="checkbox"/> N/A		
12	Gambling related treatment	<input type="checkbox"/> N/A		
13	Photograph	Required		
14	Copy of Birth Certificate	Required		
15	Social Security Card	Required		
16	Picture Identification	Required		
17	Alien Registration	<input type="checkbox"/> N/A		

INCOME STATEMENT

Provide total annual gross income for the three most recent complete calendar years for you, your spouse, and any dependent child who has earned more than \$20,000. Use a separate sheet for each family member. **The Income Statement, Schedules A-K, and the Net Worth Statement must be completed.** Tax returns submitted are not considered a substitute.

NAME: (Last, First, MI) _____

Source of Income	Year: _____	Year: _____	Year: _____
Salary	\$ _____	\$ _____	\$ _____
Interest	\$ _____	\$ _____	\$ _____
Dividends	\$ _____	\$ _____	\$ _____
Other Income/Compensation (Specify Sources)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Total Annual Gross Income	\$ _____	\$ _____	\$ _____

INSTRUCTIONS FOR THE FOLLOWING SCHEDULES (A-K) TO BE COMPLETED.

Indicate by code, in the first column, those held by you personally (P), your spouse (S) or by any dependent child (D).

Note the requirements for disclosing financial information on dependent children on various schedules.

Use additional copies of the schedules as needed.

Transfer the totals from each schedule into the corresponding box on the NET WORTH STATEMENT.

If using pen, use BLACK ink ONLY and print clearly.

SCHEDULE A

Cash in Banks

List all foreign and domestic bank accounts. Include any dependent child who has an account balance exceeding \$10,000. N/A

(P) (S) (D)	Name, Address and Telephone Number of Bank	Names and Signatures Appearing on Account	Account Number	Date Opened	Type of Account	Current Balance
	_____ _____ _____ ()					
	_____ _____ _____ ()					
	_____ _____ _____ ()					
	_____ _____ _____ ()					
	_____ _____ _____ ()					
TOTAL:						
(Transfer to net worth statement)						_____

SCHEDULE B

Loans Receivable

List all loans. Include any dependent child who has loans receivable exceeding \$5,000. N/A

(P) (S) (D)	Name, Address, & Telephone No. of Debtor	Date of Loan	Original Balance	Current Balance	Interest Rate	Maturity Date	Purpose of Loan	Collateral Securing Loan
	()							
	()							
	()							
	()							
	()							
	()							
	()							
	()							
TOTAL: (Transfer to Net Worth Statement)								

SCHEDULE C

Stocks, Bonds, Notes, and Debentures

List all investments in stocks, bonds, mutual funds, money market funds, notes, debentures, and other securities investments. Indicate by a single asterisk (*) in the "Issuer" column those issued by a publicly held company or a double asterisk (**) for those stocks in which you have a 5 percent (5%) or greater interest ownership. Include any dependent child who has a balance exceeding \$5,000. N/A

(P) (S) (D)	Issuer	Type	Number of Shares/ Units	Total Original Cost	Date of Purchase	Name in Which Held	Annual Income	Current Value	Broker/Custodian of Shares (Address)
						← TOTALS: →			
						(Transfer to Net Worth statement)			

SCHEDULE D

Business Investments

List all investments, other than stocks, bonds, and debentures, in any business entity in which any direct, indirect, vested or contingent interest is held or controlled by you, your spouse, or by your dependent child who has an investment exceeding \$5,000. Under the column "Business Entity Interest," list the names of all Business Entities other than publicly held companies with a direct, indirect, vested or contingent interest in the subject entity, and their percentage of ownership.

N/A

(P) (S) (D)	Business Entity Name	Type of Organization	No. of Shares/ Units	Total Original Cost	Date of Purchase	Name in Which Held	Annual Income	Current Value	% of Owner- ship	Business Entity Interests
									_____ %	
									_____ %	
									_____ %	
									_____ %	
									_____ %	
									_____ %	
									_____ %	
									_____ %	
					← TOTALS: →					
					(Transfer to Net Worth statement)					

SCHEDULE E

Real Estate

List real estate in which any direct, indirect, vested or contingent interest is held or controlled. Under the column headed "Original Cost" indicate the cost of any improvements. Under the column headed "Other Owners," list the names of all owners who share direct, indirect, vested, contingent, or beneficial interest in the real estate, their percentage of ownership, and address. Include any dependent child who has real estate valued at more than \$5,000. N/A

(P) (S) (D)	Address/Location	Owner of Record	Type	Original Cost	Annual Income	Current Value	% of Ownership	Other Owners, % of Ownership, Address
							_____ %	
							_____ %	
							_____ %	
							_____ %	
							_____ %	
							_____ %	
TOTALS: → (Transfer to Net Worth statement)							←	

SCHEDULE F

Other Assets

List all other assets having a fair market value in excess of \$10,000. Include such assets as automobiles, personal property, life insurance policies, and pension plans. Include any dependent child who has other assets exceeding \$5,000. **N/A**

(P) (S) (D)	Type of Asset	Owner of Record	% of Ownership	Date of Purchase	Original Cost	Current Value
			_____ %			
			_____ %			
			_____ %			
			_____ %			
			_____ %			
			_____ %			
			_____ %			
			_____ %			
TOTALS: →						
(Transfer to Net Worth statement)						

SCHEDULE G

Loans Payable

List all loans payable exceeding \$5,000. Indicate by an asterisk (*) in the "Purpose" column those notes that are gaming-related. Include any markers, credit lines, credit cards, home equity loans, employer-granted loans, loans from employee 401K plans and employer-granted educational or tuition grants or loans. Under the column "Collateral" include the relative position of each security interest in the collateral with respect to other security interests in the collateral. Include any dependent child who has loans payable exceeding \$5,000 N/A

(P) (S) (D)	Name, Address, & Telephone No. of Creditor	Date Incurred	Original Loan Balance	Current Balance	Interest Rate	Maturity Date	Purpose	Collateral
	()							
	()							
	()							
	()							
	()							
TOTALS: →								
(Transfer to Net Worth statement)								

SCHEDULE H

Taxes Payable

List the taxes, penalties and interest payable. Include any dependent child having taxes payable exceeding \$5,000. N/A

(P) (S) (D)	Name & Address of Taxing Authority	Date Tax Assessed	Original Balance	Current Balance	Type of Tax (Income, Property, Sales, etc.)	Reason for Unpaid Tax	Name of Individual, Business, or Property Address that Tax is Assessed Against
TOTALS: → (Transfer to Net Worth statement)							

NET WORTH STATEMENT as of _____

(Date)

Provide information in the aggregate for you, your spouse, and for any dependent children as required on Schedules A-K.

		Original Cost/Balance	Current Value/Balance
Assets:			
Cash on hand		\$ _____	\$ _____
Cash in banks	<i>(Schedule A)</i>		\$ _____
Loans Receivable	<i>(Schedule B)</i>	\$ _____	\$ _____
Stocks, Bonds and Debentures	<i>(Schedule C)</i>	\$ _____	\$ _____
Business Investments	<i>(Schedule D)</i>	\$ _____	\$ _____
Real Estate	<i>(Schedule E)</i>	\$ _____	\$ _____
Other Assets	<i>(Schedule F)</i>	\$ _____	\$ _____
TOTAL ASSETS:		(A)	(A)
Liabilities:			
Loans payable	<i>(Schedule G)</i>	\$ _____	\$ _____
Taxes Payable	<i>(Schedule H)</i>	\$ _____	\$ _____
Mortgages Payable	<i>(Schedule I)</i>	\$ _____	\$ _____
Other Liabilities	<i>(Schedule J)</i>	\$ _____	\$ _____
TOTAL LIABILITIES:		(B)	(B)
NET WORTH		\$ _____	\$ _____
{(A) minus (B)}			
Contingent Liabilities	<i>(Schedule K)</i>	\$ _____	\$ _____

ATTACHMENT A
(Use BLACK ink ONLY)

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. The applicant hereby agrees to submit supplemental materials as requested by the Board.

hereby acknowledge that issuance of a 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.

(Rule 206(2) and Sec. 7.(a)(12))

hereby consent to inspections, searches, and seizures as provided in **Section 5.(4)** 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. **(Sec.6.(9) Sec.7.(a)(11))** This consent is 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 _____ , 20 ____ .

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 20 ____ .

Notary Public, (Written Signature)

Notary Public, (Printed Signature)

My commission expires: _____

County of Residence: _____

MGCB-LC-3014 (05-16)

ATTACHMENT B
(Use BLACK ink ONLY)

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

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 _____, 20 ____ .

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 20 ____ .

Notary Public, (Written Signature)

Notary Public, (Printed Signature)

My commission expires: _____

County of residence: _____

ATTACHMENT C
(Use BLACK ink ONLY)

RELEASE OF ALL CLAIMS

The undersigned has filed with the Michigan Gaming Control 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 _____ ,
State of _____ , on this _____ day of _____ , 20 ____ .

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 _____ day of _____ , of 20 ____ .

Notary Public, (Written Signature)

Notary Public, (Printed Signature)

My commission expires: _____

County of residence: _____

ATTACHMENT D
(Use BLACK ink ONLY)

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 20 ____ .

Notary Public, (Written Signature)

Notary Public, (Printed Signature)

My commission expires: _____

County of residence: _____