

APPLICATION FOR PROMOTER LICENSE OR RELICENSURE

AUTHORITY: 2004 PA 403, as amended, MCL 338.3434a, AND 42 USC 654

PENALTY: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION AND/OR DISCIPLINARY ACTION.

| Company or Individual Name | | | | | | | | |
|--|-------------------|-----------------|-------------------------------|----------------------------------|----------|-----------------------|-----------------------|--|
| Permanent ID # (if applicable) | | Date of Birth (| Date of Birth (if individual) | | | US Social Security No | umber (if individual) | |
| Address | - 1 | | City | | | | | |
| State ZIP Code T | | Telephone Num | nber E-Ma | | E-Mail A | il Address | | |
| Has the applicant or if applicant is another legal entity ever had any license or certificate issued by any jurisdiction denied, restricted, suspended, revoked or not renewed? (This applies to 10% or greater share holders.) | | | | | | | | |
| Yes No | | | | | | | | |
| In the previous seven years, has the applicant or if applicant is another legal entity ever filed, or had filed against it, a proceeding for bankruptcy? (This applies to 10% or greater share holders.) | | | | | | | | |
| Yes No | | | | | | | | |
| In the previous seven years, has the applicant or if applicant is another legal entity been a party to any civil lawsuits or judgments? | | | | | | | | |
| Yes No (This applies to 10% or greater share holders.) | | | | | | | | |
| I have the ability and will serve the public in a fair, honest and open manner. If I have had a judgement of guilt in a criminal proceeding or a civil action against me, I am rehabilitated, or the substance of my former offense is not reasonably related to the occupation or profession for which I am seeking a license (This applies to 10% or greater share holders.) | | | | | | | | |
| Yes No | | | | | | | | |
| Certification: | | | | | | | | |
| I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434a. | | | | | | | | |
| Signature | | | | | | | Date | |
| FEE PAYMENT | INFORMATION (Chec | k One Box) | FOR OF | FICE USE C | ONLY | FOR OFFICE | USE ONLY | |
| Promoter Applica | ation Fe | ee: \$800.00 | | 0-01=\$500.00) 0-07=\$300.00) | 00) | icense Number | | |
| Promoter Relicer | nsure | Fee: \$830.00 | | 10-06=\$830. | A | pproved By | Date Approved | |
| Promoter Reinsta | | Fee: \$500.00 | (15 | 10-50=\$500.0 | 00) | | | |
| (Only if the license is currently suspended or revoked) | | | | | | | | |
| Make your check or money order in U.S. Currency payable to: | | | | | | | | |
| STATE OF MICHIGAN | | | | | | | | |
| FEES AUTHORIZED UNDER 2004 PA 403, as amended & R 339.303 | | | | | | | | |

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.