

Michigan Gaming Control Board

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



CASINO LICENSE ANNUAL RENEWAL REPORT

To be completed in conjunction with the Qualifier Renewal(s)

(Casino 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

CASINO LICENSE ANNUAL RENEWAL REPORT

This form is authorized under Public Act 69 of 1997, the Michigan Gaming Control and Revenue Act.

For the purposes of this renewal application, the term "licensee," unless otherwise specified, means the person applying for the renewal of the casino license. The term "licensee" includes predecessor companies, which are entities that no longer exist in their original form but whose assets in substantial part have been acquired by another person or which have undergone certain internal changes, such as those of identity, form, or capital structure.

The licensee shall provide all information, documents, materials and certifications at the licensee's sole expense. The licensee will be billed for any additional cost incurred by the Michigan Gaming Control Board ("Board" or "MGCB") during the course of any background investigation. Failure to provide information could result in rejection of or delay in the processing of this application. The Board, in its discretion, may hereafter require the licensee to furnish additional information or complete and submit additional forms.

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

A licensee may claim any privilege afforded by the Constitution or laws of the United States or of the State of Michigan in refusing to answer questions or provide information requested by the Board. However, a claim of privilege with respect to any testimony or evidence pertaining to eligibility, qualifications, or suitability of a licensee to be granted or hold a license under the act and rules may constitute cause for denial, suspension, revocation or restriction of the license.

Instructions

1. Submit the Casino License Renewal Application to the Michigan Gaming Control Board, Licensing Division, 3062 W. Grand Blvd., Suite L-700, Detroit, MI 48202, **no later than May 1.**
2. The annual assessment, pursuant to MCL432.212a, is payable directly to the State Treasurer by wire transfer using the same procedure as when submitting daily wagering tax. Include in the description the MGCB agency #270, date, casino name and type of fee.
3. Every fifth year, beginning with the 2010 calendar year, complete a full Personal or Business Disclosure form for each person or entity that is currently a qualifier and any person or entity that has not previously submitted one as part of the licensee's application or renewal application.
4. For all other years, complete a Qualifier Renewal form for each person or entity that is currently a qualifier and has previously submitted a personal or business disclosure form as part of the licensee's application or renewal application, and complete a Personal or Business Disclosure form for each person or entity that is currently a qualifier and any person that has not previously submitted one as part of the licensee's application or renewal application.
5. Submit all required information in the format supplied in this application. Completely answer all questions. If a question is not applicable, check the appropriate box.

If you require assistance in completing this application, please contact the Michigan Gaming Control Board, Licensing & Investigations Division at (313) 456-1459. General information is also available from the Board's Internet website at www.michigan.gov/mgcb/.

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 & Investigations Division at (313) 456-1459.

CASINO LICENSE RENEWAL

CASINO LICENSE NO.
NAME OF CASINO (as it appears on the certificate of incorporation, charter, by-laws, partnership agreement, operating agreement, or other official document)
PRINCIPAL D/B/A OR TRADE NAME

BUSINESS ADDRESS

<u>Number/Street</u>	<u>City</u>	<u>State</u>	<u>ZIP</u>
<u>Business Telephone Number</u> ()	<u>Business Fax Number</u> ()	<u>Country</u>	<u>Province (if applicable)</u>
<u>Federal Identification Number (FIN):</u> 			

Check here if address has changed since last submitted application

List primary contact person and registered agent authorized to accept notices, subpoenas, summons, and other legal documents from the Board on behalf of the applicant:		
Last Name:	Business Name:	Business Telephone: ()
First Name, MI:	Title:	Extension:
Check one: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	Business Address:	Business Fax: ()
E-mail Address:	City:	State:
ZIP:	Country:	Province (if applicable):

D. Submit the following information on all KEY PERSONS [see R432.1104 (c)] associated with the licensee:

A Qualifier Renewal form must be submitted for all key persons listed who have already submitted a Personal or Business Disclosure to the Board.

Any new key persons listed, who have not previously submitted a Personal or Business Disclosure must submit one with this renewal.

TABLE 1

Name	Date of Birth	Home Address	% of Direct Interest	Title/Position
Full Name: Please check one: <input type="checkbox"/> <i>Qualifier Renewal attached or</i> <input type="checkbox"/> <i>Disclosure attached</i>		Address: City: State: ZIP: Country:		
Full Name: Please check one: <input type="checkbox"/> <i>Qualifier Renewal attached or</i> <input type="checkbox"/> <i>Disclosure attached</i>		Address: City: State: ZIP: Country:		
Full Name: Please check one: <input type="checkbox"/> <i>Qualifier Renewal attached or</i> <input type="checkbox"/> <i>Disclosure attached</i>		Address: City: State: ZIP: Country:		
Full Name: Please check one: <input type="checkbox"/> <i>Qualifier Renewal attached or</i> <input type="checkbox"/> <i>Disclosure attached</i>		Address: City: State: ZIP: Country:		
Full Name: Please check one: <input type="checkbox"/> <i>Qualifier Renewal attached or</i> <input type="checkbox"/> <i>Disclosure attached</i>		Address: City: State: ZIP: Country:		
Full Name: Please check one: <input type="checkbox"/> <i>Qualifier Renewal attached or</i> <input type="checkbox"/> <i>Disclosure attached</i>		Address: City: State: ZIP: Country:		
Full Name: Please check one: <input type="checkbox"/> <i>Qualifier Renewal attached or</i> <input type="checkbox"/> <i>Disclosure attached</i>		Address: City: State: ZIP: Country:		
Full Name: Please check one: <input type="checkbox"/> <i>Qualifier Renewal attached or</i> <input type="checkbox"/> <i>Disclosure attached</i>		Address: City: State: ZIP: Country:		

Check here if Table 1 continued

- E. Submit the following information on all AFFILIATES and AFFILIATED COMPANIES of the licensee (as defined by MCL 432.202 (a)&(b)): N/A

TABLE 2

Name of Affiliate/Affiliated Company	Address	% Direct Interest in Licensee	Authorized Representative	Position
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			

Check here if Table 2 continued

- F. Submit the following information on any persons, with the exception of publicly traded corporations and their 5% or less shareholders, who have more than a 1% direct, indirect, or attributed pecuniary or equity interest in the licensee: N/A

TABLE 3

Name of Other Persons as Identified in the Statement Above	Date of Birth or N/A	Address of Person	% of Direct Interest
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	

Check here if Table 3 continued

- G. Submit the following information on the percentage of Detroit residents employed by the licensee, as of year-end, using the table below:

TABLE 4

Number of Full-Time Employees who are Detroit Residents	Number of Part-Time Employees who are Detroit Residents	Percentage of All Employees who are Detroit Residents

- H. Submit the following information regarding the year-end employee counts using the table below:

TABLE 5

Number of Full-Time Employees	Number of Part-Time Employees	Number of Terminated Employees	Number of Layoffs	Total Employees

PART 2 - GOVERNMENT REGULATION

- A. Is the licensee subject to regulation by a public agency in Michigan or any other jurisdiction?

No Yes

If **Yes**, complete the following table for all public agencies under which the licensee is subject to regulation:

TABLE 6

Name, Address, and Telephone Number of Public Agency	Type of Regulation	License No. or Other Identifying No.	New in Reporting Year? ¹ (YES/NO)

Check here if Table 6 continued

¹ If the license, registration, certificate, or permit was initially issued in the reporting year, answer YES. If the license, registration, certificate, or permit was renewed in the reporting year, answer NO.

B. Since submission of the licensee's most recent application or renewal:

1. Has the licensee had a formal complaint or notice of disciplinary action from any jurisdiction or regulatory agency, excluding those received from the MGCB?

No Yes

2. Has the licensee 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

3. Has the licensee withdrawn its application, license, or certificate in any jurisdiction?

No Yes

4. Has the licensee applied for or received any new licenses, registrations, or certifications, excluding FCC licenses for radios or customary vehicle licenses?

No Yes

If **Yes** was answered for any of these questions, include as **Exhibit 2** a statement describing the facts or circumstances. Complete the following table:

TABLE 7

Name, Address, and Telephone Number of Licensing Authority	Date of Action

Check here if Table 7 continued

C. Since submission of the licensee's most recent application or renewal, has the licensee been assessed and/or paid any fines or penalty fees to any federal, state, local, or city jurisdiction? (DO NOT include parking tickets, individual fines of less than \$500, or fines paid to the MGCB.)

No Yes

If **Yes**, complete the following table:

TABLE 8

Name, Address, and Telephone Number of Jurisdiction	Date of Action	Amount Paid	Disposition (Paid/Contested)	Reason for Penalty

Check here if Table 8 continued

D. Since submission of the licensee's most recent application or renewal, has the licensee 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, pari-mutuel operation, lottery, sports betting, etc.)?

No Yes

If **Yes**, complete the following table:

TABLE 9

Type of Gambling Operation	Position Sought or Held	Name, Address, and Telephone Number of Licensing Agency (Including State, County, or Municipality)	Disposition (Granted, Pending, or Denied)	If Issued - Provide License/Permit Number

Check here if Table 9 continued

E. Submit a letter from the City of Detroit attesting to the licensee’s compliance with the development agreement or a certification indicating the licensee’s compliance with the City of Detroit’s development agreement signed by the senior most operating official of the licensee.

Attached – Required

PART 3 – DEBT, INSOLVENCY, OR BANKRUPTCY ACTIONS

A. Since submission of the licensee’s most recent application or renewal, has the licensee filed, or had filed against it, a proceeding for bankruptcy or been involved in any formal process to adjust, defer, suspend, or otherwise work out payment of a debt?

No Yes If Yes, complete the following table:

TABLE 10

Date of Filing	Name and Address of Court	Case Number	Disposition

Check here if Table 10 continued

B. For each bankruptcy, submit as **Exhibit 3** the following:

1. A copy of the approved reorganization plan
2. The final order of the court
3. The final statements of assets and liability
4. List of equity security holders
5. Details of the licensee’s involvement in the bankruptcy

PART 4 - TAX

A. Submit a copy of the licensee’s most recent federal, state, and local tax returns or filing extensions.

Attached – Required

B. Since submission of the licensee’s most recent application or renewal to the Board, has the licensee filed all required federal, state, and local tax returns with the appropriate agencies for the licensee or any business entity in which the licensee has a financial or ownership interest?

No Yes

- C. Since submission of the licensee's most recent application or renewal, has there been filed against the licensee or has the licensee been served with a complaint, lien, judgment, challenge, or any other notice filed with any public body regarding the payment of any tax required under federal, state or local law? (This question does not apply to any tax appeals made by the licensee.)

No Yes

- D. Since submission of the licensee's most recent application or renewal, has the licensee been subject to a tax audit by any governmental agency?

No Yes

If **Yes** to C or D, complete the following table and submit a copy of the complaint, lien, judgment, or other notice filed.

TABLE 11

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

Check here if Table 11 continued

PART 5 - POLITICAL CONTRIBUTIONS/PUBLIC OFFICIALS

- A. Since submission of the licensee's most recent application or renewal, has the licensee, made any political contribution, loan, gift, or other payment to any candidate, campaign committee, or officeholder elected in the State of Michigan?

No Yes If **Yes**, complete the following table:

TABLE 12

Name of candidate/ officeholder	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:					

Check here if Table 12 continued

B. Does any public official or officer of any governmental entity, or any relative of said officials or officers, directly or indirectly own any financial interest in, have any beneficial interest in, hold any debt or credit instrument issued by, hold or have any interest in any contractual or service relationship with the licensee?

No Yes If Yes, complete the following:

TABLE 13

Name Of Official/Officer	Title	Business Address	Telephone Number
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()

Check here if Table 13 continued

PART 6 - CRIMINAL HISTORY

The questions listed below relate to criminal offenses, either felony or misdemeanor under the laws of any jurisdiction. Answer each question as it pertains to the licensee.

A. Has the licensee, since submission of its most recent application or renewal:

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

If Yes to any of the above, complete the following table:

TABLE 14

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

Check here if Table 14 continued

- B. Since submission of its most recent application or renewal, has the licensee been granted immunity?
 No Yes
- C. Since submission of its most recent application or renewal, has the licensee been named an unindicted co-conspirator?
 No Yes
- D. Describe all arrests since submission of most recent application or renewal, which did not result in a formal criminal charge. N/A

- E. Describe all criminal convictions that have been expunged since submission of most recent application or renewal. N/A

- F. Has the licensee's enterprise been charged with a criminal offense, either felony or misdemeanor, since submission of most recent application or renewal?
 No Yes
- If **Yes**, describe the nature and date of the charge, name and address of government agency or court involved, and disposition.

PART 7 - FINANCIAL DOCUMENTS

- A. Submit as **Exhibit 4** term sheets or a written summary on all (include pending) mergers or acquisitions since the submission of the licensee's most recent application or renewal.
- B. Submit as **Exhibit 5** a written summary of all capital commitments, including all significant changes in current or future debt load.

PART 8 - LITIGATION

- A. Since submission of the licensee's most recent application or renewal, has the licensee been party to any litigation in which there has been a formal complaint issued?
 No Yes

If **Yes**, submit as **Exhibit 6** a description of all litigation currently existing or settled during the renewal period in which the licensee or any affiliate is/was a party, whether in this state or another jurisdiction.

Exhibit 6 shall include the following:

1. Official title or caption of the case
2. Docket or case number
3. Name and address of the court before which the case is pending
4. Identity of all parties to the litigation
5. General nature of all claims being made

PART 9 - ADDITIONAL REQUIRED DOCUMENTS

Attach as Exhibits the following documents:

A. ORGANIZATIONAL STRUCTURE - **REQUIRED**

- **Exhibit 7**, A chart showing the corporate organizational structure of the licensee, including all officers, directors. Include the names and titles of persons holding each position.

ATTACHED

- **Exhibit 8**, A list identifying all committees of the licensee. Include the names of all committee members, their titles, and the committee(s) with which they are affiliated.

N/A **ATTACHED**

B. OWNERSHIP - **REQUIRED**

- **Exhibit 9**, A flowchart illustrating the fully diluted ownership of the licensee. List all parent, holding or intermediary companies until the flowchart reflects the stock, partnership, or ownership interest as being held by a natural person(s) and not another enterprise(s). If the ultimate parent company is publicly traded and no natural person controls more than 5% of the publicly traded stock, indicate that in a footnote to the flowchart.

ATTACHED

PART 10 - MISCELLANEOUS

- A. Submit as **Exhibit 10**, a summary of all material events that have taken place since submitting the licensee's most recent application.

N/A **ATTACHED**

- B. Since submission of the licensee's most recent application or renewal, has the licensee obtained any direct, indirect, or attributed legal or beneficial interest in any business entity outside the United States?

No **Yes**

If **Yes**, submit as **Exhibit 11** a detailed statement describing each business entity, including its location and the licensee's interest and/or affiliation with the business entity.

- C. Since submission of the licensee's most recent application or renewal, has the licensee obtained any assets or liabilities outside the United States?

No **Yes**

If **Yes**, submit as **Exhibit 12** a detailed statement describing each asset and/or liability, including its type, value or amount, and location.

- D. Since submission of the licensee's most recent application or renewal, has any director, officer, partner, or employee or any third party acting for or on behalf of the licensee, made any bribes or kickbacks to any employee, company, or organization to obtain favorable treatment?

No **Yes** If **Yes**, submit as **Exhibit 13** a detailed statement.

E. Since submission of the licensee's most recent application or renewal, has the licensee maintained any assets, including bank account(s), domestic or foreign, not reflected on the licensee's books or records?

No **Yes** If **Yes**, submit as **Exhibit 14** a detailed statement.

F. Since submission of the licensee's most recent application or renewal, has the licensee maintained any assets, i.e. numbered account(s) or any account(s), in the name of a nominee for the corporation?

No **Yes** If **Yes**, submit as **Exhibit 15** a detailed statement.

G. Submit as **Exhibit 16**, a copy of the Declaration Statement regarding current policies for Liability and Casualty insurance.

N/A **ATTACHED**

ATTACHMENT B
(Use BLACK ink ONLY)

LICENSEE'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 renewal application. I have full authority to execute this verification.
2. I swear (or affirm) that the information contained in this renewal application form is true, current, complete and accurate to the best of my knowledge and belief.
3. _____ has fulfilled its obligation under the act and the rules to notify the Board of any change in information provided in its original license application to the best of my knowledge and belief.
4. I respectfully request the renewal of the license for _____.

Managing Officer/Director

Date

WITNESS, my hand and Notary Seal, this _____ day of _____, of _____.

~~AN~~ Notary Public, (Written Signature)

~~AN~~ Notary Public, (Printed Name)

My commission expires:

County of residence:

ATTACHMENT C
(Use BLACK ink ONLY)

LICENSEE’S ACKNOWLEDGEMENT, AGREEMENT AND CONSENT

I, _____
(Licensee)

hereby acknowledge that the Michigan Gaming Control Board will require supplemental materials in order to carry out its statutory duties. The licensee:

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

hereby acknowledge that issuance of a casino 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. (Sec. 6.(10))

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)) 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.

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

Licensee Signature

Printed Name

Date

IN WITNESS WHEREOF, I have executed this instrument at the city of _____,
State of _____ on this _____ day of _____, of _____.

WITNESS, my hand and Notary Seal, this _____ day of _____, of _____.

Notary Public, (Written Signature)

Notary Public, (Printed Name)

My commission expires:

County of Residence:

ATTACHMENT D
(Use BLACK ink ONLY)

AFFIDAVIT OF FULL DISCLOSURE

State of _____

County of _____

I, _____, being first duly sworn upon oath or affirmation, depose and state,

that, except as reported in the applicant's/my 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 application,

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 as, including but without limitation, a finder's fee or commission to any person or entity related to the acquisition of any interest in the application,

that, except as reported in the application, I have no agreements or understandings and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any person or entity related to the sale of any interest in the application.

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

(Individual Signature)

(Title)

Address: _____

City/State/Zip: _____

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 _____.

Notary Public, (Written Signature)

Notary Public, (Printed Name)

My commission expires:

County of Residence: