

Michigan Gaming Control Board

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



LIMITED PERSONAL DISCLOSURE FORM

For Use by Individual Qualifiers acting only as Outside Directors of any of the following:

- Qualifying Business of a Gaming-Related Supplier Licensee/Applicant
- Qualifying Business of a Nongaming-Related Licensee/Applicant

-OR-

For Use by Individual Qualifiers owning less than 5% but greater than 1% of any of the following:

- Gaming-Related Supplier Licensee/Applicant which is wholly owned by, or itself, a **Publicly Traded Outside the United States**
- Nongaming-Related Supplier Licensee/Applicant which is wholly owned by, or itself, a **Publicly Traded Outside the United States**
- Gaming-Related Supplier Licensee/Applicant deriving **less than 5% of their annual gross revenue** from Detroit Casinos.
- Nongaming-Related Supplier Licensee/Applicant deriving **less than 5% of their annual gross revenue** from Detroit Casinos.

(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 Enterprise Section of the Licensing Division at 313-456-1459.

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 the following address:

**Michigan Gaming Control Board
ATTN: Licensing and Investigations Division
3062 W. Grand Blvd., Suite L-700
Detroit, Michigan 48202**

PART 1 - DISCLOSABLE INFORMATION

POSITION OR JOB TITLE WITH LICENSEE/APPLICANT

NAME OF SUPPLIER OR CASINO LICENSEE/APPLICANT
THIS FORM IS BEING SUBMITTED IN CONJUNCTION WITH

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Note: If interest in the applicant/licensee is held by a trust, then the trustee must file a Personal Disclosure and a copy of the trust must be submitted.

Last Name Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	First Name	Middle Name	
Present <u>Business</u> Name	Present <u>Business</u> Address (Street)		
City	State	Zip Code	Country
Province (if applicable)	Business Telephone ()	Business Fax ()	

List primary contact person and registered agent authorized to accept notices, subpoenas, summons, and other legal documents from the Board on behalf of the qualifier:		
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):

List any business in which you have an equity interest of more than 5%. N/A

TABLE 1

Interest held by	Business name	Business address	Business purpose	% of ownership	State of incorporation or registration
Last Name _____ First Name MI _____ _____		Street:		_____ %	
		City:			
		State:			
		ZIP:			
Last Name _____ First Name MI _____ _____		Street:		_____ %	
		City:			
		State:			
		ZIP:			

Check here if Table 1 continued

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"/> | 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 indicent	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. 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**

Please note that an applicant, including associated key persons; may not make a political contribution to a state or local elective officeholder, 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 expire. 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.

F. Since the submission for your application, have you 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		

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 2**, 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 5 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:

<u>Name of licensee or applicant/Address/Type of interest/Percent of ownership</u>

B. 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 in the past 5 years.

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: Street: City: State: ZIP: Phone:			_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Name: Street: City: State: ZIP: Phone:			_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No

Check here if Table 10 continued

PART 8 - FINANCIAL

- A. Have you filed all required federal, state and local tax returns with the appropriate agencies for yourself and 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.

- B. Do you receive income from business conducted within the United States?
 No **Yes** If you answered **yes**, provide a completed IRS Form 4506-T for the 3 prior tax years as **Exhibit 3**.
- C. Do you receive income from business conducted outside of the United States?
 No **Yes** If you answered **yes**, provide copies of your tax returns for the 3 prior tax years, translated to English if necessary, as **Exhibit 4**.
- D. Submit as **Schedules A, B & C**, for sources of income, loans payable, and loans receivable.
 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 - RELATIVES

List any relatives that have any financial ownership or employment interest in any business entity with a gaming license. **Yes** **No** (If yes, complete the table below)

TABLE 16

Identity of Person and Employment Title	Business Entity Name/Address	Type of Interest	Dates held		Financial Interest/% of Ownership
			From	To	
Last	Name				_____ %
First	Street				
MI	City, State, Zip				
Last	Name				_____ %
First	Street				
MI	City, State, Zip				
Last	Name				_____ %
First	Street				
MI	City, State, Zip				

Check here if Table 16 continued

PART 11- 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 17

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 17 continued

PART 12 - OTHER REQUIRED DOCUMENTS

Submit as **Exhibit 4**, 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 5**, 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	Copy of Military form DD214	<input type="checkbox"/> N/A		
3	IRS Form 4506-T (for 3 prior tax years)	<input type="checkbox"/> N/A (Required for income earned within United States)		
4	Foreign Tax Returns (for 3 prior tax years, translated to English if necessary)	<input type="checkbox"/> N/A (Required for income earned outside United States)		
5	Picture Identification	Required		
6	Alien Registration	<input type="checkbox"/> N/A		

SCHEDULE A

Sources of Income

Provide all sources of income for the three most recent complete calendar years.

NAME: (Last, First, MI) _____

Source of Income	Year: _____	Year: _____	Year: _____
Name	\$ _____	\$ _____	\$ _____
Street			
City, State, Zip			
Name	\$ _____	\$ _____	\$ _____
Street			
City, State, Zip			
Name	\$ _____	\$ _____	\$ _____
Street			
City, State, Zip			

Use additional copies of this schedule as needed.

SCHEDULE B

Loans Receivable

List all loans. Include any dependent child who has loans receivable exceeding \$50,000. 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)								

Use additional copies of this schedule as needed.

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SCHEDULE C

Loans Payable

List all loans payable exceeding \$50,000. 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. 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)								

Use additional copies of this schedule as needed.

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: _____

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: _____