

Michigan Gaming Control Board

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



SUPPLEMENTAL 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)

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

Key persons of a Casino Licensee or Supplier Licensee must submit this form. See Michigan Gaming Control & Revenue Act, as amended, Administrative Rule 432.1104(c) 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. All applicable pages must be initialed and dated by the Applicant. **Any misrepresentation or omission is grounds for license denial.**

Forms and Documents

Forms are available at www.michigan.gov/mgcb, select “Forms.”

Note: Fingerprinting, for state and federal background checks, is required. Board staff will contact you with instructions to be printed.

Submit this application to the following address:

**Michigan Gaming Control Board
3062 West Grand Blvd.
Suite L-700
Detroit, Michigan 48202**

If you require assistance completing or downloading the forms, contact the Board’s Licensing and Investigations Division at 313-456-1459.

The Applicant shall provide all information, documents, materials, and certifications at the Applicant’s sole expense. Failure to provide information could result in rejection or delay in the processing of this application.

Note: The Board, in its discretion, may hereafter require the Applicant to furnish additional information or complete and submit additional forms.

PART 1 – GENERAL

Position or Job Title with Licensee/Applicant	Name of Related Supplier or Casino Licensee/Applicant
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PART 2 – PERSONAL DATA

Last Name	First Name	Middle Name
Social Security Number	Driver's License Number	State Issued

PART 3 – CONTACT INFORMATION

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:			
Check one Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	Last Name	First Name	Title
Business Name		E-mail Address	
Business Telephone ()	Extension	Business Fax ()	
Business Address			
City		State	
ZIP	Country	Province (if applicable)	

Initials _____

Date _____

PART 4 – CRIMINAL HISTORY

A. Include all alcohol related arrests and/or charges (ex. driving under the influence of, or impaired by alcohol or drugs, open alcohol, etc.) that were not recorded on the Multi-Jurisdictional Personal History Disclosure Form. (Refer to questions 28, 29, and 30 on the Multi-Jurisdictional Personal History Disclosure Form) N/A

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

PART 5 – FINANCIAL

A. 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:

Employer(s) for whom you were bonded	Reason for bond	Bond issuer	Was bond called? (Y/N)	Date and reason bond was called

B. For the past ten years, 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 an ownership interest of 25% or more?

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

Initials _____

Date _____

PART 6 – POLITICAL CONTRIBUTION

Please note that an Applicant, including associated key persons, may not make a political contribution (as defined by the *Michigan Campaign Finance Act*) to a Michigan state or local elective officeholder, candidate, candidate committee, political party committee, independent committee, or committee organized by a state legislative caucus (“Political Contribution”). This prohibition does not apply to contributions to other stated or federal candidates or office holders or to contributions to ballot question committees either within or outside the state of Michigan.

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.

Within one (1) year of this application, have you, either directly or indirectly, made a Political Contribution as defined above?

No Yes If you answered yes, complete the following table. If additional space is required, attach a separate exhibit.

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

PART 7 – PROBLEM GAMBLING

A. Do you have, or have you ever had, any gambling-related problems or debts?

No Yes If you answered yes, submit a detailed statement describing the gambling-related problem or debt.

B. Have you ever been treated for any gambling-related problems?

No Yes If you answered yes, submit a detailed statement describing the gambling-related treatment.

Initials _____

Date _____

PART 9 – 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 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	\$	\$	\$

Initials _____

Date _____

ATTACHMENT A
(Use BLACK ink ONLY)

APPLICANT'S ACKNOWLEDGEMENT, AGREEMENT AND CONSENT

I, _____
(Applicant)

hereby acknowledge 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 _____, _____.

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 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 supersedes and countermands any prior authorization and request to the contrary.

A photo static 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 _____, _____.

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 _____.

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 _____, _____.

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 _____.

Notary Public, (Written Signature)

Notary Public, (Printed Signature)

My commission expires:

County of residence: