



State of Michigan  
 Michigan Gaming Control Board  
 Millionaire Party Licensing  
 3062 W. Grand Blvd., Suite L-700  
 Detroit, MI 48202  
 Phone: (313) 456-4940  
 Fax: (313) 456-3405  
 Email: Millionaireparty@michigan.gov  
[www.michigan.gov/mgcb](http://www.michigan.gov/mgcb)

## MILLIONAIRE PARTY Event Application

For Internal Use Only

**FAILURE TO SUBMIT APPLICATION 6 WEEKS PRIOR TO  
EVENT DATE MAY RESULT IN APPLICATION DENIAL**

1. Organization Name				2a. Organization ID Number	
3. Organization Street Address		City	State <b>MI</b>	ZIP Code	
Organization Mailing Address		City	State <b>MI</b>	2b. Event Start Date	
Organization Email (if Applicable)				County	
4. To your knowledge, has the organization or any individual, officer, or agent (including chairperson, worker, or dealer) ever been convicted of, forfeited bond upon a charge of, or pled guilty to any of the following offenses: <b>a felony, gambling offense, criminal fraud, forgery, larceny, or filing a false report with a governmental agency?</b> Yes – Attach written explanation      No – Report any changes immediately in writing					
5. Does your organization have any pending lawsuits, bankruptcy, or indebtedness to local, state, or federal government?      Yes – Attach written explanation      No					

### PRINCIPAL OFFICER INFORMATION

6. Provide the following information:  
 Principal Officer, e.g., president, grand knight, worthy matron, etc. – **AND** – Vice President or equivalent – **AND** – one other officer of the organization.

Principal Officer	Address	Telephone Numbers
Name	Street	Day (    )
Title	City, State, ZIP Code	Evening (    )
Vice President or Equivalent	Address	Telephone Numbers
Name	Street	Day (    )
Title	City, State, ZIP Code	Evening (    )
Other Officer	Address	Telephone Numbers
Name	Street	Day (    )
Title	City, State, ZIP Code	Evening (    )

### LICENSE MAILING INFORMATION

7. Contact Person ( <i>must be a bona fide member*</i> )	Address Where License Should Be Mailed	Telephone Numbers
Name	Street	Day (    )
Title	City, State, ZIP Code	Evening (    )
Email :		

### LOCATION AND SUPPLIER INFORMATION

8. Location is (check one): <input type="checkbox"/> Organization's Facility  <input type="checkbox"/> Donated (submit agreement) ▶ Location ID Number _____ ▶ Donated agreement – required ▶ Demarcated area** diagram – required  <input type="checkbox"/> Rented (submit agreement) ▶ Location ID Number _____ ▶ Rental/Use Agreement – required ▶ Demarcated area** diagram – required	9. Name of location where millionaire party will be conducted (include building name if applicable)  Street Address _____  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">City</td> <td style="width: 10%;">State <b>MI</b></td> <td style="width: 20%;">ZIP Code</td> <td style="width: 30%;">County</td> </tr> </table>	City	State <b>MI</b>	ZIP Code	County
City	State <b>MI</b>	ZIP Code	County		
10. Equipment is (check one): <input type="checkbox"/> Owned by Organization <input type="checkbox"/> Donated (submit agreement) <input type="checkbox"/> Rented (submit supplier agreement)	11. If equipment is rented from a supplier, provide:  Supplier ID <b>W</b> _____  Supplier Name _____				

**\*Bona fide member** means a member, according to the organization's established membership criteria, who participates in the organization to further its lawful purpose.  
**\*\*Demarcated area** means the physical area in which licensed millionaire party gaming will be conducted, the boundaries of which are marked with rope or tape or separated in an access-controlled area of the location.

# MILLIONAIRE PARTY Event Application

Organization ID Number

## DEALER INFORMATION

12. If utilizing dealers from a licensed millionaire party event supplier, you are NOT required to submit any dealer information.

If you are not utilizing a millionaire party event supplier, complete a Dealer Master List (Attachment B) with required Dealer Information Form(s) for each person performing the act of dealing, assisting in the supervision of the dealers, or providing technical advice. A legible copy of the person's driver's license or government-issued photo identification must be submitted with each Dealer Information Form.

A dealer shall not be an employee of the location owner or lessor unless that person is a bona fide member of the qualified organization and is dealing during an event at the organization's location.

13. Event date(s) and time(s) (dates must be consecutive)

Date _____	Time _____	a.m.	p.m.	to _____	a.m.	p.m.
Date _____	Time _____	a.m.	p.m.	to _____	a.m.	p.m.
Date _____	Time _____	a.m.	p.m.	to _____	a.m.	p.m.
Date _____	Time _____	a.m.	p.m.	to _____	a.m.	p.m.

14. License Fee

\$50 per day up to 4 consecutive days

**\$50** x \_\_\_\_\_ \$ \_\_\_\_\_  
Number of Days

To change the event location, equipment provider, dealer information, dates, and/or time of a millionaire party application, submit a License Change Form. The License Change Form can be found at [www.michigan.gov/mgcb](http://www.michigan.gov/mgcb) → Millionaire Party → Forms

15. Select the games you are requesting to be conducted at the event (check all that apply)

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Tournament Poker | <input type="checkbox"/> Blackjack   |
| <input type="checkbox"/> Texas Hold'em    | <input type="checkbox"/> Craps       |
| <input type="checkbox"/> Omaha Hi/Lo      | <input type="checkbox"/> Roulette    |
| <input type="checkbox"/> Seven Card Stud  | <input type="checkbox"/> Wheel       |
| <input type="checkbox"/> Three Card Poker | <input type="checkbox"/> Let It Ride |
| <input type="checkbox"/> Other _____      |                                      |

16. In the previous calendar year, my organization has raised funds unrelated to charitable gaming activities licensed under the Bingo Act (e.g. bingo, raffle, charity game tickets (a.k.a. Pull Tabs), numeral game, or millionaire party) in the amount of (check one):

Less than \$500    
  \$500 to \$999    
  \$1,000 to \$1,499    
  \$1,500 to \$1,999    
  \$2,000 and greater

## APPLICATION MUST BE SIGNED BY THE PRINCIPAL OFFICER –OR– SIGNED BY THE TWO OFFICERS LISTED ON PAGE ONE (SECTION 6) OF THE APPLICATION

	Signature	Email	Date
<b>Principal Officer</b>			
<b>Vice President or Equivalent</b>			
<b>Other Officer</b>			

By signing above, I CERTIFY that I am at least 18 years of age, the organization applying operates without profit to its members, I have examined this application and there is no misrepresentation or falsification in the information stated or attached, and the facts underlying our original qualification status remain unchanged. I understand that any changes to this information must be reported in writing immediately to the MGCB. I FURTHER CERTIFY that I am aware that false or misleading statements will be cause for rejection of this application and/or revocation of the right to obtain any future licenses and I AM AWARE OF AND AGREE that if licensed I must conduct the millionaire party in conformance with Act 382 of the Public Acts of 1972, as amended, and the rules. **NOTE: The signature of the organization's Executive Director is not acceptable.**

PLEASE RETAIN A COPY OF THE COMPLETED APPLICATION FOR YOUR RECORDS AND BRING IT WITH YOU EACH DAY OF THE MILLIONAIRE PARTY EVENT.

### SUBMIT WITH PAYMENT:

- **Completed Application**
- **Location Agreement (Donated or Rented)**
- **Agreement for Equipment Rental**
- **Demarcated Area Diagram**
- **Dealer Information Forms (if applicable)**
- **Attachment A – Worker List**
- **Attachment B – Dealer Master List (if applicable)**
- **MP Guides for Charities – Certificate of Completion**

**Make checks payable to:  
STATE OF MICHIGAN**

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

# MILLIONAIRE PARTY Attachment A – Worker List

Organization ID Number
Event Start Date

**IF TWO (2) WORKERS ARE NOT PRESENT ON EACH DAY OF YOUR EVENT, CONTACT THE MILLIONAIRE PARTY LINE IMMEDIATELY AT (313) 456-4940 OR EMAIL DETAILED INFORMATION IMMEDIATELY TO Millionaireparty@michigan.gov.**

- Three bona fide members must be present at all times during the event. Bona fide member means a member, according to the organization's established membership criteria, who participates in the organization to further its lawful purpose.
- A bona fide member acting as a dealer does not count toward the required number of persons staffing the event.
- One of the bona fide members listed below must be the millionaire party chairperson. More than one person may be designated as a chairperson.
- No person may serve as a chairperson of more than 1 qualified organization during the same calendar year.

Millionaire Party Workers			Select one or both	Telephone Numbers
Name		Title	<b>Event</b> <input type="checkbox"/> Chairperson <input type="checkbox"/> Worker	Day (   )
Board Member <input type="checkbox"/>	Member <input type="checkbox"/>	Email:		Evening (   )
Name		Title	<b>Event</b> <input type="checkbox"/> Chairperson <input type="checkbox"/> Worker	Day (   )
Board Member <input type="checkbox"/>	Member <input type="checkbox"/>	Email:		Evening (   )
Name		Title	<b>Event</b> <input type="checkbox"/> Chairperson <input type="checkbox"/> Worker	Day (   )
Board Member <input type="checkbox"/>	Member <input type="checkbox"/>	Email:		Evening (   )
Name		Title	<b>Event</b> <input type="checkbox"/> Chairperson <input type="checkbox"/> Worker	Day (   )
Board Member <input type="checkbox"/>	Member <input type="checkbox"/>	Email:		Evening (   )
Name		Title	<b>Event</b> <input type="checkbox"/> Chairperson <input type="checkbox"/> Worker	Day (   )
Board Member <input type="checkbox"/>	Member <input type="checkbox"/>	Email:		Evening (   )
Name		Title	<b>Event</b> <input type="checkbox"/> Chairperson <input type="checkbox"/> Worker	Day (   )
Board Member <input type="checkbox"/>	Member <input type="checkbox"/>	Email:		Evening (   )
Name		Title	<b>Event</b> <input type="checkbox"/> Chairperson <input type="checkbox"/> Worker	Day (   )
Board Member <input type="checkbox"/>	Member <input type="checkbox"/>	Email:		Evening (   )
Name		Title	<b>Event</b> <input type="checkbox"/> Chairperson <input type="checkbox"/> Worker	Day (   )
Board Member <input type="checkbox"/>	Member <input type="checkbox"/>	Email:		Evening (   )
Name		Title	<b>Event</b> <input type="checkbox"/> Chairperson <input type="checkbox"/> Worker	Day (   )
Board Member <input type="checkbox"/>	Member <input type="checkbox"/>	Email:		Evening (   )
Name		Title	<b>Event</b> <input type="checkbox"/> Chairperson <input type="checkbox"/> Worker	Day (   )
Board Member <input type="checkbox"/>	Member <input type="checkbox"/>	Email:		Evening (   )
Name		Title	<b>Event</b> <input type="checkbox"/> Chairperson <input type="checkbox"/> Worker	Day (   )
Board Member <input type="checkbox"/>	Member <input type="checkbox"/>	Email:		Evening (   )
Name		Title	<b>Event</b> <input type="checkbox"/> Chairperson <input type="checkbox"/> Worker	Day (   )
Board Member <input type="checkbox"/>	Member <input type="checkbox"/>	Email:		Evening (   )
Name		Title	<b>Event</b> <input type="checkbox"/> Chairperson <input type="checkbox"/> Worker	Day (   )
Board Member <input type="checkbox"/>	Member <input type="checkbox"/>	Email:		Evening (   )
Name		Title	<b>Event</b> <input type="checkbox"/> Chairperson <input type="checkbox"/> Worker	Day (   )
Board Member <input type="checkbox"/>	Member <input type="checkbox"/>	Email:		Evening (   )
Name		Title	<b>Event</b> <input type="checkbox"/> Chairperson <input type="checkbox"/> Worker	Day (   )
Board Member <input type="checkbox"/>	Member <input type="checkbox"/>	Email:		Evening (   )

**Attach additional pages if needed.**