State of Michigan
Michigan Gaming Control Board
Office of the Executive Director
P.O. Box 30786
Lansing, MI 48909
Phone: (313) 456-4940
Fax: (313) 456-3405
Email: Millionaireparty@michigan.gov
www.michigan.gov/mgcb

# MILLIONAIRE PARTY QUALIFICATION FORM
## (Senior Citizens Organization)

For Internal Use Only

**The organization must complete this form and submit along with the required qualification documents as noted on the following page(s). Please allow at least 8 weeks for the qualification process.**

| | | | |
|---|---|---|---|
| 1. Name of Organization | | | |
| 2. Doing Business As (DBA) *(if applicable)* | | | 3. US Federal Employer Identification Number |
| 4. Organization Physical Address | | | |
| City | State | ZIP Code | County |
| 5. Organization Mailing Address ☐ *Same as Physical Address* | | | |
| City | State | ZIP Code | County |
| 6. Telephone Number ( ) | 7. Fax Number ( ) | | 8. Date Organization Established |
| 9. Is your organization a candidate committee, political committee, political party committee, ballot question committee, independent committee, or any other committee as defined by, and organized pursuant to, the Michigan Campaign Finance Act 388 of the Public Acts of the Public Acts of 1976, as amended, being sections 169.201 to 169.282 of the Michigan Compiled Laws? ☐ Yes ☐ No | | | |
| 10. Briefly describe the purpose of the organization | | | |
| 11. Name of Organization's Principal Officer | | 12. Principal Officer's Title | |
| 13. Principal Officer Mailing Address | | | |
| City | State | ZIP Code | County |
| 14. Email Address | | 15. Telephone Number ( ) | 16. Fax Number ( ) |
| 17. Name of Authorized Contact Person ☐ *Same as Principal Officer* | | 18. Authorized contact person's position or role with organization | |
| 19. Contact Person Mailing Address | | | |
| City | State | ZIP Code | County |
| 20. Email Address | | 21. Telephone Number ( ) | 22. Fax Number ( ) |
| The undersigned hereby certifies that the representations, information, and data presented are true, accurate, and complete to the best of the undersigned's knowledge. *The undersigned understands that failure to answer truthfully, completely, and accurately could preclude the organization from receiving an approval to obtain a gaming license.* | | | |
| Principal Officer Signature | | | Date |
| Authorized Contact Signature | | | Date |

## PLEASE READ CAREFULLY

Please mail this completed form and the required qualification documentation to Michigan Gaming Control Board, PO Box 30786, Lansing, MI 48909 – or email to: Millionaireparty@michigan.gov

If you would like to qualify for a raffle, bingo, or charity game ticket license, please visit the Charitable Gaming Division website at www.michigan.gov/cg for more information.

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# SENIOR CITIZENS ORGANIZATION QUALIFICATION REQUIREMENTS

**The following documentation shall be submitted as part of the qualification process:**

**Senior Citizens Organizations** can qualify for licensing and shall submit the following information in the name of the organization prior to being approved to conduct a millionaire party event.

1. A detailed letter on organization letterhead that is signed by the principal officer of the organization specifying:

    a. The main source(s) of funds received, the main use(s) of funds expended, and the specific purpose of the organization.

    b. Verification the organization contains at least 15 members that are 60 years of age or older.

2. A signed and dated copy of the organization's current bylaws or constitution, including membership criteria

3. A complete copy of the organization's articles of incorporation that have been filed with the Corporations and Securities Bureau, if the organization is incorporated

4. A provision in the bylaws, constitution, or articles of incorporation that indicates the organization exists for the mutual support and advancement of the causes of elderly or retired persons

5. A provision in the bylaws, constitution, or articles of incorporation that indicates all assets, real property, and personal property will revert to the local government or another nonprofit organization should the organization dissolve

6. A copy of the letter from the IRS stating the organization is exempt from federal tax under IRS code 501(c). (If the organization is not exempt under 501(c), submit a copy of one bank statement per year for the previous five years).

7. A copy of the organization's annual financial statements including income statement and balance sheet information for the previous three years

8. A copy of the organization's annual tax returns for the previous three years. (e.g. 990, 990-EZ, or 990-N e-Postcard)

9. A copy of the organization's bank statements for the previous twelve months

10. A copy of the organization's check register for the previous twelve months

11. A copy of the organization's credit card and procurement card statements for the previous twelve months

The organization may be required to provide additional information after the initial documents have been reviewed. If you have any questions or need further assistance, please call (313) 456-4940.

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Act 382 of the Public Acts of 1972, as amended, defines a senior citizen organization as "an organization within this state that is organized not for pecuniary profit, that consists of at least 15 members who are 60 years of age or older, and that exists for their mutual support and for the advancement of the causes of elderly or retired persons."