

FOR BOARD USE ONLY

Tracking Number

# Michigan Gaming Control Board

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



## MILLIONAIRE PARTY DEALER APPLICATION

REPORT SUSPICIOUS OR ILLEGAL GAMBLING RELATED ACTIVITY ANONYMOUSLY

TIP LINE:  
1-888-314-2682

SUBMIT A TIP:  
[WWW.MICHIGAN.GOV/MGCB](http://WWW.MICHIGAN.GOV/MGCB)

## LIVESCAN FINGERPRINT REQUEST

**AUTHORITY:** MCL 28.214, MCL 28.273 & MCL 28.162; **COMPLIANCE:** Voluntary, however failure to complete this form will result in denial of request.

After fingerprinting, return signed and completed form to employer or licensing agency.

<b>I. Fingerprint Reason</b>					
1. Code					
2. Requestor/Agency ID		13. Agency Name			
<b>II. Applicant Information:</b> Type or clearly print answers to all fields before going to be fingerprinted.					
1a. Last Name		1b. First Name		1c. Middle Initial	1d. Suffix
2. Any Alternative Names, Last Names, or Aliases (Optional)					
3. Place of Birth (State or Country)		4. Date of Birth		5. Social Security Number	
6. Driver License State		7. Driver License Number			
8. Address					
9. City		10. State		11. ZIP Code	
12. Sex	13. Race	14. Height (Ft. & In)	15. Weight (Lbs)	16. Eye Color	17. Hair Color
<b>III. Live Scan Information:</b> Type or clearly print answers to all fields at the fingerprinting site.					
1. Date Printed			2. Picture ID Type Presented		
3. TCN			4. Live Scan Operator		

I understand the personal information and fingerprints submitted by live scan are used to search against criminal identification records from both the Michigan State Police (MSP) and Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to the person or agency listed above.

I further understand MSP and the FBI may also retain the submitted information and fingerprints as permitted by the Privacy Act of 1974, 5 USC§ 552a, for routine uses beyond the principal purpose listed above. Routine uses include, but are not limited to, disclosures to governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security, or public safety.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

28 CFR §16.34- Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

**\*\*ENSURE THAT THE CORRECT FINGERPRINTING REASON CODE AND AGENCY ID ARE USED. MSP WILL CHARGE FOR SECOND REQUESTS DUE TO INCORRECT CODES.\*\***

## CRIMINAL HISTORY

Questions 1-7 relate to criminal offenses, either felony or misdemeanor. Answer each question as it pertains to you. DO NOT include civil traffic violations.

1. Have you ever:

- |                          |                          |                           |                          |                          |                 |
|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|-----------------|
| <b>No</b>                | <b>Yes</b>               |                           | <b>No</b>                | <b>Yes</b>               |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | been arrested or detained | <input type="checkbox"/> | <input type="checkbox"/> | pled no contest |
| <input type="checkbox"/> | <input type="checkbox"/> | been indicted or charged  | <input type="checkbox"/> | <input type="checkbox"/> | forfeited bail  |
| <input type="checkbox"/> | <input type="checkbox"/> | pleaded guilty            | <input type="checkbox"/> | <input type="checkbox"/> | been convicted  |

If you answered **yes** to any of the above, please complete the following table:

Nature of offense	Date of charge or incident m/d/yyyy	Name and address of court or police agency	Disposition	Date m/d/yyyy	Felony (F) or Misdemeanor (M)

2. Have you ever been granted immunity?  No  Yes
3. Have you ever been named an un-indicted co-conspirator?  No  Yes
4. Have you ever been charged with a criminal offense, either felony or misdemeanor, which did not result in a conviction?  No  Yes

If you answered **yes**, please describe the nature and date of the charge, name and address of government agency or court involved and final disposition. **(Include court or police agency documentation.)**

5. Have you ever been placed on a diversionary program to avoid criminal arrest or conviction?  No  Yes

If you answered **yes**, please describe the circumstances, outcome, and efforts being made to pay back any debt incurred. **(Include court or repayment documentation.)**

6. Describe any arrests, which did not result in a formal criminal charge.  
**(Include court or police agency documentation.)**  **Not Applicable**

7. Describe all criminal convictions that have been expunged or otherwise removed from your criminal record. **(Include court or police agency documentation.)**  **Not Applicable**

8. Are you current in filing federal, state and city tax returns?  **No**  **Yes**

9. Are you delinquent in the payment of any taxes?  **No**  **Yes**

If you answered **yes**, please complete the following table:

Taxing agency	Type of tax	Dates involved (m/yyyy)	Amount

**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, \_\_\_\_\_  
(Applicant)

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 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 photocopy of this authorization will be considered as effective and valid as the original.

IN WITNESS WHEREOF, I have executed this instrument at the City of \_\_\_\_\_  
State of \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name

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 \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, (Written Signature)

\_\_\_\_\_  
Notary Public, (Printed Signature)

My commission expires: \_\_\_\_\_

County of residence: \_\_\_\_\_

**DEALER APPLICANT VERIFICATION FORM**

I, \_\_\_\_\_  
(Applicant)

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

1. I have not been convicted of a felony under the laws of Michigan, any other state, or the United States.
2. I have not been convicted of a misdemeanor involving gambling, dishonesty, theft, or fraud in Michigan, any other state, or any violation of an ordinance in any state involving gambling, dishonesty, theft, or fraud that substantially corresponds to a misdemeanor in that state.
3. I have had a criminal conviction as stated in Question 1 and 2 set aside or expunged.
4. I am at least 18 years of age.

IN WITNESS WHEREOF, I have executed this instrument at the City of \_\_\_\_\_  
State of \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name

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 \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, (Written Signature)

\_\_\_\_\_  
Notary Public, (Printed Name)

My commission expires: \_\_\_\_\_

County of Residence: \_\_\_\_\_