

Michigan Gaming Control Board

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



RENEWAL PERSONAL DISCLOSURE FORM FULL INVESTIGATION

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)

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 Licensing Division at 313-456-4100.

A. 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.**

- (1) **The completed, signed original disclosure form**, including exhibits and attachments, must be returned to the Michigan Gaming Control Board, 3062 W. Grand Blvd., Suite L-700, Detroit, MI 48202.

If you choose to complete this application by hand, and need more space on any of the tables, please attach additional tables and ensure that they are appropriately numbered.

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

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 / liaison, if other than the qualifier, 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):

A. List any business in which the applicant, applicant's spouse, parent, or child has equity interest of more than 5%. **N/A**

TABLE 1

Interest held by	Business name	Business address	Business purpose	% of owner -ship	State of incorporation or registration
Last Name	Business Name	Street			
First Name, MI		City, State, ZIP			
Last Name	Business Name	Street			
First Name, MI		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.)** Since your last disclosure or renewal statement, or not previously reported to the Board, have you:

- | | | |
|--------------------------|--------------------------|--------------------------------------|
| No | Yes | |
| <input type="checkbox"/> | <input type="checkbox"/> | been convicted |
| <input type="checkbox"/> | <input type="checkbox"/> | forfeited bail |
| <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 charge or arrest	Date of charge or arrest	Name & address of court & arresting agency	Disposition	Date	Felony or misdemeanor

Check here if Table 2 continued

C. 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.) Since your last disclosure or renewal statement, or not previously reported to the Board, have you:

- Have you ever been granted immunity?
 No Yes
- Have you ever been named an unindicted co-conspirator?
 No Yes
- 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.

4. Describe all arrests, which did not result in a formal criminal charge. N/A

5. Describe all criminal convictions that have been expunged. N/A

D. Since your last disclosure or renewal statement, or not previously reported to the Board, have you 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

E. Since your last disclosure or renewal statement, or not previously reported to the Board, have you 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>

F. Since your last disclosure or renewal statement, or not previously reported to the Board, have you incurred any debts in which you have made a formal agreement to adjust, defer, suspend or otherwise work out the payment of the debt?

No Yes If you answered **yes**, provide the following:

<u>Date of filing / Name and address of court / Case number</u>

G. Since your last disclosure or renewal statement, or not previously reported to the Board, has there been filed against you or have you 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.

Submit as **EXHIBIT 2**, a statement listing the names and titles of all public officials, officers or employees of any governmental entity, relatives of said public officials, officers or employees, who directly or indirectly, own any financial interest in, have any beneficial interest in, are the creditors of, or hold any debt instrument issued by, or hold or have any interest in, any contractual or service relationship with the applicant.

N/A

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

H. Since your last disclosure or renewal statement, or not previously reported to the Board, have you, either directly or indirectly, made any political contribution, loan, or other payment to any candidate, campaign committee, political action 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		
Current Marital Information					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
Current Spouse's Name (Include Maiden Name) <input type="checkbox"/> N/A					
Last Name		First Name		MI	Maiden Name
Present <u>Residence</u> Address (Street)		City	State	Zip Code	Since (Date)
Present <u>Business</u> Address (Street) <input type="checkbox"/> N/A		City	State	Zip Code	Since (Date)
Occupation		Residence Telephone ()		Business Telephone ()	
Date of Birth		Place of Birth (City, State, Country)			
Date of Marriage	Place of Marriage	Social Security Number	Driver's License Number		State

PART 3 - EMPLOYMENT/RESIDENCES/EDUCATION

A. Beginning with the present date and working backward, list places of employment for the last 4 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 4 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

C. Education – Identify all level's of higher education you have attained within the past four years, or not previously reported to the Board.

<u>Name of School/Address/Dates Attended (From/To)/Degree or Certificate Received</u>

PART 4 - 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

Since your last disclosure or renewal statement, or not previously reported to the Board:

B. Have you 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 5 - 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. During the past four-year period, have you held ownership interest in or been a director, officer, or principal employee, of any corporation, partnership, sole proprietorship or other business entity that has made (either itself or through third parties) bribes or kickbacks to any employee, company or organization to obtain a competitive advantage, or to any government official, domestic or foreign, to obtain favorable treatment?

- No** **Yes**

If you answered **yes**, submit as **Exhibit 3** a complete explanation of the circumstances.

C. 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 during the past four-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				<input type="checkbox"/> Yes <input type="checkbox"/> No
		Street				
		City,State,Zip				
		Phone				
		Name				<input type="checkbox"/> Yes <input type="checkbox"/> No
		Street				
		City,State,Zip				
		Phone				

Check here if Table 10 continued

PART 6 - FINANCIAL

A. During the past four-years, has any business in which you have or had an ownership interest (other than ownership of stock in a publicly traded company) or in which you served as an officer or director, ever been declared bankrupt by a court, or filed for any type of bankruptcy or insolvency?

No **Yes** If you answered **yes**, provide the following:

<u>Date of filing/Name and address of court/Case number/Disposition</u>

B. During the past four-years, has your wages, salary or other income been subject to garnishment, attachment, charging order or the like?

No **Yes** If you answered **yes**, provide the following:

<u>Name and address of court/Amount of obligation/Docket number/Current status of legal action</u>
--

C. During the past four-years, have you been bonded for any purpose or been refused or denied any type of bond?

No **Yes** If you answered **yes**, provide the following:

<u>Employer(s) for whom you were bonded/Reason for bond/Bond issuer/Was bond called?(Yes/No)/Date and reason bond was called</u>
--

D. During the past four-years, have you been or are you currently a beneficiary, settlor, trustee, grantor, or transferor, to any trust?

No **Yes** If you answered **yes**, complete the following table:

TABLE 11

Name of trust	Nature of your connection with trust	Terms of your connection with trust	Domestic or foreign trust?	Does the trust hold ownership interest in the applicant/licensee?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Check here if Table 11 continued

E. 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?

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

F. Submit as **Exhibit 4**, true and accurate copies of your federal, state and local tax returns, to include all 1099's, W3's, K1's, etc. for the last four tax years, if not previously submitted to the Board. Attached **REQUIRED**

PART 7 - LITIGATION

A. Since your last disclosure or renewal statement, or not previously reported to the Board, have you been a party to a lawsuit as an individual, or as officer, director, partner, proprietor, manager, policy maker, or more than a 5% owner, of any business entity?

No **Yes** If you answered **yes**, complete the following table:

TABLE 12

Names of parties	Case number	Name and location of court	Detailed description of case	Disposition of case

Check here if Table 12 continued

Submit as **Exhibit 5** copies of all complaints, petitions or similar pleadings, which initiated each lawsuit.

B. Within the past four-years, have you or your spouse filed any insurance claim(s) in excess of \$5,000 not previously disclosed to the Board?

No **Yes** If you answered **yes**, provide the following:

<u>Insurance company / Date of claim / Nature of claim</u>
--

C. Since your last disclosure or renewal statement, or not previously reported to the Board, list any relatives that have any financial, ownership or employment interest in any business entity with a license issued by the Michigan Gaming Control Board. N/A

TABLE 13

Identity Of Person And Employment Title	Business Entity Name/Address	Type Of Interest	Dates Involved		Financial Interest/% Of Ownership
			From	To	
Last, First, MI	Name				
	Street				
	City, State, Zip				
Last, First, MI	Name				
	Street				
	City, State, Zip				

Check here if Table 13 continued

D. Within the past four-years, has your marital status changed?

Yes No

If yes, provide the following:

Name, address, and telephone number of new and former spouse(s).

Submit as **Exhibit 6**, copies of any marriage licenses not previously disclosed to the Board.

N/A ATTACHED

Submit as **Exhibit 7**, copies of any divorce decrees not previously disclosed to the Board.

N/A ATTACHED

PART 8 - GOVERNMENT/POLITICAL

Currently or within the last four-years, have you been a public official, an officer, or an employee (paid or not) of any governmental entity or public institution?

No **Yes** If you answered **yes**, complete the following table:

TABLE 14

Full Name	Address And Telephone Number	Relationship	Title And Duties	Dates held	
				From	To
Last, First, MI	Street				
	City, State, Zip				
	Phone				
Last, First, MI	Street				
	City, State, Zip				
	Phone				
Last, First, MI	Street				
	City, State, Zip				
	Phone				

Check here if Table 14 continued

PART 9 - SUBSTANCE ABUSE/GAMBLING PROBLEMS

A. Do you have, or have you ever had, a substance abuse problem?

No **Yes** If you answered **yes**, submit as **Exhibit 8** a detailed statement describing the substance abuse problem.

B. Have you ever been treated, or are you currently being treated, for any substance abuse problem?

No **Yes** If you answered **yes**, submit as **Exhibit 9** a detailed statement describing the substance abuse treatment.

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

No **Yes** If you answered **yes**, submit as **Exhibit 10** a detailed statement describing the gambling related problem or debt (including markers).

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

No **Yes** If you answered **yes**, submit as **Exhibit 11** a detailed statement describing the gambling related treatment.

E. Are you now or have you ever been placed on a disassociated prson list or banned from a gambling establishment? **NO** **Yes**

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	Names/titles of individuals with various relationships with applicant.	<input type="checkbox"/> N/A		
3	Details of attempts to gain advantage or favorable treatment	<input type="checkbox"/> N/A		
4	Tax returns – including 1099’s, W2’s, K-1’s, etc.	Required		
5	Lawsuit complaints, petitions, pleadings, etc.	<input type="checkbox"/> N/A		
6	Copies of all marriage licenses	<input type="checkbox"/> N/A		
7	Copies of all divorce decrees	<input type="checkbox"/> N/A		
8	Statement of substance abuse	<input type="checkbox"/> N/A		
9	Statement of substance abuse treatment	<input type="checkbox"/> N/A		
10	Gambling related problem or debt	<input type="checkbox"/> N/A		
11	Gambling related treatment	<input type="checkbox"/> N/A		
12	Alien Registration	<input type="checkbox"/> N/A		

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, Schedules A-K, and the Net Worth 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	\$	\$	\$

INSTRUCTIONS FOR THE FOLLOWING SCHEDULES (A-K) TO BE COMPLETED.

Indicate by code, in the first column, those held by you personally (P), your spouse (S) or by any dependent child (D).

Note the requirements for disclosing financial information on dependent children on various schedules.

Use additional copies of the schedules as needed.

Transfer the totals from each schedule into the corresponding box on the NET WORTH STATEMENT.

If using pen, use BLACK ink ONLY and print clearly.

SCHEDULE A

Cash in Banks

List all foreign and domestic bank accounts. Include any dependent child who has an account balance exceeding \$10,000. N/A

(P) (S) (D)	Name, Address and Telephone Number of Bank	Names and Signatures Appearing on Account	Account Number	Date Opened	Type of Account	Current Balance
	()					
	()					
	()					
	()					
	()					
TOTAL:						_____
(Transfer to net worth statement)						

SCHEDULE B

Loans Receivable

List all loans (formal & informal). Include any dependent child who has loans receivable exceeding \$5,000. 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)								

SCHEDULE C

Stocks, Bonds, Notes, and Debentures

List all investments in stocks, bonds, mutual funds, money market funds, notes, debentures, and other securities investments. Indicate by a single asterisk (*) in the "Issuer" column those issued by a publicly held company or a double asterisk (**) for those stocks in which you have a 5 percent (5%) or greater interest ownership. Include any dependent child who has a balance exceeding \$5,000. N/A

(P) (S) (D)	Issuer	Type	Number of Shares/ Units	Total Original Cost	Date of Purchase	Name in Which Held	Annual Income	Current Value	Broker/Custodian of Shares (Address)
					← TOTALS: →				
					(Transfer to Net Worth statement)				

SCHEDULE D

Business Investments

List all investments, other than stocks, bonds, and debentures, in any business entity in which any direct, indirect, vested or contingent interest is held or controlled by you, your spouse, or by your dependent child who has an investment exceeding \$5,000. Under the column "Business Entity Interest," list the names of all Business Entities other than publicly held companies with a direct, indirect, vested or contingent interest in the subject entity, and their percentage of ownership. N/A

(P) (S) (D)	Business Entity Name	Type of Organization	No. of Shares/ Units	Total Original Cost	Date of Purchase	Name in Which Held	Annual Income	Current Value	% of Owner- ship	Business Entity Interests	
						← TOTALS: →					
						(Transfer to Net Worth statement)					

SCHEDULE E

Real Estate

List real estate in which any direct, indirect, vested or contingent interest is held or controlled. Under the column headed "Original Cost" indicate the cost of any improvements. Under the column headed "Other Owners," list the names of all owners who share direct, indirect, vested, contingent, or beneficial interest in the real estate, their percentage of ownership, and address. Include any dependent child who has real estate valued at more than \$5,000. N/A

(P) (S) (D)	Address/Location	Owner of Record	Type	Original Cost	Annual Income	Current Value	% of Ownership	Other Owners, % of Ownership, Address
TOTALS: → (Transfer to Net Worth statement)							←	

SCHEDULE F

Other Assets

List all other assets having a fair market value in excess of \$10,000. Include such assets as automobiles, personal property, life insurance policies, and pension plans. Include any dependent child who has other assets exceeding \$5,000. N/A

(P) (S) (D)	Type of Asset	Owner of Record	% of Ownership	Date of Purchase	Original Cost	Current Value
TOTALS: →						
(Transfer to Net Worth statement)						

SCHEDULE G

Loans Payable

List all loans payable exceeding \$5,000. 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. Include any dependent child who has loans payable exceeding \$5,000 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)								

SCHEDULE H

Taxes Payable

List the taxes, penalties and interest payable. Include any dependent child having taxes payable exceeding \$5,000. N/A

(P) (S) (D)	Name & Address of Taxing Authority	Date Tax Assessed	Original Balance	Current Balance	Type of Tax (Income, Property, Sales, etc.)	Reason for Unpaid Tax	Name of Individual, Business, or Property Address that Tax is Assessed Against
TOTALS: → (Transfer to Net Worth statement)							

SCHEDULE I

Mortgages Payable

List the mortgages or liens payable on real estate. Include any dependent child having mortgages payable exceeding \$5,000. Under the column "Description" provide a description of the real estate, including the address, type, condition, and any improvements. Under the column "Relative Position" state the position of the mortgage or lien with respect to other mortgages or liens. N/A

(P) (S) (D)	Name & Address of Creditor	Date Incurred	Original Loan Balance	Monthly Payment	Current Balance	Interest Rate	Maturity Date	Description	Relative Position
TOTALS: →									
(Transfer to Net Worth statement)									

SCHEDULE J

Other Liabilities

List other liabilities or indebtedness in excess of \$10,000. Include any dependent child who has other liabilities that exceed \$5,000. Indicate by a number under the column "Collateral" the relative position of the security interest in the collateral with respect to other security interests in the collateral. Under the column "Description" provide a description of the liability, including its purpose. N/A

(P) (S) (D)	Name & Address of Creditor	Date Incurred	Original Loan Balance	Current Loan Balance	Interest Rate	Maturity Date	Collateral	Description & Purpose
TOTALS: → (Transfer to Net Worth statement)								

NET WORTH STATEMENT as of _____
(Date)

Provide information in the aggregate for you, your spouse, and for any dependent children as required on Schedules A-K.

		Original Cost/Balance	Current Value/Balance
Assets:			\$
Cash on hand			\$
Cash in banks	<i>(Schedule A)</i>		\$
Loans Receivable	<i>(Schedule B)</i>	\$	\$
Stocks, Bonds and Debentures	<i>(Schedule C)</i>	\$	\$
Business Investments	<i>(Schedule D)</i>	\$	\$
Real Estate	<i>(Schedule E)</i>	\$	\$
Other Assets	<i>(Schedule F)</i>	\$	\$
TOTAL ASSETS:		(A)	(A)
Liabilities:			\$
Loans payable	<i>(Schedule G)</i>	\$	\$
Taxes Payable	<i>(Schedule H)</i>	\$	\$
Mortgages Payable	<i>(Schedule I)</i>	\$	\$
Other Liabilities	<i>(Schedule J)</i>	\$	\$
TOTAL LIABILITIES:		(B)	(B)
NET WORTH		\$	\$
{{(A) minus (B)}}			
Contingent Liabilities	<i>(Schedule K)</i>	\$	\$

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 _____, _____.

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 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 _____, _____.

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:

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 _____.

Notary Public, (Written Signature)

Notary Public, (Printed Signature)

My commission expires:

County of residence: