



# SUPPLEMENTAL PERSONAL DISCLOSURE

Initial or Five-Year Renewal

Qualifying Individual  
Name \_\_\_\_\_

Date \_\_\_\_\_

Initial  Five-Year Renewal

Name of Applicant(s) or Qualifying Business(es)

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Position(s) of Qualifying Individual  
with Applicant(s) or Qualifying Business(es)

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# FORM INSTRUCTIONS

This supplemental personal disclosure form may be used by any individual who is a key person (qualifying individual) and wishes to submit the multi-jurisdictional personal history disclosure form and this Michigan supplemental personal disclosure form, in lieu of submitting a personal disclosure form.

For this form:

1. Applicant is defined in section 2(e) of the Michigan Gaming Control and Revenue Act (MiGCRA), MCL 432.2042(e), when used in connection with an application for a casino supplier license.
2. Applicant is defined in section 3(c) of the Lawful Internet Gaming Act (LIGA), MCL 432.303(c), when used in connection with an application for an internet gaming supplier license.
3. Applicant is defined in section 3(c) of Lawful Sports Betting Act (LSBA), MCL 432.403(c), when used in connection with an application for an internet sports betting supplier license.
4. Applicant is defined in rule 511(f) of the Fantasy Contest Rules, Mich Admin Code, R 432.511(f), when used in connection with an application for a fantasy contest operator license or a fantasy contest management company license.

For this form, qualifying business means any person, that is not an individual, and that directly or indirectly holds a combined ownership interest of more than 5% in an applicant [if this is an application for a license under MiGCRA, LIGA, or LSBA], or 5% or more in an applicant [if this is an application for a fantasy contest license only].

For this form:

1. In connection with an application for a casino supplier license, "key person" means any of the following:
  - a. An officer, director, trustee, partner, or proprietor of an applicant or of a qualifying business that has control of the applicant.
  - b. An individual that holds a combined direct, indirect, or attributed debt or equity interest of more than 5% in an applicant.
  - c. An individual that holds a combined direct, indirect, or attributed equity interest of more than 5% in a person that has a controlling interest in an applicant.
  - d. A managerial employee of an applicant or a managerial employee of a qualifying business that has control of an applicant, who either:
    - i. Performs the function of principal executive officer, principal operating officer, principal accounting officer, or an equivalent officer; or
    - ii. Will perform or performs the function of gaming operations manager, or will exercise or exercises management, supervisory, or policy-making authority over the proposed or existing gambling operation, casino operation, or supplier business operations in this state and who is not otherwise subject to occupational licensing in this state.
2. In connection with an application for an internet gaming supplier license or internet sports betting supplier license, "key person" means any of the following:
  - a. A director of the applicant.
  - b. A managerial employee of the applicant that performs the function of principal executive officer, principal operations officer, or principal accounting officer.
  - c. An individual who holds more than 5% ownership interest in the applicant.
  - d. A director of a qualifying business of the applicant.
  - e. A managerial employee of an affiliate of an applicant that performs the function of principal executive officer, principal operations officer, or principal accounting officer.

In connection with an application for an internet gaming supplier license or internet sports betting supplier license, key person does not include an elected or appointed representative of an applicant that is a federally recognized Indian tribe unless the representative is also a full-time employee of applicant's internet gaming operations or internet sports betting operations.

3. In connection with an application for a fantasy contest operator license or a fantasy contest management company license, “key person” means any of the following:

- a. An individual who holds a 5% or greater ownership interest in an applicant or in shares of an applicant.
- b. An individual who holds voting rights with the power to vote 5% or more of the outstanding voting rights of an applicant.
- c. A director of an applicant.
- d. A managerial employee of an applicant who performs the function of principal executive officer, principal operations officer, principal accounting officer, or an equivalent officer.
- e. A director of a qualifying business of an applicant.
- f. A managerial employee of a qualifying business of an applicant who performs the function of principal executive officer, principal operations officer, principal accounting officer, or an equivalent officer.

If the qualifying individual has submitted a multi-jurisdictional personal history disclosure form and supplemental personal disclosure form to the Board within the last 12 months, please contact the Board for further instructions before submitting another multi-jurisdictional personal history disclosure form and supplemental personal disclosure form. The qualifying individual should respond to questions contained herein to the best of their knowledge. Any misrepresentations or omissions may result in the denial of an application for license.

The qualifying individual shall provide all information, documents, and attachments at his or her sole expense. The Board, at its discretion, may require the qualifying individual to furnish additional information or complete and submit additional forms. Further, the Board may require additional individuals and entities to submit disclosures based on information contained in the multi-jurisdictional personal history disclosure form and supplemental personal disclosure form or otherwise identified during its background investigation.

The qualifying individual has a continuing duty to disclose promptly any material changes in information previously provided to the Board as soon as he or she becomes aware of such changes. The duty to disclose changes in information continues throughout the period of licensure by the Board.

The qualifying individual must be fingerprinted in-person or provide hard copy fingerprint cards to the Board. To make an appointment or to request hard copy fingerprint cards to be mailed to you, please call our helpdesk. Full instructions for fingerprinting are available online here: [tinyurl.com/mr455bup](http://tinyurl.com/mr455bup).

Additional tables available online [tinyurl.com/2xukmjub](http://tinyurl.com/2xukmjub)  
Please utilize as needed and include with submittal.

Submit this supplemental personal disclosure form, including required items and attachments to:  
Michigan Gaming Control Board  
ATTN: Enterprise Licensing  
3062 W. Grand Blvd., Suite L-700  
Detroit, MI 48202-6062

For application questions, please contact our helpline at:

Telephone: (313) 456-1459

E-Mail: [MGCB-suppliers@michigan.gov](mailto:MGCB-suppliers@michigan.gov)

## SECTION 1 - GENERAL INFORMATION

### 1.1 Qualifying Individual Information

Qualifying Individual Name (Last, First, Middle initial)		
Social Security Number	Driver's License Number	State Issued

## SECTION 2 – DESIGNATED CONTACT

### 2.1 Designated Contact (liaison to the Board)

Designated Contact Name		Title	
Address		City	
State	Zip	Country	
Phone Number	E-Mail		

## SECTION 3 – SUPPLEMENTAL QUESTIONS

3.1 Has the qualifying individual ever been bonded for any purpose, or been refused or denied any type of bond?

No  Yes, see below:

Incident Description	Incident Date	Name/Location of Court Involved	Disposition	Disposition Date	Offense Category

Additional tables available online [tinyurl.com/2xukmjub](http://tinyurl.com/2xukmjub) Please utilize as needed and include with submittal.

3.2 Has the qualifying individual, or any business entity in which the qualifying individual holds an ownership interest of more than 5%, filed all required federal, state, and local tax returns with the appropriate agencies during the last five years (in connection with an initial application) or since your last disclosure (in connection with a renewal application)?

Yes  No, see below:

Brief explanation

**3.3** Does the qualifying individual have any alcohol related arrests or charges (e.g. driving under the influence of, impaired by alcohol or drugs, open alcohol, etc.), including any alcohol related arrests or charges that have been expunged or otherwise officially sealed by a court or government agency, which were not included in the qualifying individual's responses to the multi-jurisdictional personal history disclosure form. (Refer to Questions 28, 29 and 30 on the multi-jurisdictional personal history disclosure form)

No  Yes, see below:

Offense	Incident Date	Disposition Date
Court Name and Location	Incident Description	Disposition

Additional tables available online [tinyurl.com/2xukmjub](https://tinyurl.com/2xukmjub) Please utilize as needed and include with submittal.

**3.4** Does the qualifying individual have any criminal convictions that have been expunged, pardoned, or otherwise officially sealed by a court or government agency.

No  Yes, see below:

Offense	Incident Date	Disposition Date
Court Name and Location	Incident Description	Disposition

Additional tables available online [tinyurl.com/2xukmjub](https://tinyurl.com/2xukmjub) Please utilize as needed and include with submittal.

**3.5** Has the qualifying individual ever had, or currently have any gambling-related debts?

No  Yes, see below:

Brief explanation

**3.6** Has the qualifying individual ever had, currently have, ever been treated for, or is currently in treatment for substance abuse or for any gambling-related problems?

No  Yes, see below:

Brief explanation

**3.7** Provide total annual gross income for the qualifying individual, his or her spouse, and his or her dependent child(ren) who earned more than \$20,000 for the three most recent calendar years. Use a separate sheet for each family member. The income statement must be completed. Tax returns submitted are not considered a substitute.

Name:

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Sources of Income	Year	Year	Year
Salary			
Interest			
Dividends			
Other Income/Compensation (Identify Sources below)			
<b>Total Annual Gross Income</b>			

Additional tables available online [tinyurl.com/2xukmjub](http://tinyurl.com/2xukmjub) Please utilize as needed and include with submittal.



## ATTACHMENT A VERIFICATION

I, \_\_\_\_\_ (qualifying individual), attest: I am the individual responsible for submitting this supplemental personal disclosure form and the information contained in this supplemental personal disclosure form is true, current, complete, and accurate to the best of my knowledge and belief.

To the extent the information requested in this supplemental personal disclosure form has been previously submitted to the Michigan Gaming Control Board under the Michigan Gaming Control and Revenue Act (MCL 432.201 to MCL 432.226), the Lawful Internet Gaming Act (MCL 432.301 to MCL 432.322), the Lawful Sports Betting Act (MCL 432.401 to MCL 432.219), or the Fantasy Contests Consumer Protection Act (MCL 432.501 to MCL 432.516); I hereby authorize the Michigan Gaming Control Board to use the previously submitted information, along with any updates provided herein or thereafter.

\_\_\_\_\_  
Qualifying Individual Signature

\_\_\_\_\_  
Qualifying Individual Name and Title

\_\_\_\_\_  
Date

### Notary Certificate of Acknowledgement

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_  
Date Notary Printed Name

Personally appeared, \_\_\_\_\_  
Signer Printed Name

Proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he or she executed the same in his or her authorized capacity.

WITNESS my hand and official seal \_\_\_\_\_  
Notary Signature

My Commission Expires: \_\_\_\_\_  
Date



## ATTACHMENT B ACKNOWLEDGEMENT, AGREEMENT, CONSENT, AND RELEASE

I, \_\_\_\_\_, (qualifying individual), hereby acknowledge the Michigan Gaming Control Board may require supplemental materials in order to carry out its statutory duties. I agree to submit supplemental materials as requested by the Board.

I accept any risk of adverse public notice, embarrassment, criticism, other action, or financial loss, which may result from action with respect to the multi-jurisdictional personal history disclosure form and this supplemental personal disclosure form. I also accept the risk of public disclosure of information requested in the multi-jurisdictional personal history disclosure form and this supplemental personal disclosure form and expressly waive any claim as a result thereof.

I hereby acknowledge that I am under a continuing duty to promptly disclose to the Board any changes in the information provided in the multi-jurisdictional personal history disclosure form and this supplemental personal disclosure form 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 multi-jurisdictional personal history disclosure form and this supplemental personal disclosure form to which the changes pertain.

I hereby consent to inspections, searches, seizures, 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. This consent is also authorization to review and inspect tax records administered under the Revenue Act 122 of 1941 (as amended).

I agree to discharge and release the State of Michigan, the Board, Department of Attorney General and the Department of State Police and their respective members, agents, and employees, from any and all actions, causes of action, suits, known or unknown, arising out of or by reason of the processing or investigation of or other action related to the multi-jurisdictional personal history disclosure form and this supplemental personal disclosure form.

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.

\_\_\_\_\_  
Qualified Individual Signature

\_\_\_\_\_  
Qualified Individual Name and Title

\_\_\_\_\_  
Date





## ATTACHMENT C CONSENT TO RELEASE INFORMATION

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, \_\_\_\_\_ (qualifying individual) have authorized the Michigan Gaming Control Board and its employees and agents to conduct a full background investigation into my background and activities.

Therefore, you are hereby authorized to release any and all information, documentary or otherwise, which pertains to me, as requested by any employee or agent of the Michigan Gaming Control Board, provided that he or she certifies to you that I am required to be qualified in connection with an application pending before the Michigan Gaming Control Board.

This authorization supersedes and countermands any prior authorization and request to the contrary. A copy of this authorization will be considered as effective and valid as the original.

\_\_\_\_\_  
Qualifying Individual Signature

\_\_\_\_\_  
Qualifying Individual Name and Title

\_\_\_\_\_  
Date

### Notary Certificate of Acknowledgement

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_  
Date Notary Printed Name

Personally appeared, \_\_\_\_\_  
Signer Printed Name

Proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he or she executed the same in his or her authorized capacity.

WITNESS my hand and official seal \_\_\_\_\_  
Notary Signature

My Commission Expires: \_\_\_\_\_  
Date



# ATTACHMENT D AFFIDAVIT OF FULL DISCLOSURE

I, \_\_\_\_\_,  
Qualifying Individual

being first duly sworn upon oath or affirmation, depose and state, that, I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee, or otherwise any interest in the applicant or a qualifying business; and that, I have no agreements or understanding with any person or entity and no present intent to pay any sums of money or give anything of value such as, including but without limitation, a finder's fee or commission to any person or entity related to the acquisition and/or sale of any interest in the applicant.

\_\_\_\_\_  
Qualifying Individual Signature

\_\_\_\_\_  
Qualifying Individual Name and Title

\_\_\_\_\_  
Date

### Notary Certificate of Acknowledgement

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_  
Date Notary Printed Name

Personally appeared, \_\_\_\_\_  
Signer Printed Name

Proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person or entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal \_\_\_\_\_  
Notary Signature

My Commission Expires: \_\_\_\_\_  
Date

## REQUIRED ITEMS DUE UPON SUBMISSION

- Copy of one of the following: U.S. Birth Certificate, U.S. Passport, Naturalization Certificate, or Alien Registration Card
- Copy of Social Security Card or Non-US equivalent
- Copy of alien registration for Non-US Citizens
- Secondary Picture Identification Copy (driver's license, state ID, military ID, or passport)
- Copies of all marriage licenses and/or divorce decrees
- Copies of your federal, state, and local tax returns for the last three (3) years including all schedules and attachments such as W-2s, 1099s, and K-1s, as well as amendments and extensions.
- Internal Revenue Service (IRS) Account Transcript of Tax Return for the past four (4) filing periods. Directions available online [tinyurl.com/3sbr9pr5](http://tinyurl.com/3sbr9pr5)
- Fingerprints - Two (2) completed FBI fingerprint cards and a completed Livescan Form (available online [tinyurl.com/bdexv977](http://tinyurl.com/bdexv977)). Hard cards are not required if you schedule an appointment with the Board.
- Additional Tables as needed (Available online [www.michigan.gov/MGCB/tinyurl](http://www.michigan.gov/MGCB/tinyurl)). Please utilize and include with submittal.
- If the qualifying individual holds individual ownership in the applicant or in a qualifying business of the applicant, through a trust, then a copy of the trust must be submitted with this supplemental personal disclosure form.

**Note:** In connection with the review process, additional supplemental documents will be required during the course of investigation and will be requested at a later time.