

Michigan Gaming Control Board

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



QUALIFIER RENEWAL – TRUST

Name of Trust

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

Complete the Qualifying TRUST Renewal form if you have previously submitted a copy of the trust.

If you have not previously submitted the appropriate trust, this form will not be accepted.

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



Please contact the Enterprise Licensing Section for assistance or questions.

Telephone: (313) 456-1459

Facsimile: (313) 456-4190

Email: MGCB-Supplier@michigan.gov

Website: www.michigan.gov/mgcb

**QUALIFIER RENEWAL STATEMENT OF CONTINUED ELIGIBILITY
FOR TRUSTS OF A LICENSEE**

A. Name of Licensee you are affiliated with: _____

B. Ownership interest in Licensee: _____

If this statement is being submitted as a renewal for a Trust (with a business disclosure or copy of trust already on file with the Board), enter the following information:

C.

Full Trust Name: _____			
FEIN No. (if applicable): _____			
Business Address	City	State	ZIP
Business Telephone No. ()	Country	Province (if applicable)	
Name of Trustee:			

Please update the following contact information:

List primary contact person and registered agent authorized to accept notices, subpoenas, summons, and other legal documents from the Board on behalf of the qualifier:	
Name Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	Business Phone Number ***** ()
Business Address	Business Fax Number ()

D. Since submission of your most recent trust, application or renewal, has there been a change in the trust's beneficiary, settler, trustee, grantor, or transferor? Yes No

If yes, then submit as **Exhibit 1** documents supporting the changes

E. Since submission of your most recent application or renewal, have there been any amendments made to the trust? Yes No

If yes, then submit as **Exhibit 2** the amendments.

F. Since submission of your most recent application or renewal, has the trust filed any federal or state income tax returns? Yes No

If yes, then submit as **Exhibit 3** all federal and state income tax returns filed since the submission of your most recent application or renewal. Also, submit a completed IRS Form 4506-C for the 4 prior tax years as **Exhibit 4**.

G. Additional documents required:

♦ Financial Statements Attached N/A

FOR TRUSTS OF A LICENSEE

ATTACHMENT A

ENTITY'S 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.

On behalf of _____
(NAME OF TRUST)

I, _____
(NAME AND TITLE OF PERSON AUTHORIZED TO EXECUTE THIS RELEASE)

have authorized the Michigan Gaming Control Board to conduct a full investigation into the background and activities of said entity.

Therefore, you are hereby authorized to release any and all information pertaining to said entity, documentary or otherwise, as requested by any employee or agent of the Michigan Gaming Control Board, provided that he or she certifies to you that said entity has an application pending before the Michigan Gaming Control Board or that said entity is a licensee or other person required to be qualified under the provisions of the Michigan Gaming Control and Revenue Act.

This authorization shall supersede and countermand any prior request or authorization 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 _____, 20 ____.

Individual's Signature

Title

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 20 ____.

Notary Public, (Written Signature)

Notary Public, (Printed Signature)

My commission expires: _____

County of residence: _____

FOR TRUSTS OF A LICENSEE

ATTACHMENT C

QUALIFIER VERIFICATION

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

I am the individual responsible for submitting this statement of continued eligibility. I have full authority to execute this statement on behalf of the qualifier and otherwise bind the qualifier to the above.

I swear (or affirm) that the information contained in this statement form is true, complete and accurate to the best of my knowledge and belief.

Signature

Printed or Typed Signature

Title

Date

WITNESS, my hand and Notary Seal, this _____ day of _____, of 20 ____ .

Notary Public, (Written Signature)

Notary Public, (Printed Signature)

My commission expires: _____

County of residence: _____