



# BUSINESS DISCLOSURE

## Initial or Five-Year Renewal

Qualifying  
Business Name \_\_\_\_\_

Date \_\_\_\_\_

Initial       Five-Year Renewal

**Application Type (Select all that apply):**

Internet Gaming Supplier

Internet Sports Betting Supplier

Casino Supplier:

    Gaming Related

    Non-Gaming Related

Fantasy Contest:

    Operator

    Management Company

**Name of Associated Applicant(s)**

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**REPORT SUSPICIOUS OR ILLEGAL GAMBLING ACTIVITY ANONYMOUSLY**

**ANONYMOUS TIP LINE:**  
888-314-2682

**SUBMIT AN ANONYMOUS TIP:**  
[www.michigan.gov/MGCB](http://www.michigan.gov/MGCB)

## FORM INSTRUCTIONS

This Business Disclosure form should be completed by any qualifying business of an applicant.

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 disclosure is related to an application for a license under MiGCRA, LIGA, or LSBA], or 5% or more in an applicant [if this disclosure is related to an application for a fantasy contest license only].

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

For this form, key person includes, but is not limited to, the following:

1. An individual that directly or indirectly holds a combined ownership interest of more than 5% in a qualifying business [if this disclosure is related to an application for a license under MiGCRA, LIGA, or LSBA], or 5% or more in a qualifying business [if this disclosure is related to an application for a fantasy contest license only].
2. A director of a qualifying business.
3. A managerial employee of a qualifying business who 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.

If the qualifying business has completed this Business Disclosure form within the last 12 months, please contact the MGCB for further instructions before submitting another Business Disclosure form. The qualifying business should respond to questions contained herein to the best of its knowledge. Any misrepresentations or omissions may result in the denial of an application for a license.

The qualifying business must provide all information, documents, and attachments at its sole expense. The Board, at its discretion, may require the qualifying business 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 this business disclosure form or otherwise identified during its background investigation.

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

Additional tables available online [www.https://tinyurl.com/3317bd](https://tinyurl.com/3317bd)

Please utilize as needed and include with submittal.

Submit this business disclosure form, including required items, and attachments to:

MGCB-suppliers@michigan.gov

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 BUSINESS NAME** as it appears on certificate of incorporation, charter, by-laws, operating agreement, or other official document.

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**1.2 D/B/As** Any/all D/B/As utilized in conducting business with the applicant  
(Submit documentation)

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### 1.3 IDENTIFICATION/OWNERSHIP INFORMATION

Registration Type	<input type="text"/>	Registration Number	<input type="text"/>
Business Type	<input type="text"/>	Registration State	<input type="text"/>
Ownership Status	<input type="text"/>	Registration Country	<input type="text"/>
Ownership Country	<input type="text"/>		

Comments, as needed:

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### 1.4 BUSINESS ADDRESS

Address		City
<hr/>		<hr/>
State	ZIP Code	Country
<hr/>	<hr/>	<hr/>
Phone Number	Website	
<hr/>	<hr/>	

**1.5** Has the qualifying business had additional business names or addresses during the past five years in connection with an initial application or since the last disclosure (in connection with a renewal application)?

No     Yes, see below:

Prior Name	Reason for Cessation	To:	From:
Prior Address - Street, City, State, ZIP Code, Country		To:	From:
Prior Name	Reason for Cessation	To:	From:
Prior Address - Street, City, State, ZIP Code, Country		To:	From:

**1.6 DESIGNATED CONTACT** (liaison to the Board)

Contact Name

Title

\_\_\_\_\_

Address

City

\_\_\_\_\_

State

ZIP Code

Country

\_\_\_\_\_

Phone Number

E-mail

\_\_\_\_\_

## SECTION 2 – AGREEMENT

**2.1** Name of the applicant(s) for which the qualifying business is submitting this business disclosure:

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**2.2** Are there any agreement contingencies or conditions between the applicant, and the qualifying business, its key persons or associated entities?  No  Yes, see below:

Brief explanation:

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**2.3** Are there any distributors, sales representatives, individuals, or business entities that formally or informally distribute, market, or represent goods/services produced/rendered by the qualifying business?

No  Yes, see below:

Distributor/Representative Name	Address	Phone Number
	Ext. <span style="border: 1px solid black; display: inline-block; width: 30px; height: 15px;"></span>	
	Ext. <span style="border: 1px solid black; display: inline-block; width: 30px; height: 15px;"></span>	

Distributor/Representative Name	Address	Phone Number
	Ext. <span style="border: 1px solid black; display: inline-block; width: 30px; height: 15px;"></span>	
	Ext. <span style="border: 1px solid black; display: inline-block; width: 30px; height: 15px;"></span>	

Additional tables available online [www.https://tinyurl.com/3317bd](http://www.https://tinyurl.com/3317bd) Please utilize as needed and include with submittal.

## SECTION 3 – OWNERSHIP

**3.1** Does the qualifying business have any financial, ownership interest or other relationship with another qualifying business or another applicant not already named in this business disclosure?

No    Yes, see below:

Provide Name(s) of the other qualifying business(es) and/or applicant(s) and explain the nature of the interest or relationship:

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**3.2** Does the qualifying business have an equity interest of more than 5% in any business other than the applicant for which this business disclosure is submitted (if this disclosure is related to an application for a license under MiGCRA, LIGA or LBSA) or 5% or more (if this disclosure is related to an application for a fantasy contest license only)?

No    Yes, see below:

Business Name	US State or Country of Incorporation or Registration	Equity Interest %

**3.3** Does the qualifying business have any direct, indirect or attributed legal or beneficial interest in any business entity outside the United States?

No    Yes, see below:

Foreign Entity Name	Country of Incorporation or Registration	Affiliation

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Additional tables available online [www.https://tinyurl.com/3317bd](http://www.https://tinyurl.com/3317bd) Please utilize as needed and include with submittal.

## SECTION 4 – REGULATION

**4.1** Is the qualifying business subject to regulation by a public agency in the state of Michigan or any other jurisdiction?  No  Yes, see below:

Name and Location of Public Agency	Type of Regulation	License/ID Number

Additional tables available online [www.https://tinyurl.com/3317bd](http://www.https://tinyurl.com/3317bd) Please utilize as needed and include with submittal.

**4.2** Has the qualifying business ever (in connection with an initial application) or since its last disclosure (in connection with a renewal application) applied in any jurisdiction for a license, permit, or other authorization to participate in lawful gaming operations (including, but not limited to, fantasy contests, manufacture or distribution of gaming supplies, casino gaming, horse racing, dog racing, pari-mutuel operations, lottery, sports betting or internet gaming)?  No  Yes, see below:

Name and Location of Regulatory Agency	Type of Gaming Activity	License / ID Number



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Additional tables available online [www.https://tinyurl.com/3317bd](http://www.https://tinyurl.com/3317bd) Please utilize as needed and include with submittal.

## SECTION 5 – CRIMINAL HISTORY

**5.1** Has the qualifying business ever (in connection with an initial application) or since its last disclosure (in connection with a renewal application) been involved in any of the following criminal offense (felony/misdemeanor) scenarios under the laws of any jurisdiction?

No  Yes, see below:

- Charged (with or without conviction)
- Pled no contest
- Indicted
- Pled guilty
- Convicted (including expunged/pardoned offenses)
- Named as an unindicted co-conspirator
- Granted immunity

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

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

Additional tables available online [www.https://tinyurl.com/3317bd](http://www.https://tinyurl.com/3317bd) Please utilize as needed and include with submittal.

## SECTION 6 – FINANCIAL

**6.1** Provide the following details for each bank, credit union, brokerage, or other deposit accounts held by the qualifying business during the last five years. Applies to domestic and international accounts either held in its own name or under its direct/indirect control:

No  Yes, see below:

Institution Name and Address	Name on Account	Type of Account
		Account Number

Institution Name and Address	Name on Account	Type of Account
		Account Number

Institution Name and Address	Name on Account	Type of Account
		Account Number

Institution Name and Address	Name on Account	Type of Account
		Account Number

Institution Name and Address	Name on Account	Type of Account
		Account Number

Additional tables available online [www.https://tinyurl.com/3317bd](https://tinyurl.com/3317bd) Please utilize as needed and include with submittal.

**6.2** Provide the following details for each loan account of the qualifying business. Applies to domestic and international accounts funded either by individuals or institutions:

N/A  See below:

Debt Holder Name and Address	Loan Purpose	Loan Type	
		Origination Date	
		Loan Maturity Date	
		Initial Loan Amt	
		Current Balance	

Debt Holder Name and Address	Loan Purpose	Loan Type	
		Origination Date	
		Loan Maturity Date	
		Initial Loan Amt	
		Current Balance	

Debt Holder Name and Address	Loan Purpose	Loan Type	
		Origination Date	
		Loan Maturity Date	
		Initial Loan Amt	
		Current Balance	

Debt Holder Name and Address	Loan Purpose	Loan Type	
		Origination Date	
		Loan Maturity Date	
		Initial Loan Amt	
		Current Balance	

Additional tables available online [www.https://tinyurl.com/3317bd](http://www.https://tinyurl.com/3317bd) Please utilize as needed and include with submittal.

**6.3** Is the qualifying business named as beneficiary, settler, trustee, grantor, transferor, or other fiduciary to any trust (domestic or foreign) during the last ten years (in connection with an initial application) or since its last disclosure (in connection with a renewal application)?

No  Yes, see below:

Brief explanation (including qualifying business connection, nature of trust, and asset location):

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## SECTION 7 – FINANCIAL COMPLIANCE/CIVIL LITIGATION

**7.1** Has the qualifying business ever (in connection with an initial application) or since its last disclosure (in connection with a renewal application) filed for bankruptcy?

No  Yes, see below:

Filing Date	Name and Court Location	Case Number	Disposition

Filing Date	Name and Court Location	Case Number	Disposition

Additional tables available online [www.https://tinyurl.com/3317bd](http://www.https://tinyurl.com/3317bd) Please utilize as needed and include with submittal.

**7.2** Has the qualifying business ever (in connection with an initial application) or since its last disclosure (in connection with a renewal application) filed or had filed against it a proceeding or been involved in any formal process to adjust, defer, suspend, or otherwise workout payment of debt?

No  Yes, see below:

Filing Date	Name and Court Location	Case Number	Disposition

Additional tables available online [www.https://tinyurl.com/3317bd](http://www.https://tinyurl.com/3317bd) Please utilize as needed and include with submittal.

**7.3** Has the qualifying business ever (in connection with an initial application) or since the last disclosure (in connection with a renewal application) been a party to or been involved in any of the following non tax-related scenarios in any jurisdiction?

No  Yes, see below

- a. Formal complaint
- b. Notice of disciplinary action
- c. Restriction, suspension, or revocation of a license, permit or certification
- d. Denial, non-renewal, or withdrawal of an application

Disciplinary Action, or Notice of Investigation	Date	Summary


Additional tables available online [www.https://tinyurl.com/3317bd](http://www.https://tinyurl.com/3317bd) Please utilize as needed and include with submittal.

**7.4** Has the qualifying business filed all required federal, state, and/or local tax returns with the appropriate agencies during the last 5 years (in connection with an initial application) or since the qualifying business' last disclosure (in connection with a renewal application)?

Yes  No, see below:

Brief explanation:

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**7.5** Does the qualifying business, have any outstanding tax liabilities with any taxing authority?

Yes  No, see below:

<b>Entity</b>		<b>Description toward Resolution</b>
<b>Taxing Agency</b>		
<b>Outstanding Balance</b>		
<b>As of Date</b>		

<b>Entity</b>		<b>Description toward Resolution</b>
<b>Taxing Agency</b>		
<b>Outstanding Balance</b>		
<b>As of Date</b>		

<b>Entity</b>		<b>Description toward Resolution</b>
<b>Taxing Agency</b>		
<b>Outstanding Balance</b>		
<b>As of Date</b>		

Additional tables available online [www.https://tinyurl.com/3317bd](http://www.https://tinyurl.com/3317bd) Please utilize as needed and include with submittal.

**7.6** Has the qualifying business been notified by a public body of any tax-related issue(s) regarding the payment of any tax required under federal, state, or local law—including but not

limited to a tax audit--during the last five years (in connection with an initial application) or since the last disclosure (in connection with a renewal application)?

No  Yes, see below:

Taxing Agency	Tax Type	Date of Taxing Period	Amount

Additional tables available online [www.https://tinyurl.com/3317bd](http://www.https://tinyurl.com/3317bd) Please utilize as needed and include with submittal.

**7.7** Has the qualifying business, any of its key persons, or associated entities, partners, or a third party acting for or on behalf of the qualifying business made any payments to any employee, company, organization or government official (domestic or foreign), to obtain favorable treatment during the last ten years (in connection with an initial application) or since the last disclosure (in connection with a renewal application)

No  Yes, see below:

Brief explanation:

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**7.8** Has the qualifying business had any securities or debt offerings suspended from trading or had any action against it by any financial regulatory agency?

No  Yes, see below:

Type of Security/Offering	Regulatory Agency Name/Location	Action Date	Action Taken


Additional tables available online [www.https://tinyurl.com/3317bd](http://www.https://tinyurl.com/3317bd) Please utilize as needed and include with submittal.

**7.9** Do any of the below scenarios apply to the qualifying business or any of its key persons or associated entities in any jurisdiction?  No  Yes, see below:

- Currently a party to any civil lawsuits
- Been a party to any other litigation over the past ten years in which:
  - Applicant or any of its key persons or qualifying businesses were accused of intentional misconduct.
  - An ultimate decision could cause an adverse effect on Applicant, reflecting in its financial condition, character, reputation, or integrity.

<b>Case Title/Caption</b>			
<b>Docket/Case Number</b>			
<b>Name/Location of Court Involved</b>	<b>Involved Parties</b>	<b>Nature of Claim(s)</b>	

<b>Case Title/Caption</b>			
<b>Docket/Case Number</b>			
<b>Name/Location of Court Involved</b>	<b>Involved Parties</b>	<b>Nature of Claim(s)</b>	

<b>Case Title/Caption</b>			
<b>Docket/Case Number</b>			
<b>Name/Location of Court Involved</b>	<b>Involved Parties</b>	<b>Nature of Claim(s)</b>	

Additional tables available online [www.https://tinyurl.com/3317bd](http://www.https://tinyurl.com/3317bd) Please utilize as needed and include with submittal.

## SECTION 8 – KEY PERSONS & ASSOCIATED ENTITIES

**8.1** Please identify all key persons and associated entities of the qualifying business per the below instructions:

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

For this form, key person includes, but is not limited to, the following:

1. An individual that directly or indirectly holds a combined ownership interest of more than 5% in a qualifying business [if this disclosure is related to an application for a license under MiGCRA, LIGA, or LSBA], or 5% or more in a qualifying business [if this disclosure is related to an application for a fantasy contest license only].
2. A director of a qualifying business.
3. A managerial employee of a qualifying business who 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.

<b>Individual or Entity</b>		
<b>Beneficial Ownership %</b>		<b>Address</b>
<b>Relationship to Applicant</b>		
<b>Applicable Board Committee(s)</b>		

<b>Individual or Entity</b>		
<b>Beneficial Ownership %</b>		<b>Address</b>
<b>Relationship to Applicant</b>		
<b>Applicable Board Committee(s)</b>		

<b>Individual or Entity</b>		
<b>Beneficial Ownership %</b>		<b>Address</b>



<b>Relationship to Applicant</b>		
<b>Applicable Board Committee(s)</b>		

<b>Individual or Entity</b>		
<b>Beneficial Ownership %</b>		<b>Address</b>
<b>Relationship to Applicant</b>		
<b>Applicable Board Committee(s)</b>		

<b>Individual or Entity</b>		
<b>Beneficial Ownership %</b>		<b>Address</b>
<b>Relationship to Applicant</b>		
<b>Applicable Board Committee(s)</b>		

<b>Individual or Entity</b>		
<b>Beneficial Ownership %</b>		<b>Address</b>
<b>Relationship to Applicant</b>		
<b>Applicable Board Committee(s)</b>		

<b>Individual or Entity</b>		
<b>Beneficial Ownership %</b>		<b>Address</b>
<b>Relationship to Applicant</b>		
<b>Applicable Board Committee(s)</b>		

Additional tables available online [www.https://tinyurl.com/3317bd](http://www.https://tinyurl.com/3317bd) Please utilize as needed and include with submittal.



# ATTACHMENT A VERIFICATION

I, \_\_\_\_\_ (Managing Officer / Director of the qualifying business), attest: I am the individual responsible for submitting this business disclosure form and have full authority to execute this verification on behalf of the qualifying business binding them to the above.

To the extent the information requested in this 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.

The information contained in this application is true, current, complete, and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Managing Officer / Director Signature

\_\_\_\_\_  
Managing Officer / Director  
Printed 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



## ATTACHMENT B

# ACKNOWLEDGEMENT, AGREEMENT, CONSENT, AND RELEASE

I, \_\_\_\_\_, (Managing Officer / Director of the qualifying business), 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.

On behalf of the qualifying business, I accept any risk of adverse public notice, embarrassment, criticism, other action, or financial loss, which may result from action with respect to this disclosure form in conjunction with the application for a license. I also accept the risk of public disclosure of information requested in this form and expressly waive any claim as a result thereof.

I hereby acknowledge that the qualifying business is under a continuing duty to promptly disclose to the Board any changes in the information provided in this disclosure form and requested materials submitted to the Board. To comply with this requirement, the qualifying business must submit a letter to the Board stating the changes and reference the specific question(s) within the disclosure form to which the changes pertain.

On behalf of the qualifying business 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).

On behalf of the qualifying business, 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 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.

\_\_\_\_\_  
Managing Officer / Director of Qualifying Business Signature

\_\_\_\_\_  
Managing Officer / Director of Qualifying Business 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.

On behalf of \_\_\_\_\_ (Qualifying Business), I, \_\_\_\_\_ (Managing Officer / Director of Qualifying Business), have authorized the Michigan Gaming Control Board and its employees and agents to conduct a full background 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 is 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.

\_\_\_\_\_  
Managing Officer / Director of Qualifying Business Signature

\_\_\_\_\_  
Managing Officer / Director of Qualifying Business 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



**ATTACHMENT D**  
**AFFIDAVIT OF FULL DISCLOSURE**

I, \_\_\_\_\_,  
Managing Officer / Director of Qualifying Business

being first duly sworn upon oath or affirmation, depose and state, that, except as reported in this business disclosure form, 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

that, except as reported in the application, 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; and

I have full authority to execute this affidavit of full disclosure on behalf of the qualifying business and otherwise bind it to the above.

\_\_\_\_\_  
Managing Officer / Director of Qualifying Business Signature

\_\_\_\_\_  
Managing Officer / Director of Qualifying Business 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

- Articles or certificate of incorporation, organization, charter, assumed name, by-laws, operating agreement or similar official documentation
- Ownership flowchart illustrating the fully diluted beneficial ownership of the qualifying business. List intermediary entities (e.g. operating entities, holding companies, or trusts) holding ownership until the flowchart reflects the ownership interest as being held by individual(s), not other business(es). If the ultimate parent company is publicly traded and no individual controls more than 5% of the publicly traded stock, indicate that in a footnote to the flowchart
- Organizational chart showing the corporate structure of the qualifying business, identifying all officers of the qualifying business, and all members of the board of directors. Include position descriptions and names of individuals in such roles
- Completed federal, state and local tax returns for the past three years including schedules, attachments, amendments and extensions (unless previously submitted to the Board)
- Internal Revenue Service (IRS) Account Transcript of Tax Return for the past four (4) filing periods. For Directions click [www.tinyurl.com/3sbr9pr5](http://www.tinyurl.com/3sbr9pr5)
- Financial statements including income statement, balance sheet, cash flow statement, corresponding financial notes, and schedules for the past three years
- Personal Disclosures and/or Business Disclosures resulting from its key persons and associated entities identified in this Business Disclosure Form

Note: Limited personal disclosures may be considered in lieu of full personal disclosures for individuals serving as outside directors of Qualified Business Applicant or entities holding greater than 5% in applicant i.e., an affiliate. Outside director means a member of the board of directors (or equivalent) who is not otherwise employed by the Applicant or the affiliate and does not hold greater than 5% beneficial ownership in the Applicant. Chairpersons of the Qualified Business Applicant or an affiliate of Qualified Business Applicant are not eligible for a limited personal disclosure

- Additional Tables as needed (Available online [www.https://tinyurl.com/3317bd](https://tinyurl.com/3317bd)). Please utilize and include with submittal

**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.