



LIMITED PERSONAL DISCLOSURE

Initial or Five-Year Renewal

Qualifying Individual
Name _____

Date _____

Initial

Five-Year Renewal

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

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

FORM INSTRUCTIONS

This limited personal disclosure form should be completed by any individual who is an outside director (qualifying individual).

For this form:

- a. 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.
- b. 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.
- c. 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.
- d. 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, outside director means both of the following:

- a. A member of the board of directors (or equivalent) of an applicant who is not otherwise employed by the applicant, and who does not hold greater than 5% beneficial ownership interest in the applicant.
- b. A member of the board of directors (or equivalent) of a qualifying business who is not otherwise employed by the applicant or qualifying business, and who does not hold greater than 5% beneficial ownership interest in the applicant or qualifying business.

Outside director does not include:

- i. The chairperson of the board of directors of either an applicant or of a qualifying business that controls the applicant.

If the qualifying individual has completed this limited personal disclosure form within the last 12 months, please contact the MGCB for further instructions before submitting another limited personal disclosure form. The qualifying individual should respond to questions contained herein to the best of his or her 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 this limited 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 on our [website](#).

Additional tables available online tinyurl.com/3z6tef7v
Please utilize as needed and include with submittal.

Submit this limited 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

SECTION 1 - GENERAL INFORMATION

1.1 Qualifying Individual Information

Qualifying Individual Name					
Maiden Name, Alias(es), Nicknames, or Other					
Date of Birth	Sex	Eye Color	Hair Color	Height	Weight
Address			City		State
Zip Code	Country		Phone Number	Residing Since (Date)	
E-Mail					
Country of Citizenship		Place of Birth (State/Province, Country)		Social Security Number	
Resident Alien Registration # or Sponsor Name and Address upon arrival (Non-Citizens)					
Naturalization Certificate # and Date Granted (Naturalized Citizens)					

Driver's License Number	Issuance State	Expiration Date	Tattoos, amputations, distinguishing marks
Marital Status	Spouse's Name (Last, First, Middle and Maiden)		

Name of School		
Highest Degree Awarded	Date attended From:	Date attended To:

1.2 Additional residences during the past five years. Select N/A if there were none.

N/A

Address (Street, City, State, ZIP Code, Country)	From	To

1.3 Places of employment within the last fifteen years (in connection with an initial application) or five years (in connection with a renewal application), in reverse chronological order. Include unemployment and military service. In addition, include business entities with which you have been associated as owner, policy maker, investor, or substantial creditor from age eighteen.

Address (Street, City, State, ZIP Code, Country)	From	To

1.4 Did the qualifying individual ever serve in the military including reserves or National Guard?
 No Yes. DD214 attached.

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 - OWNERSHIP

3.1 Does the qualifying individual have any financial, ownership, or right to ownership interest in an applicant or qualifying business?

No Yes, see below:

Name of Applicant or Qualifying Business	US State or Country of Incorporation or Registration	Nature of Interest	Interest % held

Additional tables available online tinyurl.com/3z6tef7v Please utilize as needed and include with submittal.

3.2 Does the qualifying individual have beneficial ownership of 5% or more in any business other than the applicant?

No Yes, see below:

Business Name	US State or Country of Incorporation or Registration	Beneficial Ownership %

Additional tables available online tinyurl.com/3z6tef7v Please utilize as needed and include with submittal.

3.3 Does the qualifying individual 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	Qualifying Individual's Affiliation

Additional tables available online tinyurl.com/3z6tef7v Please utilize as needed and include with submittal.

SECTION 4 – REGULATION

4.1 List any license, permit or other similar certification, other than a driver's license, which the qualifying individual has in the state of Michigan or other jurisdiction. (e.g. CCW, CPA, licensed attorney, etc.)

N/A See below:

License/Permit/Certification	Place of Jurisdiction	ID Number

Additional tables available online tinyurl.com/3z6tef7v Please utilize as needed and include with submittal.

4.2 Has the qualifying individual ever (in connection with an initial application) or since the 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, manufacturer or distributor of gaming supplies, casino gaming, horse racing, dog racing, pari-mutuel operations, lottery, internet gaming or sports betting)?
 No Yes, see below:

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

Additional tables available online tinyurl.com/3z6tef7v Please utilize as needed and include with submittal.

4.3 Has the qualifying individual been named beneficiary, settlor, 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 your last disclosure (in connection with a renewal application)?
 No Yes, see below:

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

SECTION 5 – FINANCIAL COMPLIANCE/CIVIL LITIGATION

5.1 Has the qualifying individual ever (in connection with an initial application) or since the last disclosure (in connection with a renewal application) filed for bankruptcy?
 No Yes, see below:

Filing Date	Name and Court Location	Case Number	Disposition

Additional tables available online tinyurl.com/3z6tef7v Please utilize as needed and include with submittal.

5.2 Has the qualifying individual ever (in connection with an initial application) or since the last disclosure (in connection with a renewal application) filed or had filed against him or her a proceeding, or been involved in any formal process to adjust, defer, suspend, or otherwise work out payment of debt? This applies to the qualifying individual in his or her personal capacity, or as an owner, officer, or director of any business entity, including but not limited to the applicant.

No Yes, see below:

Brief explanation

5.3 Has the qualifying individual ever (in connection with an initial application) or since your 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?

- 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

No Yes, see below:

Filing	Name and Court Location	Case Number	Disposition

Additional tables available online tinyurl.com/3z6tef7v Please utilize as needed and include with submittal.

5.4 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 the qualifying individual's last disclosure (in connection with a renewal application)?

Yes No, see below:

Brief explanation

5.5 Does the qualifying individual, or any business in which the qualifying individual holds an ownership interest of more than 5%, have any outstanding federal, state, or local tax liabilities?

No Yes, see below:

Entity		Description toward Resolution
Taxing Agency		
Outstanding Balance		
As of Date		

Entity		Description toward Resolution
Taxing Agency		
Outstanding Balance		
As of Date		

Entity		Description toward Resolution
Taxing Agency		
Outstanding Balance		
As of Date		

Entity		Description toward Resolution
Taxing Agency		
Outstanding Balance		
As of Date		

Additional tables available online tinyurl.com/3z6tef7v Please utilize as needed and include with submittal.

5.6 Has the qualifying individual 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 tinyurl.com/3z6tef7v Please utilize as needed and include with submittal.

5.7 Has the qualifying individual’s wages, salary, or other income ever been subject to garnishment, attachment, charging order, or the like during the last five years (in connection with an initial application) or since his or her last disclosure (in connection with a renewal application)?

No Yes, see below:

Name/Address of Court	Obligation Amount	Docket Number	Status

Additional tables available online tinyurl.com/3z6tef7v Please utilize as needed and include with submittal.

5.8 Do any of the below scenarios apply to the qualifying individual in any jurisdiction?

- a. Currently a party to a lawsuit
- b. Been a party to any other litigation individually or as officer, director, partner, proprietor, manager, policy maker, or over 5% owner of any business entity over the past ten years (in connection with an initial application) or since his or her last disclosure (in connection with a renewal application)
- c. Been bonded for any purpose or been refused or denied any type of bond
- d. If in the military, was the qualifying individual ever the subject of any hearing, disciplinary proceeding, trial, or court-martial

No Yes, see below:

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

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Docket/Case Number			
Name/Location of Court Involved	Involved Parties	Nature of Claim(s)	

Additional tables available online tinyurl.com/3z6tef7v Please utilize as needed and include with submittal.

SECTION 6 – CRIMINAL HISTORY

6.1 Has the qualifying individual ever (in connection with an initial application) or since his or her 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?

- a. Charged (with or without conviction)
- e. Indicted
- b. Convicted (including expunged/pardoned offenses)
- f. Granted Immunity
- c. Pled "No Contest"
- g. Named an Unindicted Co-conspirator
- d. Pled "Guilty"

No Yes, see below:

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

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

Additional tables available online tinyurl.com/3z6tef7v Please utilize as needed and include with submittal.



ATTACHMENT A VERIFICATION

I, _____ (qualifying individual), attest: I am the individual responsible for submitting this limited personal disclosure and the information contained in this limited 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 limited 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 this limited personal disclosure form. I also accept the risk of public disclosure of information requested in this limited 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 this limited 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 disclosure form to which the changes pertain.

I hereby consent to inspections, searches, seizures, and to disclose to the Board and its agents any 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 this limited 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 Applicant

Qualified Individual Name and Title

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 or she executed the same in his or her authorized capacity.

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
- Secondary Picture Identification Copy (driver's license, state ID, military ID, or passport)
- U.S. Military Service Record (DD-214), when applicable
- Internal Revenue Service (IRS) Account Transcript of Tax Return for the past four (4) filing periods. For directions click www.tinyurl.com/3sbr9pr5.
- Supporting documentation for any liabilities disclosed in this limited personal disclosure.
- Fingerprints - Two (2) completed FBI fingerprint cards and a completed Livescan Form (available on www.tinyurl.com/4rbny5yd). Hard cards are not required if you schedule an appointment with the Board.
- Additional Tables as needed (Available online www.michigan.gov/MGCB/tinyurl). 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.