

# Michigan Gaming Control Board

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



## QUALIFIER RENEWAL – AFFILIATED BUSINESS

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
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](http://WWW.MICHIGAN.GOV/MGCB)**

**QUALIFIER RENEWAL STATEMENT OF CONTINUED ELIGIBILITY  
FOR AN AFFILIATED BUSINESS OF A LICENSEE**

*If you have questions regarding who is required to submit this form,  
please contact the Enterprise Licensing Section at:*

Telephone: (313) 456-1459  
Facsimile: (313) 456-4190  
Email: [MGCB-Supplier@michigan.gov](mailto:MGCB-Supplier@michigan.gov)

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

- A. Name of Licensee you are affiliated with: \_\_\_\_\_
- B. Title/Position with Licensee: \_\_\_\_\_
- C. Ownership interest in Licensee: \_\_\_\_\_

**If this statement is being submitted as a renewal for an Affiliated Business holding greater than 1% direct or indirect interest in the supplier/casino licensee, OR an Entity holding greater than 5% in a publicly traded Affiliated Business of the supplier/casino licensee (with a business disclosure already on file with the Board), enter the following information:**

D.

<b>Affiliated Business Name</b> (as it appears on its certificate of incorporation, charter, by-laws, partnership agreement, operating agreement, or other official document): _____			
D/B/A (if applicable): _____			
FEIN No.: _____			
<b>Business Address:</b>	City	State	ZIP
<b>Business Telephone No.</b> ***** ( )	Country	Province (if applicable)	

Please update the following contact information:

<b>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:</b>	
Name Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	Business Phone Number ***** ( )
Business Address	Business Fax Number ( )

**FOR AN AFFILIATED BUSINESS OF A LICENSEE**

E. To the extent not previously reported to the Board, since the qualifier’s last disclosure or renewal statement, answer the following:

1. Has the qualifier’s address changed? If <b>Yes</b> , submit information and label as <b>Exhibit E1</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. Has the qualifier obtained equity interest of more than 5% in any business? If <b>Yes</b> , submit information and label as <b>Exhibit E2</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. Has the qualifier been charged with a criminal offense? If <b>Yes</b> , submit information and label as <b>Exhibit E3</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
4a. Has the qualifier obtained any new licenses? If <b>Yes</b> , submit information and label as <b>Exhibit E4a</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
4b. Has the qualifier had any permit, certification, or any license, denied, suspended, restricted, withdrawn, revoked or not renewed by any governmental entity? If <b>Yes</b> , submit information and label as <b>Exhibit E4b</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
5. Has the qualifier filed for bankruptcy or been involved in any process to adjust, deter, suspend or otherwise work out payment of any debt? If <b>Yes</b> , submit a copy of the bankruptcy filing and discharge and label as <b>Exhibit E5</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
6. Has the qualifier had any tax problems? If <b>Yes</b> , submit information and label as <b>Exhibit E6</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
7. Has the qualifier made any political contributions in the state of Michigan? If <b>Yes</b> , submit information and label as <b>Exhibit E7</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
8. Has the qualifier obtained a financial, ownership, right to ownership, or employment interest with any casino or supplier? If <b>Yes</b> , submit information and label as <b>Exhibit E8</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
9. Has the qualifier been party to any litigation? If <b>Yes</b> , submit information and label as <b>Exhibit E9</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
10. Has the qualifier had a complaint or other notice of pending disciplinary action from any jurisdiction or regulatory agency? If <b>Yes</b> , submit information and label as <b>Exhibit E10</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
11. Has the qualifier disclosed all material events? If <b>No</b> , submit a detailed summary statement and label as <b>Exhibit E11</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
12. Since the submission of your last disclosure to the Board, has the qualifier filed all required Federal, State and local tax returns with the appropriate agencies for its/yourself or any business entity in which it/you have a financial or ownership interest? If <b>No</b> , submit a detailed summary statement and label as <b>Exhibit E12</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes

F. Submit and label as **Exhibit F** a copy of the qualifier’s most recently filed Federal, State and local income tax returns.  **Attached – Required, or if taxes are filed as part of another entity’s tax filing, explain:**

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G. Submit as **Exhibit G**, [IRS Account Transcripts of Tax Returns](#).

**Attached**       **N/A –Must enter explanation**

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H. Submit and label as **Exhibit H** a copy of the qualifier’s most recent financial statement, at a minimum, your balance sheet and income statement.  **Attached - Required**

I. Submit and label as **Exhibit I** a copy of the qualifier’s most recent organization chart showing the corporate structure of the affiliated company or entity, and an organizational chart identifying all officers of the affiliated company or entity and all members of the board of directors. Include position descriptions and the names of persons holding such positions.

**Attached - Required**

J. Submit and label as **Exhibit J** a copy of the qualifier’s most recent flowchart illustrating the fully diluted ownership of the affiliated company or entity. List all parent, holding or intermediary companies until the flowchart reflects the stock, partnership or ownership interest as being held by a natural person(s) and not another enterprise(s). If the ultimate parent company is publicly traded and no natural person controls more than 5% of the publicly traded stock, indicate that in a footnote to the flowchart.

**Attached - Required**

**FOR AN AFFILIATED BUSINESS OF A LICENSEE**

K. The questions listed below relate to criminal offenses, either felony or misdemeanor. Answer each question as it pertains to the qualifying entity.

To the extent not previously disclosed to the Board, has the qualifier ever:

- Yes  No been charged
- Yes  No been convicted
- Yes  No pleaded guilty
- Yes  No been indicted
- Yes  No pleaded nolo contendere (no contest)
- Yes  No forfeited bail

If you answered **Yes** to any of the above, submit and label as **Exhibit K** the following information:

*Nature of incident, Date of incident, Name and address of court, Court file No. (if applicable), Disposition, Date of disposition, Felony or misdemeanor*

L. Has the qualifier been granted immunity not previously disclosed to the Board?

- Yes  No

If you answered **Yes**, submit and label as **Exhibit L** the following information:

*Nature of charge, Date of charge, Name and address of government agency or court involved, Final Disposition*

M. Has the qualifier been named an unindicted co-conspirator not previously disclosed to the Board?

- Yes  No

If you answered **Yes**, submit and label as **Exhibit M** the following information:

*Nature of charge, Date of charge, Name and address of government agency or court involved, Final Disposition*

**FOR AN AFFILIATED BUSINESS 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 ENTITY)

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 AN AFFILIATED BUSINESS OF A LICENSEE**

**ATTACHMENT B**

**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: \_\_\_\_\_