



# PERSONAL DISCLOSURE

Initial or Five-Year Renewal

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

Date \_\_\_\_\_

Initial

Five-Year Renewal

Name of Associated Applicant or Qualifying Business

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

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# FORM INSTRUCTIONS

This Personal Disclosure form should be completed by any individual who is a key person (qualifying individual).

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.

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 completed this Personal Disclosure form within the last 12 months, please contact the MGCB for further instructions before submitting another 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 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 MGCB. 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/2wm4jfyy](http://tinyurl.com/2wm4jfyy)

Additional tables available online [tinyurl.com/bdd26c7d](http://tinyurl.com/bdd26c7d)  
Please utilize as needed and include with submittal.

Submit this 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					
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		
Name of School/Address/Dates attended, and degree awarded for highest level attained					Marital Status
Spouse's Name (Last, First, Middle and Maiden)					

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:

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 individual have an equity interest of more than 5% (or for qualifying individuals disclosing under the Fantasy Contest Consumer Protection Act, 5% or more) in any business other than the applicant for which this personal disclosure is submitted?

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

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

Foreign Entity Name	Country of Incorporation or Registration	Affiliation

Additional tables available online [tinyurl.com/bdd26c7d](http://tinyurl.com/bdd26c7d) 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/bdd26c7d](http://tinyurl.com/bdd26c7d) 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 Regulatory Agency	Type of Gaming Activity	License/ID Number

Additional tables available online [tinyurl.com/bdd26c7d](http://tinyurl.com/bdd26c7d) 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 qualifying individual connection, nature of trust, and asset location):

## SECTION 5 - FINANCIAL

The following tables pertain to household finances, whether held individually, or jointly with spouse. Include balances over \$10,000 for dependent children.

**5.1 Cash on hand and in banks** - Include domestic and foreign accounts, as well as safety deposit boxes.

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

Additional tables available online [tinyurl.com/bdd26c7d](http://tinyurl.com/bdd26c7d) Please utilize as needed and include with submittal.

Total: \_\_\_\_\_



**5.2 Marketable Securities** - Include investments, such as stocks, bonds, and mutual funds, held independently or through brokerage accounts, as well as retirement accounts, such as 401(k)s and IRAs.

Issuer / Brokerage	Account Holder	
	Account Type	
	Acquisition Date	
	Original Cost	
	Current Value	
Issuer / Brokerage	Account Holder	
	Account Type	
	Acquisition Date	
	Original Cost	
	Current Value	
Issuer / Brokerage	Account Holder	
	Account Type	
	Acquisition Date	
	Original Cost	
	Current Value	
Issuer / Brokerage	Account Holder	
	Account Type	
	Acquisition Date	
	Original Cost	
	Current Value	
Issuer / Brokerage	Account Holder	
	Account Type	
	Acquisition Date	
	Original Cost	
	Current Value	

Additional tables available online [tinyurl.com/bdd26c7d](http://tinyurl.com/bdd26c7d) Please utilize as needed and include with submittal.

Total: \_\_\_\_\_

**5.3 Business Investments** - Include investments other than marketable securities in which the qualifying individual holds a direct, indirect, or vested interest. Include percentage of ownership corresponding to the qualifying individual's share.

Owner	
Business Name	
Organization Type	
Ownership %	
Acquisition Date	
Original Cost	
Current Value	

Owner	
Business Name	
Organization Type	
Ownership %	
Acquisition Date	
Original Cost	
Current Value	

Owner	
Business Name	
Organization Type	
Ownership %	
Acquisition Date	
Original Cost	
Current Value	

Owner	
Business Name	
Organization Type	
Ownership %	
Acquisition Date	
Original Cost	
Current Value	

Additional tables available online [tinyurl.com/bdd26c7d](http://tinyurl.com/bdd26c7d) Please utilize as needed and include with submittal.

Total: \_\_\_\_\_

**5.4 Real Estate** - Include properties in which the qualifying individual holds a direct, indirect, or vested interest. Include percentage of ownership corresponding to the qualifying individual's share. If owned through investment vehicle, disclose under business investments.

Owner	Address	Ownership Information	
		Ownership %	
		Property Type	
		Current Value	

Owner	Address	Ownership Information	
		Ownership %	
		Property Type	
		Current Value	

Owner	Address	Ownership Information	
		Ownership %	
		Property Type	
		Current Value	

Owner	Address	Ownership Information	
		Ownership %	
		Property Type	
		Current Value	

Owner	Address	Ownership Information	
		Ownership %	
		Property Type	
		Current Value	

Additional tables available online [tinyurl.com/bdd26c7d](http://tinyurl.com/bdd26c7d) Please utilize as needed and include with submittal.

Total: \_\_\_\_\_

**5.5 Other Assets** - Include other assets with a market value in excess of \$10,000 such as vehicles, personal property, cash value of whole life insurance policies, and loans receivable.

Asset Type		Ownership %	
		Acquisition Date	
Owner		Original Cost	
		Current Value	

Asset Type		Ownership %	
		Acquisition Date	
Owner		Original Cost	
		Current Value	

Asset Type		Ownership %	
		Acquisition Date	
Owner		Original Cost	
		Current Value	

Asset Type		Ownership %	
		Acquisition Date	
Owner		Original Cost	
		Current Value	

Asset Type		Ownership %	
		Acquisition Date	
Owner		Original Cost	
		Current Value	

Additional tables available online [tinyurl.com/bdd26c7d](http://tinyurl.com/bdd26c7d) Please utilize as needed and include with submittal.

Total: \_\_\_\_\_

**5.6 Loans Payable** - Include loans in excess of \$10,000 such as markers, credit lines, vehicle loans, educational, employer/shareholder, and 401(k) loans. Include carried/rolling credit card balances only if not fully paid monthly.

Creditor Name and Address	Debtor	Loan Type	
		Gaming-related?	
		Maturity Date	
		Original Balance	
		Current Balance	

Creditor Name and Address	Debtor	Loan Type	
		Gaming-related?	
		Maturity Date	
		Original Balance	
		Current Balance	

Creditor Name and Address	Debtor	Loan Type	
		Gaming-related?	
		Maturity Date	
		Original Balance	
		Current Balance	

Creditor Name and Address	Debtor	Loan Type	
		Gaming-related?	
		Maturity Date	
		Original Balance	
		Current Balance	

Additional tables available online [tinyurl.com/bdd26c7d](http://tinyurl.com/bdd26c7d) Please utilize as needed and include with submittal.

Total: \_\_\_\_\_

**5.7 Mortgages Payable** - Include loans on all financed properties.

Debtor			
Creditor Name and Address	Property Address	Loan Type	
		Maturity Date	
		Original Balance	
		Current Balance	

Debtor			
Creditor Name and Address	Property Address	Loan Type	
		Maturity Date	
		Original Balance	
		Current Balance	

Debtor			
Creditor Name and Address	Property Address	Loan Type	
		Maturity Date	
		Original Balance	
		Current Balance	

Debtor			
Creditor Name and Address	Property Address	Loan Type	
		Maturity Date	
		Original Balance	
		Current Balance	

Additional tables available online [tinyurl.com/bdd26c7d](http://tinyurl.com/bdd26c7d) Please utilize as needed and include with submittal.

Total: \_\_\_\_\_

**5.8 Past Due Taxes Payable** - Include tax liabilities with past due balances.

Debtor		
Entity Name and Address	Tax Type	
	Year(s)	
	Payment Plan?	
	Balance	

Debtor		
Entity Name and Address	Tax Type	
	Year(s)	
	Payment Plan?	
	Balance	

Debtor		
Entity Name and Address	Tax Type	
	Year(s)	
	Payment Plan?	
	Balance	

Debtor		
Entity Name and Address	Tax Type	
	Year(s)	
	Payment Plan?	
	Balance	

Additional tables available online [tinyurl.com/bdd26c7d](http://tinyurl.com/bdd26c7d) Please utilize as needed and include with submittal.

Total: \_\_\_\_\_

**5.9 Contingent Liabilities** - Include contingencies over \$10,000. List your pro-rated responsibility under current balance.

Creditor Name and Address	Debtor	Position	
		Maturity Date	
		Original Balance	
		Current Balance	

Creditor Name and Address	Debtor	Position	
		Maturity Date	
		Original Balance	
		Current Balance	

Creditor Name and Address	Debtor	Position	
		Maturity Date	
		Original Balance	
		Current Balance	

Creditor Name and Address	Debtor	Position	
		Maturity Date	
		Original Balance	
		Current Balance	

Creditor Name and Address	Debtor	Position	
		Maturity Date	
		Original Balance	
		Current Balance	

Additional tables available online [tinyurl.com/bdd26c7d](http://tinyurl.com/bdd26c7d) Please utilize as needed and include with submittal.

Total: \_\_\_\_\_



**NET WORTH SCHEDULE of:**

NAME \_\_\_\_\_

**As of Date:** \_\_\_\_\_

<b>Assets:</b>	
Cash	
Marketable Securities	
Business Investments	
Real Estate	
Other Assets	
<b>TOTAL ASSETS</b>	
<b>Liabilities:</b>	
Loans Payable	
Mortgages Payable	
Past Due Taxes Payable	
<b>TOTAL LIABILITIES</b>	
<b>NET WORTH</b>	
Contingent Liabilities	

## SECTION 6 – FINANCIAL COMPLIANCE/CIVIL LITIGATION

**6.1** 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/bdd26c7d](http://tinyurl.com/bdd26c7d) Please utilize as needed and include with submittal.

**6.2** 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:


**6.3** Has the qualifying individual 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 [tinyurl.com/bdd26c7d](http://tinyurl.com/bdd26c7d) Please utilize as needed and include with submittal.

**6.4** 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 5 years (in connection with an initial application) or since the qualifying individual's last disclosure (in connection with a renewal application)?

Brief explanation:  No  Yes, see below:


**6.5** Does the qualifying individual have any outstanding tax liabilities with any taxing authority?

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		

Additional tables available online [tinyurl.com/bdd26c7d](http://tinyurl.com/bdd26c7d) Please utilize as needed and include with submittal.

**6.6** 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/bdd26c7d](http://tinyurl.com/bdd26c7d) Please utilize as needed and include with submittal.

**6.7** Has the qualifying individual, or has any entity in which qualifying individual held ownership interest, been a director, officer, or principal employee, made directly, or through third parties, bribes 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:


**6.8** 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 the last submission (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/bdd26c7d](http://tinyurl.com/bdd26c7d) Please utilize as needed and include with submittal.

**6.9** 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 over the past ten years (in connection with an initial application) or since the qualifying individual's last personal disclosure form submitted to the Board (in connection with a renewal application), individually or as officer, director, partner, proprietor, manager, policy maker, or over 5% owner of any business entity?
- 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:

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	

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

Additional tables available online [tinyurl.com/bdd26c7d](http://tinyurl.com/bdd26c7d) Please utilize as needed and include with submittal.

**6.10** Has the qualifying individual or his or her spouse filed any insurance claim(s) in excess of \$5,000 during the last five years?  No  Yes, see below:

Insurance Company	Date of Claim	Nature of Claim

Additional tables available online [tinyurl.com/bdd26c7d](http://tinyurl.com/bdd26c7d) Please utilize as needed and include with submittal.

## SECTION 7 – CRIMINAL HISTORY

**7.1** 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?

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>a. Charged (with or without conviction)</li> <li>b. Convicted (including expunged/pardoned offenses)</li> <li>c. Pled "No Contest"</li> <li>d. Pled "Guilty"</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> No    <input type="checkbox"/> Yes, see below:</li> <li>e. Indicted</li> <li>f. Granted Immunity</li> <li>g. Named an Unindicted Co-conspirator</li> </ul> |
|--|--|

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

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

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

Additional tables available online [tinyurl.com/bdd26c7d](http://tinyurl.com/bdd26c7d) Please utilize as needed and include with submittal.

## SECTION 8 – SUBSTANCE/GAMBLING PROBLEMS

**8.1** Has the qualifying individual ever had, currently have, ever been treated or is currently under treatment for substance abuse or gambling-related problems?       No     Yes, see below:

Brief explanation:


# SECTION 9 – REFERENCES

9.1 Provide five non-related references.

Name	Address (Street, City, State/Province, ZIP Code, Country)	Phone Number	Length of Relationship



# ATTACHMENT A VERIFICATION

I, \_\_\_\_\_, (qualifying individual), attest: I am the individual responsible for submitting this application and the information contained in this 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 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 personal disclosure form. I also accept the risk of public disclosure of information requested in this 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 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 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.

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

\_\_\_\_\_  
Qualifying 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.

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
- Social Security Card Copy
- Secondary Picture Identification Copy (driver's license, state ID, military ID, or passport)
- U.S. Military Service Record (DD-214), when applicable
- Personal photograph (color, clear, minimum of 2" X 2" facial shot)
  
- Copy of all marriage licenses and divorce decrees
- Completed federal, state, and local tax returns for the past three 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/2wm4jfyf](http://tinyurl.com/2wm4jfyf)). Hard cards are not required if you schedule an appointment with the Board.
  
- Additional Tables as needed. Available online [tinyurl.com/bdd26c7d](http://tinyurl.com/bdd26c7d)  
 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 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.