

# LICENSE APPLICATION

# **Initial or Five-Year Renewal**

<b>Applicar</b>	nt Name	
Date		
	Initial □ Five-Year Rer	newal 🗆
	Application Type (Select all th	nat apply):
	Internet Gaming Supplier	
	Internet Sports Betting Supp	lier 🗆
	Casino Supplier:	
	Gaming Related	
	Non-Gaming Related	
	Fantasy Sports:	
	Operator	
	Management Company	

REPORT SUSPICIOUS OR ILLEGAL GAMBLING ACTIVITY ANONYMOUSLY

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

**SUBMIT AN ANONYMOUS TIP:** 

www.michigan.gov/MGCB

#### FORM INSTRUCTIONS

This form should be completed by the following applicants:

- Internet Gaming Supplier and/or Sports Betting Supplier: These persons require a license to provide internet gaming and sports betting operators goods and services regarding the operation of internet gaming and internet sport betting pursuant to the Lawful Internet Gaming Act (LIGA), MCL 432.301 432.322 and/or the Lawful Sports Betting Act (LSBA), MCL 432.401 432.419. This does not include suppliers of goods or services for retail sports betting conducted in the Detroit casinos.
- 2. **Gaming Related Casino Suppliers:** These persons supply equipment, goods, or services to casino licensee pursuant to the Michigan Gaming Control and Revenue Act (MiGCRA), MCL 432.201 432.226. Gaming-related goods and/or services include but are not limited to those that are directly related to the conduct of gambling, or which otherwise affect the play and results of gambling games or devices. This includes suppliers of goods or services for retail sports betting conducted in the Detroit casinos.
- 3. Non-gaming Related Casino Suppliers: These persons, on a regular and continuing basis, supply goods or services that are not directly related to, used in connection with, or affect gaming, to a casino licensee pursuant to the MiGCRA. A person is deemed to be supplying nongaming related goods or services to a casino licensee, if the total dollar amount of the person's nongaming related transactions with any 1 casino licensee are equal to or greater than \$500,000.00 within any rolling 12-month period. See Mich Admin Code R 432.1322(3)
- 4. <u>Fantasy Contest Operator:</u> These persons operate, carry on, conduct, maintain, expose or offer for play fantasy contests and awards prizes of value pursuant to the Fantasy Contest Consumer Protection Act (FCCPA), MCL 432.501 432.516. This does not include a casino licensee pursuant to MiGCRA or a federally recognized Indian tribe licensed under the LIGA or the LSBA.
- 5. **Fantasy Contest Management Company:** These persons manage the day-to-day fantasy contest operations of a fantasy contest operator pursuant to the FCCPA.

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 LBSA], or 5% or more in an applicant [if this is an application for a fantasy contest license only].

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

- A director of the Applicant
- A managerial employee of the Applicant that performs the function of principal executive officer, principal operations officer, or principal accounting officer.
- An individual that directly or indirectly holds a combined ownership interest of more than 5% in the Applicant [if this an application for a license under MiGCRA, LIGA, or LSBA], or 5% or more in the Applicant [if this is an application for a fantasy contest license only].
- A director of a qualifying business
- 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.

Applicant should respond to the questions contained herein to the best of its knowledge. Any misrepresentations or omissions may result in application denial.

Applicant shall provide all information, documents, and attachments at its sole expense. The Board, at its discretion, may require Applicant 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 application or otherwise identified during its background investigation.

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

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

Submit application, including required fee(s), 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

#### **FEES**

Fees are assessed individually for each license applicant seeks to hold. Applicant will be billed for all investigative costs incurred by the Board during the background investigation. The license application fee will be credited against investigative costs prior to billing. An additional background investigation charge may be assessed to the extent the Board's investigative costs exceed the application fee. The application fee or license fee amounts noted below are due for each license (i.e. an internet gaming supplier license and an internet sports betting supplier license) that applicant is applying for.

#### **Commercial Casino Supplier**

Initial: application fee of \$2,500 due upon filing; plus license fee of \$5,000 due upon issuance of the license.

Annual: license fee of \$5,000 due upon filing of the annual renewal application in years 2 through 4.

5-Yr Renewal: license fee of \$5,000 due upon filing of the 5-year renewal application.

#### **Sports Betting Supplier**

Initial: application fee of \$2,500 due upon filing; plus initial license fee of \$5,000 due upon issuance of the license.

Annual: license fee of \$2,500 due 30 days prior to anniversary date in years 2 through 4.

5-Yr Renewal: license fee of \$2,500 due upon filing of the 5-year renewal application.

#### Fantasy Contest Management Company

Initial: license fee of \$5,000 due upon filing.

Annual: license renewal fee of \$5,000 due upon filing of the annual renewal application in years 2 through 4

5-Yr Renewal: license renewal fee of \$5,000 due upon filing of the 5-year renewal application.

#### **Internet Gaming Supplier**

Initial: application fee of \$2,500 due upon filing; plus initial license fee of \$5,000 due upon issuance of the license.

Annual: license fee of \$2,500 due 30 days prior to anniversary date in years 2 through 4.

5-Yr Renewal: license fee of \$2,500 due upon filing of the 5-year renewal application.

#### **Fantasy Contest Operator**

Initial: license fee of \$10,000 due upon filing.

Annual: license renewal fee of \$5,000 due upon filing of the annual renewal application in years 2 through 4.

5-Yr Renewal: license renewal fee of \$5,000 due upon filing of the 5-year renewal application.

# **SECTION 1 – GENERAL INFORMATION**

	<b>AME</b> as it appears on cer t, or other official document.	rtificate of incorporation	on, charter, by-laws,
	D/B/As utilized in conducting mited to a Casino, Tribe, P ion)		
MiGCRA, or is seel detailed description	eeking a license required to king a Fantasy Contest Mai of the goods and/or services ing, but not limited to a Casir	nagement Company li which applicant will su	icense, please provide a apply to a person licensed
1.4 IDENTIFICATIO	N/OWNERSHIP INFORMAT	ΓΙΟΝ	
Registration Type		Registration Number	
Business Type		Registration State	
Ownership Status		Registration Country	
Ownership Country			
Comments, as need	ed:		
1.5 BUSINESS ADD	PRESS		
Address		City	
State	ZIP Code	Count	ry
Phone Number	Website		

<b>1.6</b> Has Applicant had	additional business names or		•	ve years? s, see below:
Prior Name	Reason for Ces	sation	То:	From:
Prior Address - Street	t, City, State, ZIP Code, Coun	try	То:	From:
Prior Name	Reason for Ces	sation	То:	From:
Prior Address - Street	t, City, State, ZIP Code, Coun	try	То:	From:
1.7 DESIGNATED CO	NTACT (liaison to the Board)			
Contact Name		Title		
Address		City		
State	ZIP Code	Country		
Phone Number	E-mail			
LIGA, LSBA, MiGCR include a letter of intended to a Casin type of good/service this statement or as	ense application for a license RA, or for a Fantasy Contest Ment or written agreement with no, Tribe, Platform Provider, to be supplied. <i>The Board of greement</i> . Indicate which itents of intent	Management Con a person license or a Fantasy Con will not process	npany license d by the Boa ntest Operate initial appl	e, Applicant must ard, including, but or, specifying the
<u>=</u>	n agreement			

### **SECTION 2 - AGREEMENT**

**2.1** If Applicant is seeking a license required to supply goods and services under LIGA, LSBA, MiGCRA, or is seeking a Fantasy Contest Management Company license, please list the entity or entities licensed by the Board with whom the applicant intends to conduct or is currently conducting business within the Michigan gaming market:

Entity Name	Entity Type (Casino/Tribe/Platform
	Provider/Supplier/Fantasy Contest Operator)
<b>2.2</b> If Applicant is seeking a license required to MiGCRA, or is seeking a Fantasy Contest Manan	v Please utilize as needed and include with submittal supply goods and services under LIGA, LSBA, agement Company license, please estimate the be provided by the applicant to the person or t limited to a Casino, Tribe, Platform Provider, or
\$	
<b>2.3</b> Does Applicant or its qualifying businesses of contingencies or conditions with any person or plimited to Casino, Tribe, Platform Provider, or Fadisclosed?	ersons licensed by the Board, including, but not
Brief explanation:	
<b>2.4</b> Are there any distributors, sales representation or informally distribute, market, or represent goo	ves, individuals, or business entities that formally ds/services produced/rendered by Applicant?  □ No □ Yes, see below:

Distributor/Representative Name	Address	Phor Numb	
		Ext.	
Distributor/Representative Name	Address	Phor Numb	
		Ext.	
Distributor/Representative Name	Address	Phor Numb	
		Ext.	
Distributor/Representative Name	Address	Phor Numb	
		Ext.	
Additional tables available online: tinyu	rl.com/3z6tef7v Please utilize as needed and incl	ude with su	ıbmittal
2.5 Is Applicant currently licensed v	vith the Michigan Gaming Control Board?		
Brief explanation:	□ No □	Yes, see	below:
SECT	ON 3 – OWNERSHIP		
	eial, ownership interest or other relationship wi Huding, but not limited to Casino, Tribe, Platf ☐ No ☐		der, or
Explain nature of interest or relation	nship:		

	N	lo
Business Name	US State or Country Incorporation or Registr	
dditional tables available online: tinyurl.cc	om/3z6tef7v Please utilize as needed	and include with submitta
3.3 Is Applicant a Tribe or a departmer	· · · · · · · · · · · · · · · · · · ·	sub-entity of a Tribe? o □ Yes, see below:
ribe Name:		
SECTION	4 - REGULATION	
<b>I.1</b> Is Applicant subject to regulation lurisdiction?		f Michigan or any othe No □ Yes, see belov
Name and Location of Public Agency	Type of Regulation	License/ID Number
additional tables available online: tinyurl.co	om/3z6tef7v Please utilize as needed	and include with submitta
n any jurisdiction for a license, perm perations (including, but not limited to	nit, or other authorization to partic o, fantasy contests, manufacture o	cipate in lawful gamin or distribution of gamin
upplies, casino gaming, horse racing, r internet gaming)?		s, lottery, sports betting lo □ Yes, see belov

	ation of Regulatory gency	Type of (	Gaming Activity	License/ID Number
Additional tables av	ailable online: tinyurl.com	<u>n/3z6tef7v</u> Plea	se utilize as needed and	I include with submittal
	registered with the Mic t business in the state			nd Regulatory Affairs Yes, see below:
lf yes, provide LAI	RA registration number	r:		
lf no, provide deta Michigan:	ailed explanation regar	rding Applica	nt's decision to not re	gister its business in
	SECTION 5	– CRIMIN	IAL HISTORY	
	cant ever (initial applica any of the following crir ction?		(felony/misdemeanor)	
<ul><li>Charged (with</li><li>Indicted</li></ul>	or without conviction)	•	Pled no contest Pled guilty	
<ul> <li>Convicted (incompartdoned offer</li> </ul>	cluding expunged/ nses)	•	Named as an unindic Granted immunity	ted co-conspirator
Offense Category		Incident Date	Dispos Date	sition
Court Name and	Location	Incident Description	Dispos	sition

Incident	Disposition
	Date Disposition
Description	Disposition
•	
	Date Incident

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

### **SECTION 6 - FINANCIAL**

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

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	Nama	on Account	Type of Account			
institution Name and Address	INAIIIE	on Account	Type of Account			
			Account Number			
Institution Name and Address						
Institution Name and Address	Name	on Account	Type of Account			
			Account Number			
A LPC - LC LL	/0-01 (7. D)	422-	Linch de 20			
Additional tables available online: tinyul	ri.com/3Zbtet/V Piea	ase utilize as needed an	id include with submittal			
<b>6.2</b> Provide the following details for international accounts funded either			pplies to domestic and ☐ 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	
		<b>Current Balance</b>	
Debt Holder Name and Address	Loan Purpose	Loan Type	
		Origination Date	
		Loan Maturity Date	
		Initial Loan Amt	
		<b>Current Balance</b>	
		_	
	Loan Purpose	Loan Type	
Debt Holder Name and Address	Louir r dipose	-	
	Edul i dipose	Origination Date	
	Edui i dipose	-	
	Edui i dipose	Origination Date  Loan Maturity	
	Edul i dipose	Origination Date  Loan Maturity Date	
		Origination Date  Loan Maturity Date Initial Loan Amt  Current Balance	and include with submittal
Address	yurl.com/3z6tef7v Ple	Origination Date  Loan Maturity Date Initial Loan Amt  Current Balance ease utilize as needed a	or other fiduciary to any
Address  Additional tables available online: tin  6.3 Is Applicant named as benefic	<u>yurl.com/3z6tef7v</u> Ple siary, settler, trustee	Origination Date  Loan Maturity Date Initial Loan Amt  Current Balance ease utilize as needed a	or other fiduciary to any No □ Yes, see below:
Address  Additional tables available online: tint  6.3 Is Applicant named as benefic trust (domestic or foreign)?	<u>yurl.com/3z6tef7v</u> Ple siary, settler, trustee	Origination Date  Loan Maturity Date Initial Loan Amt  Current Balance ease utilize as needed a	or other fiduciary to any No □ Yes, see below:
Address  Additional tables available online: tint  6.3 Is Applicant named as benefic trust (domestic or foreign)?	<u>yurl.com/3z6tef7v</u> Ple siary, settler, trustee	Origination Date  Loan Maturity Date Initial Loan Amt  Current Balance ease utilize as needed a	or other fiduciary to any No □ Yes, see below:

## **SECTION 7 – FINANCIAL COMPLIANCE/CIVIL LITIGATION**

**7.1** Has the Applicant ever (initial application) or since its last application (renewal application) filed for bankruptcy? No Yes, see below:

Filing Date	Name and Court Location	Case Number	Disposition
Additional table	es available online: <u>tinyurl.com/3z6tef7v</u> Please u	tilize as needed and	include with submittal
<b>7.2</b> Has the A	applicant ever (initial application) or since its	last application (r	enewal application)
filed or had file suspend, or o	ed against it a proceeding or been involved i therwise workout payment of debt?	n any formal proc ☐ No	ess to adjust, defer, □ Yes, see below:
	·		
Filing Date	Name and Court Location	Case Number	Disposition

	averal acres/2=Ctaf7v Dlaga		المراجع
dditional tables available online: <u>tii</u> <b>3</b> Has Applicant ever (initial			
ithdrawn an application, beer risdiction?	,		certification in a
rief explanation:			
<b>4</b> Has Applicant had restriction risdiction?	ns, suspensions, or rev		or certificate in an ☐ Yes, see below
rief explanation:			
• •	notice of disciplinary	actions or notice o □ No	•
	notice of disciplinary  Date		☐ Yes, see below
Disciplinary Action, or		□ No	☐ Yes, see below
Disciplinary Action, or		□ No	☐ Yes, see below
Disciplinary Action, or		□ No	☐ Yes, see below
overnment entity?  Disciplinary Action, or		□ No	☐ Yes, see below
overnment entity?  Disciplinary Action, or		□ No	☐ Yes, see below
	Date	□ No Summ	☐ Yes, see below

Brief explanation:	
<b>7.7</b> Does Applicant, or any of its qualifying liabilities with any taxing authority?	business or key persons have any outstanding tag $\square$ No $\square$ Yes, see below
Business/Person	Description Toward Resolution
Taxing Agency	
Outstanding Balance	
As of Date	
Business/Person	Description
	Toward Resolution
Taxing Agency	
Outstanding Balance	
As of Date	
Duain and /Dawa an	Donomintion.
Business/Person	Description Toward Resolution
Taxing Agency	
Outstanding Balance	
As of Date	
Business/Person	Decembrion
	Description Toward Resolution
Taxing Agency	
Outstanding Balance	
As of Date	
Additional tables available online: tinyurl.com/3zt	<u>Stef7v</u> Please utilize as needed and include with submitta

Taxing Agency	Тах Туре	Date of Taxing Period	Amount (USD or other loca currency)
		renou	
Has Applicant, any of titles, partner, or third	its key persons, qualifying busine party acting for or on behalf of a	esses, or any asso Applicant made a	ociated individual ny payments to
Has Applicant, any of tities, partner, or third aployee, company, organatment during the last	its key persons, qualifying busine party acting for or on behalf of a nization, or government official (d	esses, or any asso Applicant made a	ociated individuals ny payments to a ), to obtain favora
Has Applicant, any of tities, partner, or third aployee, company, organatment during the last	its key persons, qualifying busine party acting for or on behalf of a nization, or government official (d	esses, or any asso Applicant made a omestic or foreign	ociated individuals
Has Applicant, any of tities, partner, or third aployee, company, organatment during the last	its key persons, qualifying busine party acting for or on behalf of a nization, or government official (d	esses, or any asso Applicant made a omestic or foreign	ociated individuals ny payments to a ), to obtain favora
<b>9</b> Has Applicant, any of tities, partner, or third apployee, company, orgation the last the feature of the last the last the feature of the last the	its key persons, qualifying busine party acting for or on behalf of a nization, or government official (den years?	esses, or any asso Applicant made a omestic or foreign No	ociated individuals ny payments to a ), to obtain favora □ Yes, see bel
Has Applicant, any of tities, partner, or third apployee, company, organizatment during the last ritief explanation:  10 Has Applicant had a ainst it by any financial	its key persons, qualifying busine party acting for or on behalf of a nization, or government official (den years?	esses, or any asso Applicant made a omestic or foreign No	ny payments to a ny payments to a ), to obtain favora □ Yes, see bel
Has Applicant, any of tities, partner, or third apployee, company, orgatizatment during the last tief explanation:  10 Has Applicant had a lainst it by any financial	its key persons, qualifying busine party acting for or on behalf of a nization, or government official (den years?  The securities or debt offerings sustengulatory agency?  Regulatory Agency	esses, or any asso Applicant made a omestic or foreign No	ny payments to ), to obtain favora □ Yes, see bel

Type of Security/Offering	Regulator Name/L		Action Dat	te Action Taken
Type of Security/Offering	Regulator Name/L		Action Date	te Action Taken
cocurry/orioring	- Hallo/L			
Additional tables available	online: tinyurl.com/	<u>3z6tef7v</u> Please utili:	ze as needed	and include with submittal
<b>7.11</b> Do any of the bel		ly to Applicant or		ey persons or qualifying ∣ No □ Yes, see below:
<ul> <li>Been a party to</li> <li>Applican</li> <li>intention</li> <li>An ultimate</li> </ul>	t or any of its ke al misconduct. ate decision could	over the past ten y persons or qua	lifying busing effect on A	ch: esses were accused of applicant, reflecting in its
Case Title/Caption				
Docket/Case Number				
Name/Location of Co	urt involved	Involved Parties		Nature of Claim(s)

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

Case Title/Caption		
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 8 – KEY PERSONS & QUALIFYING BUSINESSES**

**8.1** Please identify all key persons and qualifying businesses of the Applicant:

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

- A director of the Applicant
- A managerial employee of the Applicant that performs the function of principal executive officer, principal operations officer, or principal accounting officer.
- An individual that directly or indirectly holds a combined ownership interest of more than 5% in the Applicant [if this an application for a license under MiGCRA, LIGA, or LSBA], or 5% or more in the Applicant [if this is an application for a fantasy contest license only].
- A director of a qualifying business
- 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.

Person	
or Business	
Beneficial	Address
	Address
Ownership %	
Relationship to	
Applicant	
A . I' . I I . D I	
Applicable Board	
Committee(s)	
Davis au	
Person	
or Business	A .l.d
Beneficial	Address
Ownership %	
Relationship to	
Applicant	
Applicable Decod	
Applicable Board	
Committee(s)	
Person or	
Business	
Beneficial	Address
Ownership %	
Relationship to	
Applicant	
A	
Applicable Board	
Committee(s)	
<b>D</b>	
Person or	
Business	A :1.1
Beneficial	Address
Ownership %	
Relationship to	
Applicant	
A multipolitic Description	
Applicable Board	
Committee(s)	
l l	

Address
Address
Address
Address
Address
Address

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



# ATTACHMENT A VERIFICATION

l,	(Managing Officer / Director of Applicant), attest: I am the
individual responsible for submitting t Applicant binding them to the above.	his application and have full authority to execute this verification on behalf o
Board under the Michigan Gaming Co Gaming Act (MCL 432.301 to MCL 43 Fantasy Contests Consumer Protect	ed in this form has been previously submitted to the Michigan Gaming Control and Revenue Act (MCL 432.201 to MCL 432.226), the Lawful Interne 32.322), the Lawful Sports Betting Act (MCL 432.401 to MCL 432.219), or the tion Act (MCL 432.501 to MCL 432.516); I hereby authorize the Michigan reviously submitted information, along with any updates provided herein or
The information contained in this app and belief.	lication is true, current, complete, and accurate to the best of my knowledge
Applicant Name	Managing Officer / Director Signature
Managing Officer / Director Printed Name and Title	Date
Notary Certificate of Acknowledger	nent
State ofCounty	of
On before me,	
Date Notary F	Printed Name
Personally appeared, Signer Printed N	
instrument and acknowledged to me	actory evidence to be the person whose name is subscribed to the withir that he/she executed the same in his/her authorized capacity, and that by the person or entity upon behalf of which the person acted, executed the
WITNESS my hand and official seal	Notary Signature
My Commission Expires:	
	Date

# MGCB

## **ATTACHMENT B**

# ACKNOWLEDGEMENT, AGREEMENT, CONSENT, AND RELEASE

I,, (Managing Officer / Director of Applicant), 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 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 I am under a continuing duty to promptly disclose to the Board any changes in the information provided in this application 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) on this application to which the changes pertain.
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).
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 application.
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 Applicant Signature
Managing Officer / Director of Applicant Name and Title
 Date



# ATTACHMENT C CONSENT TO RELEASE INFORMATION

financial and other such Institutions, ar both foreign and domestic:	nd all governmental agencies fede	eral, state, and local, without exception,
On behalf of		(Managing Officer Board and its employees and agents to es of said entity.
or otherwise, as requested by any emp	ployee or agent of the Michigan G has an application pending before	n pertaining to said entity, documentary Gaming Control Board, provided that he e the Michigan Gaming Control Board,
This authorization supersedes and co of this authorization will be considered	- · · · · · · · · · · · · · · · · · · ·	on and request to the contrary. A copy inal.
Managing Officer / Director of Applicar	nt Signature	
Managing Officer / Director of Applicar	nt Name and Title	
Date		
Notary Certificate of Acknowledgem	nent	
State ofCounty of	of	
On before me, Date Notary F		
Personally appeared, Signer Printed N	lame	
instrument and acknowledged to me	that he/she executed the same i	n whose name is subscribed to the within in his/her authorized capacity, and that by of which the person acted, executed the
WITNESS my hand and official seal	Notary Signature	
My Commission Expires:	Date	
	Date	

To all courts, probation departments, selective service boards, employers, educational institutions, banks,



# ATTACHMENT D AFFIDAVIT OF FULL DISCLOSURE

Managing Officer / Director of Applica	ant ,
• • • • • • • • • • • • • • • • • • • •	rmation, depose and state, that, except as reported in the application, I gs with any person or entity and no present intent to hold as agent, ne Applicant;
and no present intent to pay any sun	tion, I have no agreements or understanding with any person or entity as of money or give anything of value such as, including but without a to any person or entity related to the acquisition and/or sale of any
I have full authority to execute this affidate to the above.	avit of full disclosure on behalf of Applicant and otherwise bind Applicant
Managing Officer / Director of Applican	t Signature
Managing Officer / Director of Applican	t Name and Title
 Date	
Notary Certificate of Acknowledgem	ent
State ofCounty o	f
On before me, Notary P	
Date Notary P	rinted Name
Personally appeared,	
Signer Printed Na	
instrument and acknowledged to me t	ctory evidence to be the person whose name is subscribed to the within hat he/she executed the same in his/her authorized capacity, and that by the person or entity upon behalf of which the person acted, executed the
WITNESS my hand and official seal	Notary Signature
My Commission Expires:	Date

## **REQUIRED ITEMS DUE UPON SUBMISSION**

Application Fee or License Fee
(Initial Applicant for a license under LIGA, LSBA, MiGCRA, or for a Fantasy Contest Management Company License) - Letter of intent to enter into an agreement, description and terms of unwritten agreement or written agreement with a Casino, Tribe or Platform Provider
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 Applicant. 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 Applicant, identifying all officers of Applicant 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 <u>here</u> . Available online: <u>tinyurl.com/ye4vwb8c</u>
Financial statements including income statement, balance sheet, cash flow statement, corresponding financial notes, and schedules for the past three years
Certificate of insurance demonstrating liability and casualty limits
Personal Disclosures and/or Business Disclosures resulting from associated key persons identified within this Application.
Note: Limited personal disclosures may be considered in lieu of full personal disclosures for individuals serving as outside directors of 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 Applicant or an affiliate of the Applicant are not eligible for a limited personal disclosure.
Additional Tables as needed. Please utilize and include with submittal. Available online: <a href="mailto:tinyurl.com/3z6tef7v">tinyurl.com/3z6tef7v</a>

**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.

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