

# Michigan Gaming Control Board

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



## QUALIFIER RENEWAL – INDIVIDUAL

\_\_\_\_\_  
Name of Individual

\_\_\_\_\_  
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 QUALIFYING INDIVIDUALS 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. Percentage of ownership interest in Licensee: \_\_\_\_\_

Note: If interest is held by a trust, then the trustee must file this renewal and a copy of the trust must be submitted, if not already.

**If this statement is being submitted as a renewal for an Individual Qualifier (with a personal disclosure already on file with the Board), enter the following information:**

D.

<b>Last Name</b> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	<b>First Name</b>	<b>Middle Name</b>
<b>Date of birth</b>	<b>Present Residential Address (Street)</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Country</b>	<b>Province (if applicable)</b>	
<b>Residential Telephone</b> (      )	<b>Social Security No.</b>	
<b>Driver license No.</b>	<b>State issued</b>	
<b>Business E-mail Address</b>		

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

**FOR QUALIFYING INDIVIDUALS 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, spouse, parent or child 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’s marital status changed? If <b>Yes</b> , submit information and label as <b>Exhibit E3</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. Has the qualifier developed a substance abuse or gambling problem? If <b>Yes</b> , submit information and label as <b>Exhibit E4</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
5. Has the qualifier been arrested, charged, and/or convicted with a criminal offense? If <b>Yes</b> , submit information and label as <b>Exhibit E5</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
6a. Has the qualifier obtained any new licenses (including driver’s license)? If <b>Yes</b> , submit information and label as <b>Exhibit E6a</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
6b. Has the qualifier had any permit, certification, or any license (including driver’s license), denied, suspended, restricted, withdrawn, revoked or not renewed by any governmental entity? If <b>Yes</b> , submit information and label as <b>Exhibit E6b</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
7. 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 bankruptcy filing and discharge and label as <b>Exhibit E7</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
8. Has the qualifier had any tax problems? 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 made any political contributions in the state of Michigan? 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 or any family member 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 E10</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
11. Has the qualifier been party to any litigation? If <b>Yes</b> , submit information and label as <b>Exhibit E11</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
12. 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 E12</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
13. Has the qualifier disclosed all material events? If <b>No</b> , submit a detailed summary statement and label as <b>Exhibit E13</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes
14. 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 E14</b> .	<input type="checkbox"/> No <input type="checkbox"/> Yes

F. Submit and label as **Exhibit F** a copy of your most recently filed Federal, State and local income tax returns (including all W-2’s).  **Attached – Required**

G. Submit as **Exhibit G**, [IRS Transcripts of Tax Returns](#).  
 **Attached**  **N/A – Must enter explanation**

H. Have you been granted immunity not previously disclosed to the Board?  Yes  No

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

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

**FOR QUALIFYING INDIVIDUALS OF A LICENSEE**

- I. The questions listed below relate to criminal offenses, either felony or misdemeanor. Answer each question as it pertains to you, the Qualifier. *\*Include all alcohol related violations (such as driving under the influence of, or impaired by, alcohol or drugs; open alcohol; etc.)*  
*\*Do not include traffic violations (such as speeding tickets, parking tickets, etc.)*

To the extent not previously disclosed to the Board, have you ever:

- Yes  No been arrested
- 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 I** 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*

- J. Have you been named an unindicted co-conspirator not previously disclosed to the Board?

Yes  No

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

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

- K. **This table must be completed.** Tax returns submitted are not considered a substitute.

NET WORTH STATEMENT		
as of December 31st of the most recent year		
	<b><u>Prior Year</u></b>	<b><u>Current Year</u></b>
<b>Assets:</b>		
Cash		
Loans Receivable		
Stocks, Bonds, and Debentures		
Pensions, IRAs, 401(k)s, Other Retirement Plans		
Business Investments		
Real Estate		
Other Assets		
<b>Total Assets:</b>	\$	\$
<b>Liabilities:</b>		
Loans Payable		
Taxes Payable		
Mortgages Payable		
Other Liabilities		
<b>Total Liabilities:</b>	\$	\$
<b>Net Worth:</b>		
{Total Assets minus Total Liabilities}:	\$	\$
Contingent Liabilities	\$	\$
*Provide the information in the aggregate for you, your spouse, and any dependent children.		

**FOR QUALIFYING INDIVIDUALS OF A LICENSEE**

**ATTACHMENT B**

**VOLUNTARY CONSENT TO RELEASE INFORMATION  
MATERIALS AND DOCUMENTS**

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, \_\_\_\_\_  
(NAME OF PERSON AUTHORIZED TO EXECUTE THIS RELEASE)

have authorized the Michigan Gaming Control Board and its employees and agents to conduct a full background investigation into my personal and business activities.

Therefore, I authorize and request that you release any and all information, materials and documents in your possession which have been requested by any employee or agent of the Michigan Gaming Control Board regarding my personal or business activities. I am voluntarily giving this consent to release information, materials and documents provided that the employee or agent of the Michigan Gaming Control Board properly identifies himself or herself as an agent or employee of the Michigan Gaming Control Board.

This authorization supercedes and countermands any prior authorization and request 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

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 QUALIFYING INDIVIDUALS OF A LICENSEE**

**ATTACHMENT C**

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