



# PERSONAL DISCLOSURE FORM

(Attachment A)

A personal disclosure is required from each individual who is a principal contact person, registered agent, representative, corporate director, shareholder, LLC member, officer, or partner of Applicant, or who directly or indirectly holds a pecuniary interest of more than 15% in Applicant.

## 1. General Information

Name: \_\_\_\_\_

Alias, maiden/prior name: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration: \_\_\_\_\_

2. What is your relationship to Applicant: \_\_\_\_\_

A. If you are a Director of Applicant, please state: \_\_\_\_\_

The date you took the directorship position: \_\_\_\_\_

The amount of annual compensation you received for directorship: \_\_\_\_\_

B. If you are an Officer of Applicant, please state: \_\_\_\_\_

Your title and responsibilities: \_\_\_\_\_

The date you took an officer position with Applicant: \_\_\_\_\_

The amount of annual compensation you received for this officer position: \_\_\_\_\_

C. If you are a shareholder or stockholder of Applicant, please state: \_\_\_\_\_

The percentage share and interest which you hold in Applicant: \_\_\_\_\_

The number and class of stock which you hold in Applicant: \_\_\_\_\_

The voting rights (absolute and/or contingent) for each class of stock held: \_\_\_\_\_

## 3. Residence / Residential History

Current Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_



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Please provide any other residences where you have lived during the past 5 years:  N/A

### Prior Residence # 1

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

### Prior Residence # 2

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

### Prior Residence # 3

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

### 4. Employment / Employment History

Current Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Please provide any other employers you have had during the past 5 years:  N/A

### Prior Employer # 1

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

### Prior Employer # 2

Address: \_\_\_\_\_



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City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

### Prior Employer # 3

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

### 5. Marital History & Spousal Information

Marital Status: \_\_\_\_\_ (if married, provide information on spouse below)

Spouse's Name: \_\_\_\_\_

Alias, maiden/prior name: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_ Eye Color: \_\_\_\_ Hair Color: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Spouse's Place of Birth: \_\_\_\_\_ Spouse's Social Security Number: \_\_\_\_\_

Spouse's Driver's License: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration: \_\_\_\_\_

### 6. Financial Information

Please provide the following information for assets and liabilities you hold individually or jointly with your spouse:

**Cash on hand/in banks** – Include domestic and foreign accounts, as well as deposit boxes.

Institution Name/Address	Account Type	Account Holder(s)	Account/Box Number	Current Balance

**Marketable Securities** – Include 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 Type	Account Holder(s)	Acquisition date	Original Cost	Current Value



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**Business Investments** – Include investments other than marketable securities in which you hold a direct, indirect, or vested interest. Include the percentage of ownership for your share.

Business Name	Organization type	Owner	Acquisition Date	Original cost	Ownership %	Current value

**Real Estate** – Include properties in which you hold a direct, indirect, or vested interest. Include the percentage of ownership for your share. If owned through investment vehicle, disclose under business interests.

Address	Property Type	Owner	Ownership %	Current Value

**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	Owner	Original Cost	Ownership %	Acquisition Date	Current Value

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

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



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**Mortgages Payable** – Include loans on all financed properties.

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

**Past Due Taxes Payable** – Include all tax liabilities with past due balances.

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

**Contingent Liabilities** – Include Contingencies over \$10,000. List your prorated responsibility under current balance.

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

**7. Legal History**

Have you or your spouse ever:	Individual	Spouse
a. Filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



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b. Been a party to any litigation during the last ten years, whether individually, or as a corporate director, shareholder, LLC member, officer or partner of any business entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If your answer to either question is “Yes”, you must submit all pertinent and explanatory details, including but not limited to allegations & defenses presented, type of litigation, filing date, name and location of court, case number, disposition, disposition date, etc.

### 8. Horse Racing Interests

Are you currently in the business of horse racing in Michigan or any other State?

- No             Yes, describe the scope of your business, involvement, and where (Cities, States) this business is conducted:

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Is your spouse currently in the business of horse racing in Michigan or any other State?

- No             Yes, describe the scope of your spouse’s business, involvement, and where (Cities, States) this business is conducted:

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### 9. Compliance and Regulatory History

Have you or your spouse ever:	Individual	Spouse
a. Been licensed to participate in horse racing in another jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Been found to have violated a rule of horse racing by the Stewards/Judges, a Racing Association, or a Racing Commission or currently have a license suspended, denied, or revoked in Michigan or any other horse racing jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Been ejected or excluded from a racetrack by the Stewards/Judges or a Racing Association or currently excluded from a racetrack by the Stewards/Judges or a Racing Association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Ever been convicted of a felony or capital grade offense regardless of whether the punishment was a suspended sentence, probation, or a non-adjudicated conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



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e. Ever been convicted of a crime involving moral turpitude regardless of whether the punishment was a suspended sentence, probation, or a non-adjudicated conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Been convicted of a single misdemeanor within the past 2 years or <i>two or more</i> misdemeanors within the past 4 years including traffic offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Had a professional permit or license denied, suspended, or revoked by any governmental entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer to any of the above questions is “Yes”, you must submit all pertinent and explanatory details, including but not limited to the approximate date, jurisdiction (County, State), racetrack, ruling number, type of offense or infraction, sentence, fine amount, length of suspension, etc.



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**Verification of Personal Disclosure Form**

I, \_\_\_\_\_, attest that I am the individual referenced in this personal disclosure, that I am responsible for submitting this personal disclosure, and that the information contained in this personal disclosure is true, current, complete, and accurate to the best of my knowledge, information, and belief.

\_\_\_\_\_  
(Signature of Individual)

\_\_\_\_\_  
(Date)

STATE OF \_\_\_\_\_ §

COUNTY OF \_\_\_\_\_ §

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, to certify which witness my hand and official seal.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Printed name

My Commission Expires: \_\_\_\_\_