



State of Michigan
 Michigan Gaming Control Board
 Office of the Executive Director
 Online Gaming & Legal Affairs Division
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 Detroit, MI 48202
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RACE MEETING LICENSE APPLICATION ATTACHMENT A

RACE MEETING LICENSE APPLICATION PERSONS ASSOCIATED WITH APPLICANT FORM ATTACHMENT A

(Legal Name of Race Meet Applicant Business Entity)

PERSONAL INFORMATION

For *each* individual who is an applicant, a principal contact person for the applicant, a representative for the applicant, a corporate director, a corporate officer, a LLC member, a registered agent, partner, co-partner, and each corporate shareholder holding more than 15% of the issued corporate stock, the following information must be completed:

1. Full Legal Name: _____ Prior Name/Alias: _____
 Social Security No: _____ Date of Birth: _____
 Residence Address: _____
 (Street Address, City, State, Zip Code)
 Mailing Address: _____
 (Street Address or P.O. Box, City, State, Zip Code if different than Residence Address)
 Residence Telephone No: _____ Occupation/Title: _____
 Employer: _____
 Employer Address: _____
 (Street Address, City, State, Zip Code)
 Business Phone: _____ Relationship to Applicant: _____

2. Full Legal Name: _____ Prior Name/Alias: _____
 Social Security No: _____ Date of Birth: _____
 Residence Address: _____
 (Street Address, City, State, Zip Code)
 Mailing Address: _____
 (Street Address or P.O. Box, City, State, Zip Code if different than Residence Address)
 Residence Telephone No: _____ Occupation/Title: _____
 Employer: _____
 Employer Address: _____
 (Street, City, State, Zip Code)
 Business Phone: _____ Relationship to Applicant: _____

3. Full Legal Name: _____ Prior Name/Alias: _____
Social Security No: _____ Date of Birth: _____
Residence Address: _____
(Street Address, City, State, Zip Code)
Mailing Address: _____
(Street Address or P.O. Box, City, State, Zip Code if different than Residence Address)
Residence Telephone No: _____ Occupation/Title: _____
Employer: _____
Employer Address: _____
(Street, City, State, Zip Code)
Business Phone: _____ Relationship to Applicant: _____

4. Full Legal Name: _____ Prior Name/Alias: _____
Social Security No: _____ Date of Birth: _____
Residence Address: _____
(Street Address, City, State, Zip Code)
Mailing Address: _____
(Street Address or P.O. Box, City, State, Zip Code if different than Residence Address)
Residence Telephone No: _____ Occupation/Title: _____
Employer: _____
Employer Address: _____
(Street, City, State, Zip Code)
Business Phone: _____ Relationship to Applicant: _____

5. Full Legal Name: _____ Prior Name/Alias: _____
Social Security No: _____ Date of Birth: _____
Residence Address: _____
(Street Address, City, State, Zip Code)
Mailing Address: _____
(Street Address or P.O. Box, City, State, Zip Code if different than Residence Address)
Residence Telephone No: _____ Occupation/Title: _____
Employer: _____
Employer Address: _____
(Street, City, State, Zip Code)
Business Phone: _____ Relationship to Applicant: _____

6. Full Legal Name: _____ Prior Name/Alias: _____
Social Security No: _____ Date of Birth: _____
Residence Address: _____
(Street Address, City, State, Zip Code)
Mailing Address: _____
(Street Address or P.O. Box, City, State, Zip Code if different than Residence Address)
Residence Telephone No: _____ Occupation/Title: _____
Employer: _____
Employer Address: _____
(Street, City, State, Zip Code)
Business Phone: _____ Relationship to Applicant: _____

7. Full Legal Name: _____ Prior Name/Alias: _____
Social Security No: _____ Date of Birth: _____
Residence Address: _____
(Street Address, City, State, Zip Code)
Mailing Address: _____
(Street Address or P.O. Box, City, State, Zip Code if different than Residence Address)
Residence Telephone No: _____ Occupation/Title: _____
Employer: _____
Employer Address: _____
(Street, City, State, Zip Code)
Business Phone: _____ Relationship to Applicant: _____

8. Full Legal Name: _____ Prior Name/Alias: _____
Social Security No: _____ Date of Birth: _____
Residence Address: _____
(Street Address, City, State, Zip Code)
Mailing Address: _____
(Street Address or P.O. Box, City, State, Zip Code if different than Residence Address)
Residence Telephone No: _____ Occupation/Title: _____
Employer: _____
Employer Address: _____
(Street, City, State, Zip Code)
Business Phone: _____ Relationship to Applicant: _____