# **Michigan Gaming Control Board**

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



# INTERNET SPORTS BETTING & INTERNET GAMING OCCUPATIONAL LICENSE RENEWAL APPLICATION

REPORT SUSPICIOUS OR ILLEGAL GAMBLING RELATED ACTIVITY ANONYMOUSLY

TIP LINE: 1-888-314-2682 SUBMIT A TIP: <u>WWW.MICHIGAN.GOV/MGCB</u> For the purposes of this renewal application, the term "licensee" means the person applying for the renewal of his or her occupational license.

The licensee must provide all information, documents, materials, and certifications at the licensee's sole expense. The licensee will be billed for any additional cost incurred by the Michigan Gaming Control Board (Board) during the course of any background investigation. Failure to provide information could result in denial or delay in the processing of this application. The Board, in its discretion, may hereafter require the licensee to furnish additional information or complete and submit additional forms.

The licensee should respond to the questions contained herein to the best of his/her knowledge. Any misrepresentation or omission is grounds for denial of the application.

#### INSTRUCTIONS

Complete the application form. Answer all questions. If a question is not applicable, indicate NA.

If you need more space to answer any of the questions attach additional pages as necessary.

#### A notary public must certify your signature, on Attachment A, the verification page.

The license renewal fees is \$250. Payment may be made by cashier's check, certified check, company check, or money order made payable to the "State of Michigan". **DO NOT SEND CASH**. The fee is non-refundable.

The renewal application form and license renewal fee must be submitted <u>at least 30 days</u> prior to the expiration of your occupational license.

## Please PRINT or TYPE all information

What license type are you renewing	g? Internet Sports	Betting 🗌 Int	ernet Gaming	
MGCB License Number:	Current Licer	Current License Type:		
Current Employer:	Current Position:			
Name:				
First	Last		Middle	
Address:				
Street	City	MI	Zip	
Primary Telephone:	Alternative N	_ Alternative Number:		
Primary Email:				
Social Security Number:				

## <u>Please answer the following questions as they relate to you since the</u> <u>time you submitted your initial application or last renewal application</u>

1. Are you current in filing all required income tax returns?

No Yes If you answered **no**, please explain.

2. Are you delinquent in the payment of any federal, state or city tax required under law?

No

Yes

If you answered **yes**, please explain and submit documentation from the tax authority indicating the delinquency.

3. Since your last application, have you had any court or formal proceeding filed against you to adjust, defer, suspend or otherwise work out the payment of any debt, including garnishment of wages?

## No Yes If you answered **yes**, please explain and submit relevant documentation.

4. Since your last application, have you filed a proceeding for bankruptcy?

No Yes If answered **yes** to this question, please submit a complete copy of the bankruptcy petition and discharge.

5. Since your last application, have you been convicted of a misdemeanor involving gambling, dishonesty, theft, or fraud in any state?

No Yes If **yes**, please explain and submit a final court disposition for each charge.

6. Since your last application, have you been indicted, charged, arrested, convicted, plead guilty, no contest, or forfeited bail for any felony or misdemeanor offense in any jurisdiction?

No Yes If **yes**, please explain and submit final court dispositions for all cases.

7. Since your last application, have you had any criminal conviction, either felony or misdemeanor, dismissed, expunged, or set aside under the laws of any jurisdiction?

No Yes If **yes**, please explain and submit final court dispositions for all cases.

8. Since your last application, have you had any gaming license or permit issued to you in any jurisdiction suspended, restricted, or revoked?

No Yes If you answered **yes**, please explain.

### ATTACHMENT A

### **APPLICANT VERIFICATION**

I \_\_\_\_\_, am the individual responsible for submitting this renewal application.

I acknowledge that the Michigan Gaming Control Board may require supplemental materials in order to carry out its statutory duties. I hereby agree to submit information, documents, and materials as requested by the Board.

I acknowledge that issuance of a license is a privilege, and that I have the responsibility to prove that my suitability as to character, reputation, integrity, and responsibility to be licensed. I accept any risk of adverse publicity, public notice, notoriety, embarrassment, criticism, financial loss, or other unfavorable or harmful consequences that may occur in connection with or as a result of information submitted to the Board with the license application or from the Board's request under the Acts and rules. I expressly waive any claim for damages as a result thereof.

I acknowledge that I am under a continuing duty to promptly disclose to the Board any changes in the information provided in the 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) within the application to which the changes pertain.

I acknowledge that while applying for, or holding a license under this act, I must disclose to the Board and its agents, confidential records, including tax records held by any federal, state or local agency, credit bureau or financial institution. I acknowledge and give consent to the Board and its agents to review and inspect the tax records under the Revenue Act 122 of 1941 (as amended).

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

IN WITNESS WHEREOF, I have executed this instrument at the City of\_\_\_\_\_\_,

State of \_\_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_\_,

Applicant's Signature

Applicant's Printed Name

Before me, a Notary Public in and for said county and State, the above person personally appeared and acknowledged the execution of this instrument as his or her voluntary act and deed. WITNESS, my hand and Notary Seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public, (Signature)

Notary Public, (Printed Name)

My commission expires: \_\_\_\_\_\_ County of Residence: \_\_\_\_\_

### ATTACHMENT B 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,\_\_\_\_\_, 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 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 supersedes and countermands any prior authorization and request to the contrary.

A photocopy of this authorization will be considered as effective and valid as the original.

IN WITNESS WHEREOF, I have executed this instrument at the City of\_\_, State of\_\_\_\_\_on this\_day of\_, 20\_\_\_\_.

Applicant's Signature

Applicant's Printed Name

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 Name)

My commission expires:

County of Residence: