

# Michigan Gaming Control Board

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3062 W. Grand Blvd., Suite L-700, Detroit, MI 48202



## MILLIONAIRE PARTY SUPPLIER LICENSE

## INITIAL APPLICATION

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Name of Supplier

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Date (MM/DD/YYYY)

**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)**

## MILLIONAIRE PARTY SUPPLIER – INITIAL APPLICATION

**This application is intended for individuals and entities that would like to provide millionaire party equipment to qualified organizations hosting licensed millionaire party events.**

The applicant is required to submit this application, supporting documentation, and a \$300 non-refundable application fee to the following address:

State of Michigan  
Michigan Gaming Control Board  
Millionaire Party Licensing  
3062 W. Grand Blvd., Suite L-700  
Detroit, MI 48202

The \$300 non-refundable application fee must be made payable to the “State of Michigan” by check or money order.

### **Required Documents**

The MGCB will not process an application without the required documents listed on page 5 of the application.

### **Contact**

Please contact the Enterprise Licensing Section for assistance or questions.

Telephone Number: (313) 456-4940  
Fax Number: (313) 456-3405  
Email Address: [Millionaireparty@michigan.gov](mailto:Millionaireparty@michigan.gov)

**MILLIONAIRE PARTY SUPPLIER – INITIAL APPLICATION**

GENERAL INFORMATION			
1. Applicant Business Name:			
2. Doing Business As (DBA):			
3. Ownership Type:    LLC        Individual        Corporation Partnership        Joint Tenants			4. Date Business Was Established:
5. U.S. Federal Employer Identification Number /Social Security Number:		6. Website Address:	
7. Physical Business Address:			
City:	State/Province:	ZIP Code:	County:
8. Mailing Address: <input type="checkbox"/> Same as Physical Business Address			
City:	State/Province:	ZIP Code:	County:
9. Telephone Number		10. Fax Number	
11. Tax Liability: Does the applicant have any outstanding tax liabilities, delinquencies, judgments, installment plans, or liens with the Internal Revenue Service, any state, or any local municipality? No        Yes (If yes, attach an explanation and supporting documentation.)			
12. Bankruptcy: Does the applicant have any pending bankruptcy proceedings? No        Yes (If yes, attach an explanation and supporting documentation.)			
13. Litigation: Does the applicant have any pending litigation to which the applicant is a party? No        Yes (If yes, attach an explanation and supporting documentation.)			
14. Authorized contact person responsible for completing application:			
Name:		Telephone Number:	Ext.:
Title:	Company:		
Mailing Address:			
City:		State:	ZIP Code:
Email Address:		Fax Number:	Preferred Communication: <input type="checkbox"/> Email <input type="checkbox"/> Fax
15. List all names under which the applicant or its owners have done business for the last five years:			
Business Name:	Doing Business As (DBA) Name:	Date	
		From:	To:

**MILLIONAIRE PARTY SUPPLIER – INITIAL APPLICATION**

16. Does the applicant utilize, or plan on utilizing, any third parties or intermediaries (e.g. consultants) to assist the applicant in its operations?

No      Yes (If yes, complete the following table.)

Third party or Intermediary Name	Describe goods and services provided

**OWNERSHIP INFORMATION**  
**\*\*Must account for 100% of ownership\*\***

17. In the tables below, list individuals and/or businesses with ownership interest in the applicant.

**Owner Information (Individuals)**

%	M/F	Name (Last, First, MI)	Resident Address (Street, City, State, ZIP Code, Country)	Birth Date	SSN	Driver's License #	D.L. State

**Owner Information (Businesses)**

%	Business Name	Business Address (Street, City, State, ZIP Code, Country)	FEIN

18. Tax Liability: Do the owners have any outstanding tax liabilities, delinquencies, judgments, installment plans, or liens with the Internal Revenue Service, any state, or any local municipality?

No      Yes (If yes, attach an explanation and supporting documentation.)

19. Bankruptcy: Do the owners have any pending bankruptcy proceedings?

No      Yes (If yes, attach an explanation and supporting documentation.)

20. Litigation: Do the owners have any pending litigation to which the owners are a party?

No      Yes (If yes, attach an explanation and supporting documentation.)

**OFFICERS**

21. List all principal executive, financial, and operations individuals (i.e. officers, directors, managers)

M/F	Title	Name (Last, First, MI)	Resident Address (Street, City, State, ZIP Code, Country)	Birth Date	SSN	Driver's License #	D.L. State
	<i>Executive</i>						
	<i>Financial</i>						
	<i>Operations</i>						

## MILLIONAIRE PARTY SUPPLIER – INITIAL APPLICATION

22. Tax Liability: Do the officers have any outstanding tax liabilities, delinquencies, judgments, installment plans, or liens with the Internal Revenue Service, any state, or any local municipality?

No Yes (If yes, attach an explanation and supporting documentation.)

23. Bankruptcy: Do the officers have any pending bankruptcy proceedings?

No Yes (If yes, attach an explanation and supporting documentation.)

24. Litigation: Do the officers have any pending litigation to which the officers are a party?

No Yes (If yes, attach an explanation and supporting documentation.)

**25. Each individual listed as an officer or owner is required to complete a Criminal Background Form and an IRS 4506-C Request for Transcript of Tax Return.**

### **INITIAL APPLICATION – REQUIRED DOCUMENTS (submit with application)**

If required documents are not applicable, please provide a written explanation

1. \$300 non-refundable application fee
2. IRS 4506-C Request for Transcript of Tax Return for the applicant, its owners, shareholders, partners, and officers
3. Attachment A from the applicant and each ownership entity
4. Attachment B from each individual owner, shareholder, partner, and officer
5. Criminal Background Forms from the applicant's owners, shareholders, partners, and officers
6. If the company files taxes, provide the company's annual tax returns for the previous three years
7. Tax returns for the previous three calendar years for each individual owner, shareholder and partner
8. Company bank statements for the last full three calendar years and year-to-date statements for the current year
9. Copies of all bank statements for the previous three calendar years for each individual owner, shareholder and partner
10. Company's check register from January of the previous three years to present
11. Listing of all company accounts holding cash or cash equivalents, including current balances
12. Listing of all 1099 vendors and individuals, including name, identification number and accumulative payments from January of the previous three years to present
13. Copy of all payroll reports, including employee name, social security number, report date, gross pay amount, and net pay amount from January of the previous three years to present
14. Copies of company's credit card and procurement card statements from January of the previous three years to present
15. Petty Cash Journal including payee name, payment amount, date, and description from January of the previous three years to present
16. Summary of capital contributions (e.g. cash deposits by owners) and capital distributions (e.g. cash withdrawals by owners) made between January of the previous three years to present
17. Listing of all related party transactions\* between January of the previous three years to present

\* Related party transactions include transactions between (a) an enterprise and its owners, management, or members of their immediate families; (b) a parent company and its subsidiaries; (c) subsidiaries of a common parent; and (d) affiliates. Some examples of common types of transactions with related parties are: sales, purchases, and transfers of realty and personal property; services received or furnished; borrowings and lendings; and use of property and equipment by lease or otherwise.

**MILLIONAIRE PARTY SUPPLIER – INITIAL APPLICATION**

**Certification of Application Information**

Name of Applicant: \_\_\_\_\_

The undersigned hereby certifies that all representations, information, and data presented in this application are true, accurate, and complete to the best of the undersigned’s knowledge. *The undersigned understands that failure to answer truthfully, completely, and accurately could preclude the applicant from obtaining or maintaining a supplier license. The undersigned certifies that he or she accepts and consents to the conditions, requirements, and procedures outlined in the Bingo Act and its promulgated rule. Further, the applicant agrees to provide all information, documents, materials, and certifications at the applicant’s sole expense and that the Board, in its discretion, may at any time require the applicant to furnish additional information or complete and submit additional forms.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Agent Signature

\_\_\_\_\_  
Print Name & Title

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 \_\_\_\_\_, \_\_\_\_\_.

Notary Public (Signature) \_\_\_\_\_

Notary Public (Printed Name) \_\_\_\_\_

My Commission Expires \_\_\_\_\_ County of Residence \_\_\_\_\_







**MILLIONAIRE PARTY SUPPLIER – INITIAL APPLICATION**

**Criminal Background Form**

**(The Applicant’s owners, shareholders, partners, and officers are required to complete this form.)**

Print Name:

The questions listed below relate to criminal offenses, either felony or misdemeanor, under the laws of any jurisdiction. **Do not include traffic violations (such as speeding tickets, parking tickets, etc).**

Have you ever:

- |    |     |                |    |     |                                    |
|----|-----|----------------|----|-----|------------------------------------|
| No | Yes | been arrested  | No | Yes | granted immunity                   |
| No | Yes | been charged   | No | Yes | forfeited bail                     |
| No | Yes | plead guilty   | No | Yes | named an unindicted co-conspirator |
| No | Yes | been indicted  | No | Yes | plead nolo contendere              |
| No | Yes | been convicted |    |     |                                    |

If you answered “**Yes**” to any of the above questions, complete the following:

Nature of Charge or Arrest:	Date of Charge or Arrest:
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Disposition:	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor
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Name of Court:
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Address:	City:	State:	ZIP Code:
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Nature of Charge or Arrest:	Date of Charge or Arrest:
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Disposition:	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor
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Name of Court:
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Address:	City:	State:	ZIP Code:
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Describe all arrests which did not result in a formal criminal charge:	<input type="checkbox"/> Not Applicable
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Describe all criminal convictions that have been expunged:	<input type="checkbox"/> Not Applicable
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Signature	Date
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<input type="checkbox"/> Check here if continued on an additional sheet.
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