

Michigan Gaming Control Board

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



MILLIONAIRE PARTY SUPPLIER LICENSE

INITIAL APPLICATION

Name of Supplier

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

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

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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:	

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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>						

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<p>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?</p> <p style="margin-left: 40px;">No Yes (If yes, attach an explanation and supporting documentation.)</p>
<p>23. Bankruptcy: Do the officers have any pending bankruptcy proceedings?</p> <p style="margin-left: 40px;">No Yes (If yes, attach an explanation and supporting documentation.)</p>
<p>24. Litigation: Do the officers have any pending litigation to which the officers are a party?</p> <p style="margin-left: 40px;">No Yes (If yes, attach an explanation and supporting documentation.)</p>
<p>25. Each individual listed as an officer or owner is required to complete a Criminal Background Form and provide IRS Account Transcripts of Tax Returns.</p>

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 Account Transcripts of Tax Returns 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 Federal and State of Michigan tax returns for the previous three years
7. Federal and State of Michigan 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.

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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

**ATTACHMENT A
(COMPANY)**

Each entity will need to complete a separate form

**APPLICANT/ OWNERSHIP ENTITY
CONSENT TO RELEASE INFORMATION**

To all courts, probation departments, Selective Service boards, employers, and all government agencies federal, state, and local, without exception, both foreign and domestic.

On behalf of _____
(NAME OF ENTITY)

I, _____
(NAME AND TITLE OF PERSON AUTHORIZED TO EXECUTE THIS RELEASE)

authorize the Michigan Gaming Control Board to conduct a full investigation into the background and activities of said entity.

Therefore, you are hereby authorized to release any and all information pertaining to said entity, documentary or otherwise, as requested by any employee or agent of the Michigan Gaming Control Board, provided he or she certifies to you that said entity has an application pending before the Michigan Gaming Control Board or that said entity is a licensee or other person required to be licensed under the provisions of the Traxler- McCauley-Law-Bowman Bingo Act.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A 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 _____, _____.

Signature

Title

Date

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

**ATTACHMENT B
(INDIVIDUAL OWNER/OFFICER)**

****Each person will need to complete a separate form****

VOLUNTARY CONSENT TO RELEASE INFORMATION MATERIALS AND DOCUMENTS

To all courts, probation departments, Selective Service boards, employers, and all government agencies federal, state, and local, without exception, both foreign and domestic.

I _____
(NAME OF PERSON AUTHORIZED TO EXECUTE THIS RELEASE)

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

Therefore, you are hereby authorized to 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 shall supersede and countermand any prior request or authorization to the contrary.

A 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 _____, _____.

Signature

Title

Date

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 _____

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