

LICENSE APPLICATION

Initial or Five-Year Renewal

Applicant Name

Date

Initial 🗆	Five-Year Renewal	
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Application Type (Select all that apply):

Internet Gaming Supplier	
Internet Sports Betting Supplier	

Casino Supplier:

Gaming Related

Non-Gaming Related

Fantasy Sports:

Operator

Management Company

REPORT SUSPICIOUS OR ILLEGAL GAMBLING ACTIVITY ANONYMOUSLY

ANONYMOUS TIP LINE: 888-314-2682 SUBMIT AN ANONYMOUS TIP: www.michigan.gov/MGCB

FORM INSTRUCTIONS

This form should be completed by the following applicants:

- Internet Gaming Supplier and/or Sports Betting Supplier: These persons require a license to provide internet gaming and sports betting operators goods and services regarding the operation of internet gaming and internet sport betting pursuant to the Lawful Internet Gaming Act (LIGA), MCL 432.301 – 432.322 and/or the Lawful Sports Betting Act (LSBA), MCL 432.401 – 432.419. This does not include suppliers of goods or services for retail sports betting conducted in the Detroit casinos.
- <u>Gaming Related Casino Suppliers:</u> These persons supply equipment, goods, or services to casino licensee pursuant to the Michigan Gaming Control and Revenue Act (MiGCRA), MCL 432.201 – 432.226. Gaming-related goods and/or services include but are not limited to those that are directly related to the conduct of gambling, or which otherwise affect the play and results of gambling games or devices. This includes suppliers of goods or services for retail sports betting conducted in the Detroit casinos.
- 3. <u>Non-gaming Related Casino Suppliers:</u> These persons, on a regular and continuing basis, supply goods or services that are not directly related to, used in connection with, or affect gaming, to a casino licensee pursuant to the MiGCRA. A person is deemed to be supplying nongaming related goods or services to a casino licensee, if the total dollar amount of the person's nongaming related transactions with any 1 casino licensee are equal to or greater than \$400,000.00 within any rolling 12-month period. See Mich Admin Code R 432.1322(3)
- Fantasy Contest Operator: These persons operate, carry on, conduct, maintain, expose or offer for play fantasy contests and awards prizes of value pursuant to the Fantasy Contest Consumer Protection Act (FCCPA), MCL 432.501 – 432.516. This does not include a casino licensee pursuant to MiGCRA or a federally recognized Indian tribe licensed under the LIGA or the LSBA.
- 5. **Fantasy Contest Management Company:** These persons manage the day-to-day fantasy contest operations of a fantasy contest operator pursuant to the FCCPA.

For this form, qualifying business means any person, that is not an individual, and that directly or indirectly holds a combined ownership interest of more than 5% in an applicant [if this is an application for a license under MiGCRA, LIGA, or LBSA], or 5% or more in an applicant [if this is an application for a fantasy contest license only].

For this form, key person includes, but is not limited to, the following:

- A director of the Applicant
- A managerial employee of the Applicant that performs the function of principal executive officer, principal operations officer, or principal accounting officer.
- An individual that directly or indirectly holds a combined ownership interest of more than 5% in the Applicant [if this an application for a license under MiGCRA, LIGA, or LSBA], or 5% or more in the Applicant [if this is an application for a fantasy contest license only].
- A director of a qualifying business
- A managerial employee of a qualifying business who performs the function of principal executive officer, principal operations officer, or principal accounting officer.

In connection with an application for an internet gaming supplier license or internet sports betting supplier license, key person does not include an elected or appointed representative of an applicant that is a federally recognized Indian tribe unless the representative is also a full-time employee of applicant's internet gaming operations or internet sports betting operations.

Applicant should respond to the questions contained herein to the best of its knowledge. Any misrepresentations or omissions may result in application denial.

Applicant shall provide all information, documents, and attachments at its sole expense. The Board, at its discretion, may require Applicant to furnish additional information or complete and submit additional forms. Further, the Board may require additional individuals and entities to submit disclosures based on information contained in this application or otherwise identified during its background investigation.

Applicant has a continuing duty to disclose promptly any material changes in information previously provided to the Board as soon as becoming aware of such changes. The duty to disclose changes in information continues throughout the period of licensure by the Board.

Additional tables available online: <u>tinyurl.com/3z6tef7v</u> Please utilize as needed and include with submittal.

Submit application, including required fee(s), items, and attachments to: Michigan Gaming Control Board ATTN: Enterprise Licensing 3062 W. Grand Blvd., Suite L-700 Detroit, MI 48202-6062

For application questions, please contact our helpline at: Telephone: (313) 456-1459 E-Mail: <u>MGCB-Suppliers@Michigan.gov</u>

FEES

Fees are assessed individually for each license applicant seeks to hold. Applicant will be billed for all investigative costs incurred by the Board during the background investigation. The license application fee will be credited against investigative costs prior to billing. An additional background investigation charge may be assessed to the extent the Board's investigative costs exceed the application fee. The application fee or license fee amounts noted below are due for each license (i.e. an internet gaming supplier license and an internet sports betting supplier license) that applicant is applying for.

Commercial Casino Supplier

Initial: application fee of \$2,500 due upon filing; plus license fee of \$5,000 due upon issuance of the license.

Annual: license fee of \$5,000 due upon filing of the annual renewal application in years 2 through 4.

5-Yr Renewal: license fee of \$5,000 due upon filing of the 5-year renewal application.

Sports Betting Supplier

Initial: application fee of \$2,500 due upon filing; plus initial license fee of \$5,000 due upon issuance of the license.

Annual: license fee of \$2,500 due 30 days prior to anniversary date in years 2 through 4.

5-Yr Renewal: license fee of \$2,500 due upon filing of the 5-year renewal application.

Fantasy Contest Management Company

Initial: license fee of \$5,000 due upon filing.

Annual: license renewal fee of \$5,000 due upon filing of the annual renewal application in years 2 through 4

5-Yr Renewal: license renewal fee of \$5,000 due upon filing of the 5-year renewal application.

Internet Gaming Supplier

Initial: application fee of \$2,500 due upon filing; plus initial license fee of \$5,000 due upon issuance of the license.

Annual: license fee of \$2,500 due 30 days prior to anniversary date in years 2 through 4.

5-Yr Renewal: license fee of \$2,500 due upon filing of the 5-year renewal application.

Fantasy Contest Operator

Initial: license fee of \$10,000 due upon filing.

Annual: license renewal fee of \$5,000 due upon filing of the annual renewal application in years 2 through 4.

5-Yr Renewal: license renewal fee of \$5,000 due upon filing of the 5-year renewal application.

SECTION 1 – GENERAL INFORMATION

1.1 APPLICANT NAME as it appears on certificate of incorporation, charter, by-laws, operating agreement, or other official document.

1.2 D/B/As Any/all D/B/As utilized in conducting business with a person licensed by the Board including, but not limited to a Casino, Tribe, Platform Provider, or Fantasy Contest Operator (Submit documentation)

1.3 If Applicant is seeking a license required to supply goods and services under LIGA, LSBA, MiGCRA, or is seeking a Fantasy Contest Management Company license, please provide a detailed description of the goods and/or services which applicant will supply to a person licensed by the Board, including, but not limited to a Casino, Tribe, Platform Provider, or Fantasy Contest Operator

1.4 IDENTIFICATION/OWNERSHIP INFORMATION

Registration Type	Registration Number	
Business Type	Registration State	
Ownership Status	Registration Country	
Ownership Country		

Comments, as needed:

1.5 BUSINESS ADDRESS

Address		City
State	ZIP Code	Country
Phone Number	Website	

1.6 Has Applicant had additional business names or addresses during the past five years?

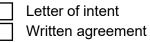
Prior Name	Reason for Cessation	To:	From:
Prior Address - Street, C	To:	From:	
Prior Name	Reason for Cessation	To:	From:
Prior Address - Street, C	City, State, ZIP Code, Country	То:	From:

1.7 DESIGNATED CONTACT (liaison to the Board)

Contact Name		Title	
Address		City	
State	ZIP Code	Country	
Phone Number	E-mail		

1.8 INITIAL APPLICANTS ONLY

If this is an initial license application for a license required to supply goods and services under LIGA, LSBA, MiGCRA, or for a Fantasy Contest Management Company license, Applicant must include a letter of intent or written agreement with a person licensed by the Board, including, but not limited to a Casino, Tribe, Platform Provider, or a Fantasy Contest Operator, specifying the type of good/service to be supplied. *The Board will not process initial applications without this statement or agreement.* Indicate which item(s) will be attached:



SECTION 2 – AGREEMENT

2.1 If Applicant is seeking a license required to supply goods and services under LIGA, LSBA, MiGCRA, or is seeking a Fantasy Contest Management Company license, please list the entity or entities licensed by the Board with whom the applicant intends to conduct or is currently conducting business within the Michigan gaming market:

Entity Type (Casino/Tribe/Platform Provider/Supplier/Fantasy Contest Operator)

Additional tables available online: tinyurl.com/3z6tef7v Please utilize as needed and include with submittal

2.2 If Applicant is seeking a license required to supply goods and services under LIGA, LSBA, MiGCRA, or is seeking a Fantasy Contest Management Company license, please estimate the annual dollar amount of goods and services to be provided by the applicant to the person or persons licensed by the Board, including, but not limited to a Casino, Tribe, Platform Provider, or Fantasy Contest Operator:

\$_____

2.3 Does Applicant or its qualifying businesses or key persons have any agreement contingencies or conditions with any person or persons licensed by the Board, including, but not limited to Casino, Tribe, Platform Provider, or Fantasy Contest Operator which have not been disclosed? □ No □ Yes, see below:

Brief explanation:

2.4 Are there any distributors, sales representatives, individuals, or business entities that formally or informally distribute, market, or represent goods/services produced/rendered by Applicant? □ No □ Yes, see below:

Distributor/Representative Name	Address	Phone Number
		Ext.
Distributor/Representative Name	Address	Phone Number
		F -4
		Ext.
Distributor/Representative Name	Address	Phone Number
		Ext.
Distributor/Representative Name	Address	Phone Number
		Ext.

2.5 Is Applicant currently licensed with the Michigan Gaming Control Board?

	-	-	🗌 No	☐ Yes, see below:
volgestion:				

Brief explanation:

SECTION 3 – OWNERSHIP

3.1 Does Applicant have any financial, ownership interest or other relationship with any person or persons licensed by the Board, including, but not limited to Casino, Tribe, Platform Provider, or Fantasy Contest Operator?

Explain nature of interest or relationship:

3.2 Does Applicant have beneficial ownership of 5% or more in any other business? \square No \square Yes, see below:

Business Name	US State or Country of Incorporation or Registration	Beneficial Ownership %

Additional tables available online: tinyurl.com/3z6tef7v Please utilize as needed and include with submittal

3.3 Is Applicant a Tribe or a department, board, committee, enterprise, or sub-entity of a Tribe? \Box No \Box Yes, see below: _____

Tribe Name: _____

SECTION 4 – REGULATION

4.1 Is Applicant subject to regulation by a public agency in the state of Michigan or any other jurisdiction? \Box No \Box Yes, see below:

Name and Location of Public Agency	Type of Regulation	License/ID Number

Additional tables available online: tinyurl.com/3z6tef7v Please utilize as needed and include with submittal

4.2 Has Applicant ever (initial application) or since its last application (renewal application) applied in any jurisdiction for a license, permit, or other authorization to participate in lawful gaming operations (including, but not limited to, fantasy contests, manufacture or distribution of gaming supplies, casino gaming, horse racing, dog racing, pari-mutuel operations, lottery, sports betting, or internet gaming)? \square No \square Yes, see below:

Name and Location of Regulatory Agency	Type of Gaming Activity	License/ID Number

4.3 Is Applicant registered with the Michigan Department of Licensing and Regulatory Affairs (LARA) to conduct business in the state of Michigan?

If yes, provide LARA registration number:

If no, provide detailed explanation regarding Applicant's decision to not register its business in Michigan:

SECTION 5 – CRIMINAL HISTORY

5.1 Has the Applicant ever (initial application) or since its last application (renewal application) been involved in any of the following criminal offense (felony/misdemeanor) scenarios under the laws of any jurisdiction? \Box No \Box Yes, see below:

- Charged (with or without conviction)
- Indicted

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- Convicted (including expunged/ pardoned offenses)
- Pled no contest
- Pled guilty
- Named as an unindicted co-conspirator
- Granted immunity

Offense Category	Incident Date	Disposition Date
Court Name and Location	Incident Description	Disposition

Offense Category	Incident Date	Disposition Date	
Court Name and Location	Incident Description	Disposition	

Offense Category	Incident Date	Disposition Date	
Court Name and Location	Incident Description	Disposition	

SECTION 6 – FINANCIAL

6.1 Provide the following details for each bank, credit union, brokerage, or other deposit accounts held by the Applicant during the last five years. Applies to domestic and international accounts either held in its own name or under its direct/indirect control:

Institution Name and Address	Name on Account	Type of Account
		Account Number

Name on Account	Type of Account
	Account Number
	Name on Account

Institution Name and Address	Name on Account	Type of Account
		Account Number

Institution Name and Address	Name on Account	Type of Account
		Account Number

Institution Name and Address	Name on Account	Type of Account
		Account Number

6.2 Provide the following details for each loan account of the Applicant. Applies to domestic and international accounts funded either by individuals or institutions: \square N/A \square See below:

Debt Holder Name and Address	Loan Purpose	Loan Type	
		Origination Date	
		Loan Maturity Date	
		Initial Loan Amt	
		Current Balance	

Debt Holder Name and Address	Loan Purpose	Loan Type	
		Origination Date	
		Loan Maturity Date	
		Initial Loan Amt	
		Current Balance	

Debt Holder Name and Address	Loan Purpose	Loan Type	
		Origination Date	
		Loan Maturity Date	
		Initial Loan Amt	
		Current Balance	

Debt Holder Name and Address	Loan Purpose	Loan Type	
		Origination Date	
		Loan Maturity Date	
		Initial Loan Amt	
		Current Balance	

6.3 Is Applicant named as beneficiary, settler, trustee, grantor, transferor, or other fiduciary to any trust (domestic or foreign)?

Brief explanation (including Applicant connection, nature of trust, and asset location):

SECTION 7 – FINANCIAL COMPLIANCE/CIVIL LITIGATION

7.1 Has the Applicant ever (initial application) or since its last application (renewal application) filed for bankruptcy? No Yes, see below:

Filing Date	Name and Court Location	Case Number	Disposition
		_	
		_	
		_	
		_	

7.2 Has the Applicant ever (initial application) or since its last application (renewal application) filed or had filed against it a proceeding or been involved in any formal process to adjust, defer, suspend, or otherwise workout payment of debt? □ No □ Yes, see below:

Filing Date	Name and Court Location	Case Number	Disposition
		-	
		-	
		_	
		-	
		-	

7.3 Has Applicant ever (initial application) or since its last application (renewal application) withdrawn an application, been denied, or not renewed for licensure or certification in any jurisdiction? No Yes, see below:

Brief explanation:

7.4 Has Applicant had restrictions, suspensions, or revocations of a license or certificate in any jurisdiction? \Box No \Box Yes, see below:

Brief explanation:

7.5 Has Applicant been issued notice of disciplinary actions or notice of investigation by a government entity? 🗆 No \Box Yes, see below:

Disciplinary Action, or Notice of Investigation	Date	Summary

Additional tables available online: tinyurl.com/3z6tef7v Please utilize as needed and include with submittal

7.6 Has Applicant filed all required federal, state, and/or local tax returns with the appropriate agencies for itself and all related business entities which are legally required to file taxes?

 \Box Yes \Box No, see below:

7.7 Does Applicant, or any of its qualifying business or key persons have any outstanding tax liabilities with any taxing authority?

Business/Person	Description Toward Resolution
Taxing Agency	
Outstanding Balance	
As of Date	

Business/Person	Description Toward Resolution
Taxing Agency	
Outstanding Balance	
As of Date	

Business/Person	Description Toward Resolution
Taxing Agency	
Outstanding Balance	
As of Date	

Business/Person	Description Toward Resolution
Taxing Agency	
Outstanding Balance	
As of Date	

Additional tables available online: <u>tinyurl.com/3z6tef7v</u> Please utilize as needed and include with submittal

7.8 During the last 5 years, has Applicant been notified by a public body of any tax-related issue(s) regarding the payment of any tax required under federal, state, or local law—including but not limited to a tax audit?

Taxing Agency	Tax Type	Date of Taxing Period	Amount (USD or other local currency)

Additional tables available online: tinyurl.com/3z6tef7v Please utilize as needed and include with submittal

7.9 Has Applicant, any of its key persons, qualifying businesses, or any associated individuals or entities, partner, or third party acting for or on behalf of Applicant made any payments to any employee, company, organization, or government official (domestic or foreign), to obtain favorable treatment during the last ten years?

Brief explanation:

7.10 Has Applicant had any securities or debt offerings suspended from trading or had any action against it by any financial regulatory agency?

Regulatory Agency Name/Location	Action Date	Action Taken

Type of Security/Offering	Regulatory Agency Name/Location	Action Date	Action Taken

Type of Security/Offering	Regulatory Agency Name/Location	Action Date	Action Taken

7.11 Do any of the below scenarios apply to Applicant or any of its key persons or qualifying businesses in any jurisdiction? □ No □ Yes, see below:

- Currently a party to any civil lawsuits
- Been a party to any other litigation over the past ten years in which:
 - Applicant or any of its key persons or qualifying businesses were accused of intentional misconduct.
 - An ultimate decision could cause an adverse effect on Applicant, reflecting in its financial condition, character, reputation, or integrity.

Case Title/Caption		
Docket/Case Number		
Name/Location of Court Involved	Involved Parties	Nature of Claim(s)
	—	

Case Title/Caption		
Docket/Case Number		
Name/Location of Court Involved	Involved Parties	Nature of Claim(s)
	_	
	_	
	—	

Case Title/Caption		
Docket/Case Number		
Name/Location of Court Involved	Involved Parties	Nature of Claim(s)
	_	
	—	

SECTION 8 – KEY PERSONS & QUALIFYING BUSINESSES

8.1 Please identify all key persons and qualifying businesses of the Applicant:

For this form, key person includes, but is not limited to, the following:

- A director of the Applicant
- A managerial employee of the Applicant that performs the function of principal executive officer, principal operations officer, or principal accounting officer.
- An individual that directly or indirectly holds a combined ownership interest of more than 5% in the Applicant [if this an application for a license under MiGCRA, LIGA, or LSBA], or 5% or more in the Applicant [if this is an application for a fantasy contest license only].
- A director of a qualifying business
- A managerial employee of a qualifying business who performs the function of principal executive officer, principal operations officer, or principal accounting officer.

In connection with an application for an internet gaming supplier license or internet sports betting supplier license, key person does not include an elected or appointed representative of an applicant that is a federally recognized Indian tribe unless the representative is also a full-time employee of applicant's internet gaming operations or internet sports betting operations.

Person	
or Business	
Beneficial	Address
Ownership %	
Relationship to	
Applicant	
Applicable Deard	
Applicable Board	
Committee(s)	
Person	
or Business	
Beneficial	Address
	7441000
Ownership %	
Relationship to	
Applicant	
Applicable Board	
Committee(s)	
()	
Person or	
Business	
Business	Address
Business Beneficial	Address
Business Beneficial Ownership %	Address
Business Beneficial Ownership % Relationship to	Address
Business Beneficial Ownership %	Address
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Business Beneficial Ownership % Relationship to Applicant Applicable Board Committee(s) Person or Business Beneficial Ownership % Relationship to Applicable Board	

Person or Business	
Beneficial	Address
	Address
Ownership %	
Relationship to	
Applicant	
Applicable Board	
Committee(s)	
Person	
or Business	
Beneficial	Address
Ownership %	
Relationship to	
Applicant	
Applicant	
Applicable Board	
Committee(s)	
Person or	
Person or Business	
Business	Address
Business Beneficial	Address
Business Beneficial Ownership %	Address
Business Beneficial Ownership % Relationship to	Address
Business Beneficial Ownership %	Address
Business Beneficial Ownership % Relationship to	Address
Business Beneficial Ownership % Relationship to Applicant	Address
Business Beneficial Ownership % Relationship to Applicant Applicable Board	Address
Business Beneficial Ownership % Relationship to Applicant	Address
Business Beneficial Ownership % Relationship to Applicant Applicable Board	Address
Business Beneficial Ownership % Relationship to Applicant Applicable Board Committee(s)	Address
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BusinessBeneficial Ownership %Relationship to ApplicantApplicable Board Committee(s)Person or BusinessBeneficial Ownership %Relationship to Applicant	



ATTACHMENT A VERIFICATION

I, _____ (Managing Officer / Director of Applicant), attest: I am the individual responsible for submitting this application and have full authority to execute this verification on behalf of Applicant binding them to the above.

To the extent the information requested in this form has been previously submitted to the Michigan Gaming Control Board under the Michigan Gaming Control and Revenue Act (MCL 432.201 to MCL 432.226), the Lawful Internet Gaming Act (MCL 432.301 to MCL 432.322), the Lawful Sports Betting Act (MCL 432.401 to MCL 432.219), or the Fantasy Contests Consumer Protection Act (MCL 432.501 to MCL 432.516); I hereby authorize the Michigan Gaming Control Board to use the previously submitted information, along with any updates provided herein or thereafter.

The information contained in this application is true, current, complete, and accurate to the best of my knowledge and belief.

Applicant Name	· · · · · · · · · · · · · · · · · · ·	Managing Officer / Director Signature	;
Managing Officer / Director Printed Name and Title		Date	
Notary Certificate of Ackno	owledgement		
State of	_County of		
On before me Date	, Notary Printed Name		
Personally appeared, Signer	Printed Name		

Proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person or entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal

Notary Signature

My Commission Expires:



ATTACHMENT B ACKNOWLEDGEMENT, AGREEMENT, CONSENT, AND RELEASE

Ι, , (Managing Officer / Director of Applicant), hereby acknowledge the Michigan Gaming Control Board may require supplemental materials in order to carry out its statutory duties. I agree to submit supplemental materials as requested by the Board.

I accept any risk of adverse public notice, embarrassment, criticism, other action, or financial loss, which may result from action with respect to this application for a license. I also accept the risk of public disclosure of information requested in this form and expressly waive any claim as a result thereof.

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

I hereby consent to inspections, searches, seizures, and to disclose to the Board and its agents confidential records, including tax records held by any federal, state, or local agency or credit bureau or financial institution. This consent is also authorization to review and inspect tax records administered under the Revenue Act 122 of 1941 (as amended).

I agree to discharge and release the State of Michigan, the Board, Department of Attorney General and the Department of State Police and their respective members, agents, and employees, from any and all actions, causes of action, suits, known or unknown, arising out of or by reason of the processing or investigation of or other action related to this application.

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.

Managing Officer / Director of Applicant Signature

Managing Officer / Director of Applicant Name and Title



ATTACHMENT C **CONSENT TO RELEASE INFORMATION**

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:

_____ (Applicant), I, ______ (Managing Officer On behalf of / Director of Applicant), have authorized the Michigan Gaming Control Board and its employees and agents to conduct a full background 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 that he or she certifies to you that said entity has an application pending before the Michigan Gaming Control Board, is a licensee, or is required to be qualified.

This authorization supersedes and countermands any prior authorization and request to the contrary. A copy of this authorization will be considered as effective and valid as the original.

Managing Officer / Director of Applicant Signature

Managing Officer / Director of Applicant Name and Title

Date

Notary Certificate of Acknowledgement

State of County of

On _____ before me, _____ Date Notary Printed Name

Personally appeared, ___

Signer Printed Name

Proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person or entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal

Notary Signature

My Commission Expires:



ATTACHMENT D AFFIDAVIT OF FULL DISCLOSURE

١,

Managing Officer / Director of Applicant

being first duly sworn upon oath or affirmation, depose and state, that, except as reported in the application, I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee, or otherwise any interest in the Applicant;

that, except as reported in the application, I have no agreements or understanding with any person or entity and no present intent to pay any sums of money or give anything of value such as, including but without limitation, a finder's fee or commission to any person or entity related to the acquisition and/or sale of any interest in the Applicant; and

I have full authority to execute this affidavit of full disclosure on behalf of Applicant and otherwise bind Applicant to the above.

Managing Officer / Director of Applicant Signature

Managing Officer / Director of Applicant Name and Title

Date

Notary Certificate of Acknowledgement

State of _____County of _____

On _____ before me, _____ Date Notary Printed Name

Personally appeared, _

Signer Printed Name

Proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person or entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal

Notary Signature

My Commission Expires:

REQUIRED ITEMS DUE UPON SUBMISSION

Application Fee or License Fee
(Initial Applicant for a license under LIGA, LSBA, MiGCRA, or for a Fantasy Contest Management Company License) - Letter of intent to enter into an agreement, description and terms of unwritten agreement or written agreement with a Casino, Tribe or Platform Provider
Articles or certificate of incorporation, organization, charter, assumed name, by- laws, operating agreement or similar official documentation
Ownership flowchart illustrating the fully diluted beneficial ownership of the Applicant. List intermediary entities (e.g. operating entities, holding companies, or trusts) holding ownership until the flowchart reflects the ownership interest as being held by individual(s), not other business(es). If the ultimate parent company is publicly traded and no individual controls more than 5% of the publicly traded stock, indicate that in a footnote to the flowchart
Organizational chart showing the corporate structure of Applicant, identifying all officers of Applicant and all members of the board of directors. Include position descriptions and names of individuals in such roles
Completed federal, state and local tax returns for the past three years including schedules, attachments, amendments and extensions (unless previously submitted to the Board)
Internal Revenue Service (IRS) Account Transcript of Tax Return for the past four (4) filing periods. For directions click <u>here</u> . Available online: <u>tinyurl.com/ye4vwb8c</u>
Financial statements including income statement, balance sheet, cash flow statement, corresponding financial notes, and schedules for the past three years
Certificate of insurance demonstrating liability and casualty limits
Personal Disclosures and/or Business Disclosures resulting from associated key persons identified within this Application.
Note: Limited personal disclosures may be considered in lieu of full personal disclosures for individuals serving as outside directors of Applicant or entities holding greater than 5% in applicant i.e., an affiliate. Outside director means a member of the board of directors (or equivalent) who is not otherwise employed by the Applicant or the affiliate and does not hold greater than 5% beneficial ownership in the Applicant. Chairpersons of the Applicant or an affiliate of the Applicant are not eligible for a limited personal disclosure.
Additional Tables as needed. Please utilize and include with submittal.

Note: In connection with the review process, additional supplemental documents will be required during the course of investigation and will be requested at a later time.

Available online: tinyurl.com/3z6tef7v