

# Michigan Gaming Control Board

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3062 W. Grand Blvd, Suite L-700, Detroit, MI 48202-6062



## Institutional Investor Waiver Form 206c

\_\_\_\_\_  
Name of Investor

\_\_\_\_\_  
Date

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)

## Institutional Investor Waiver Form – 206c

This application form is authorized under the Michigan Gaming Control and Revenue Act (“Act”), 1997 PA 69, MCL 432.201 et. seq.

This form is to be used by institutional investors that meet the standards for waiver of eligibility and suitability requirements set forth in MCL 432.206c(1), as follows:

- Institutional investors holding less than 10% of the equity or debt securities of a casino licensee’s affiliate or affiliated company which is related to financing the casino licensee and such securities do not exceed 20% of the affiliate’s total outstanding debt, if such securities are those of a publicly traded corporation.
- Institutional investors holding a percentage of any issue of the outstanding debt of a casino licensee’s affiliate or affiliated company not exceeding 50%, if such securities are those of a publicly traded corporation.

**(NOTE:** Institutional investors holding a higher percentage of securities than those specified in MCL 432.206c(1) of the Act may be eligible for a waiver pursuant to Resolution No. 2001-02 of the Michigan Gaming Control Board (“Board”) by completing the Institutional Investor Waiver Form – Non 206c.

### DEFINITIONS

The term "Applicant" in this form means an institutional investor subject to the eligibility and suitability requirements provided for under the Act.

The term "Institutional investor" in this form means any retirement fund administered by a public agency for the exclusive benefit of federal, state, or local public employees, an employee benefit plan, or pension fund that is subject to the employee retirement income security act of 1974, as amended, an investment company registered under the investment company act of 1940, title I of chapter 686, 54 Stat. 789, 15 U.S.C. 80a-1 to 80a-3 and 80a-4 to 80a-64, a collective investment trust organized by a bank under part 9 of the rules of the comptroller of the currency, a closed end investment trust, a chartered or licensed life insurance company or property and casualty insurance company, a chartered or licensed financial institution, an investment advisor registered under the investment advisers act of 1940, title II of chapter 686, 54 Stat. 847, 15 U.S.C. 80b-1 to 80b-21, or any other person as the board may determine for reasons consistent with the Act.

The term "security" in this form means any equity or debt instrument representing a source of funds provided to a casino licensee or applicant or an affiliated company that has any relationship to the financing of the casino.

The term "fund manager" refers to the individual(s) responsible for managing the institutional investor and/or fund.

### INSTRUCTIONS

The Applicant for an institutional investor waiver must provide the Board with full and complete information, documents, materials and certifications as requested in the application form, to the best of the Applicant’s knowledge and at the Applicant’s sole expense.

The Board will not process or otherwise consider whether to grant the requested institutional investor waiver until full and complete information, documents, materials and certifications are provided. **Any misrepresentation or omission is grounds for application denial or other disciplinary action authorized under the Board’s administrative rules.**

**The applicant must submit this application back to the casino. It is the responsibility of the casino to complete Part II (b) of the certification page and submit this application to the Board.**

**Institutional Investor Waiver Form – 206c**

**Part I – Applicant Information**

1. Name of Investor/Fund:

2. D/B/A or Trade Name:

3. FEIN:

4. Business Address (do not enter P.O. box):

Street:

City:

State:

Zip Code:

Country:

Telephone Number:

Fax Number:

5. Mailing Address (if different than the Business Address):

Street:

City:

State:

Zip Code:

Country:

6. Name of Person to be contacted in reference to this form (Last, First, Middle Initial):

Mr.  Ms.

Business Address:

Street:

City:

State:

Zip Code:

Country:

Telephone Number:

Fax Number:

7. The Applicant  is an institutional investor in:

**or**

(Name of Supplier Applicant or Licensee)

intends to be an institutional investor in:

(Name of Supplier Applicant or Licensee)

8. Describe in detail the type of securities involved (e.g. share, certificate, mortgage, bond, indenture, note).

9. The Applicant  holds the following percentage of securities:

**or**

intends to hold the following percentage of securities:

10. State the basis for defining the Applicant as an "institutional investor."

**Institutional Investor Waiver Form – 206c**

**Part II a - CERTIFICATION**

**To be filled out by Entity/Person Requesting Waiver: (Use BLACK ink only.)**

State of \_\_\_\_\_ County of \_\_\_\_\_.

I, \_\_\_\_\_, being first duly sworn upon oath or affirmation, depose and state,

- 1. I swear (or affirm) that the information contained in this waiver application is true, complete and accurate to the best of my knowledge and belief.
- 2. I swear (or affirm) that I, acting on behalf of myself or on behalf of the applicant for waiver, am not significantly involved in and have no authority over the Licensee's conduct of business with any Michigan licensed casino.

\_\_\_\_\_  
(Individual's signature) (Title)

Before me, the undersigned, a Notary Public in and for said County and State, 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 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public (Written Signature) Notary Public (Printed Signature)

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

State of \_\_\_\_\_ County of \_\_\_\_\_

**Part II b - CERTIFICATION**

**To be filled out by Supplier Applicant/Licensee: (Use BLACK ink only.)**

State of \_\_\_\_\_ County of \_\_\_\_\_.

I, \_\_\_\_\_, being first duly sworn upon oath or affirmation, depose and state,

- 1. Applicant/Licensee is responsible for the submission of this waiver application.
- 2. Applicant/Licensee agrees to be bound by and comply with the Act, to be subject to the jurisdiction of the courts of Michigan, and to choose Michigan as the forum if a dispute, question, or controversy arises under the Act.
- 3. Applicant/Licensee agrees to provide, upon request, any information and documentation as may be required by the Board to establish and determine the identity, eligibility, suitability, and qualification of the Applicant or any other person associated with the Applicant.
- 4. Applicant/Licensee understands that any material changes to this waiver application, of which it has knowledge of, will be filed with the Board without undue delay.

\_\_\_\_\_  
(Individual's signature) (Title)

Before me, the undersigned, a Notary Public in and for said County and State, 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 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public (Written Signature) Notary Public (Printed Signature)

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

State of \_\_\_\_\_ County of \_\_\_\_\_

# Institutional Investor Manager

**Part III is to be completed by the “fund manager”... Referring to the individual responsible for managing the institutional investor and/or fund.**

## Part III- Fund Manager Information

<b>Fund Name:</b>			
<b>Fund Manager's Personal Information</b>			
Last Name:			
First Name:			
Full Middle Name:			
Date of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number:			
Driver License Number:		Issuing State:	
<b>Present Residential Address</b>			
Street Address:			
City:			
State:			
Zip Code:		Country:	
<b>Contact Information</b>			
Telephone Number:		Extension:	
Facsimile Number:			
Email Address:			

**Institutional Investor Waiver Form – 206c**

**VOLUNTARY CONSENT TO RELEASE INFORMATION**

*To be filled out by the Institutional Investor Manager (Fund Manager).*

I, \_\_\_\_\_  
(NAME OF FUND MANAGER TO EXECUTE THIS RELEASE)

Authorize the Michigan Gaming Control Board, its employees and agents to conduct a preliminary background check.

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 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 supersedes and countermands any prior authorization and request to the contrary.

This authorization supercedes and countermands any prior authorization and request to the contrary.

A photostatic 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 \_\_\_\_\_, \_\_\_\_ .

\_\_\_\_\_  
Individual's Signature

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, (Written Signature)

\_\_\_\_\_  
Notary Public, (Printed Signature)

My commission expires:

County of residence: