

# Michigan Gaming Control Board

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



## BUSINESS DISCLOSURE FORM

For Use Only by an Affiliated Company of:  
Casino or Supplier Licensee/Applicant

\_\_\_\_\_  
(Affiliated Company's Name)

\_\_\_\_\_  
(Date)

**DO NOT USE THIS FORM FOR THE SUPPLIER APPLICANT  
SUPPLIER APPLICANTS MUST COMPLETE THE SUPPLIER LICENSE APPLICATION**

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)

## Business Disclosure Form

### READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**DO NOT USE THIS FORM FOR THE SUPPLIER APPLICANT  
SUPPLIER APPLICANTS MUST COMPLETE THE SUPPLIER LICENSE APPLICATION**

This form is authorized under Public Act 69 of 1997, the Michigan Gaming Control and Revenue Act. Failure to provide information could result in rejection of or delay in the processing of the license application.

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

**An applicant may claim any privilege afforded by the Constitution or laws of the United States or of the State of Michigan in refusing to answer questions or provide information requested by the Board. However, a claim of privilege with respect to any testimony or evidence pertaining to eligibility, qualifications, or suitability of an applicant to be granted or hold a license under the act and rules may constitute cause for denial, suspension, revocation or restriction of a supplier license.**

#### **A. Forms and Documents**

**For the purposes of this disclosure form, the term "applicant," unless otherwise specified, means an affiliated company holding greater than a 1% direct or indirect interest in a person applying for, or holding, a supplier license.** The term "applicant" includes predecessor companies, which are entities that no longer exist in their original form but whose assets in substantial part have been acquired by another person or which have undergone certain internal changes, such as those of identity, form, or capital structure.

This disclosure form will refer to the applicant's business as the "enterprise". An "enterprise" is any form of business association including an individual, corporation, limited liability company, association, partnership, limited liability partnership, trust, entity, or other legal entity.

The applicant shall provide all information, documents, materials and certifications at the applicant's sole expense. Note: The Board, in its discretion, may hereafter require the applicant to furnish additional information or complete and submit additional forms.

**The applicant shall submit a hardcopy of the original business disclosure form to the Michigan Gaming Control Board, Licensing Division, 3062 W Grand Blvd, Suite L-700, Detroit, MI 48202.**

If you require any assistance in completing this disclosure form, please contact the Michigan Gaming Control Board, Licensing Division, in Detroit at (313) 456-4100. General information is also available from the Board's Internet website at [www.michigan.gov/mgcb/](http://www.michigan.gov/mgcb/).

#### **B. Instructions**

Completely answer all questions. If a question is not applicable, check the appropriate box or write "N/A" in the space provided.

There are tables in this application. If you choose to complete this application by hand and need more space on any of the tables, attach additional pages as necessary.

All required information **must** be provided in the format supplied in the application and disclosure forms.

Please do not use any staples or binders. Paperclips and binder clips are acceptable.

**If using pen, use BLACK ink ONLY and print clearly.**

***Please make a copy of this completed form before you send it to the Board. Once it is in the Board's possession, it cannot be returned or copied for you.***

The most current forms must be completed. If you are not sure if this is the most current form, please check our website at [www.michigan.gov/mgcb](http://www.michigan.gov/mgcb) or contact the Board's Licensing Division at (313) 456-4100.

## **BUSINESS DISCLOSURE FORM**

**NAME OF APPLICANT** (as appears on the certificate of incorporation, charter, by-laws, partnership agreement, operating agreement, or other official document)

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**D/B/A** (only list D/B/A's used in conducting business with the Detroit casino)  
(you must supply documentation of *registered* D/B/A or assumed name)

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### **IDENTIFICATION NUMBERS**

Federal Identification Number (FIN) \_\_\_\_\_

Michigan Taxpayer Number \_\_\_\_\_

Social Security Number (for individual proprietorship only): \_\_\_\_\_

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### **BUSINESS ADDRESS**

<u>Number/Street</u>	<u>City</u>	<u>State</u>	<u>Business Telephone Number</u> (    )
<u>Zip</u>	<u>Country</u>	<u>Province (if applicable)</u>	<u>Business Fax Number</u> (    )

**PLEASE INDICATE THE NAME OF THE APPLICANT SEEKING A SUPPLIER LICENSE THAT THIS DISCLOSURE FORM RELATES TO:**

SUPPLIER LICENSE APPLICANT'S NAME: \_\_\_\_\_

**IMPORTANT:**  
**DO NOT USE THIS FORM FOR THE SUPPLIER APPLICANT**  
**SUPPLIER APPLICANTS MUST COMPLETE THE SUPPLIER LICENSE APPLICATION**

### **LIAISON TO BACKGROUND INVESTIGATORS**

Pursuant to Rule 432.1324(2)(f), provide the following information for the individual who will act as the liaison to the background investigators.

**TABLE 1**

Last Name:	Business Name:	Business Telephone: (    ) Extension:
First Name, MI:	Title:	
E-mail Address:	Business Address:	Business Fax: (    )
Check one: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	City:                      State:                      ZIP:	Country:

**PART 1 – PRIOR NAMES AND ADDRESSES OF THE ENTERPRISE**

A. List all other names under which the enterprise has done business for the last five years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. List all addresses from which the enterprise is doing or has done business for the last five years.

**TABLE 2**

Number and Street	City	State	ZIP	FROM	TO

Check here if Table 2 continued

**PART 2 – DESCRIPTION OF BUSINESS**

A. Specify the business form of this enterprise: Corporation Partnership  
 Trust Joint Venture Sole Proprietorship  Limited Liability Corporation  
 Other (Describe)\_\_\_\_\_

B. Submit as **Exhibit 1** a copy of the certificate of incorporation, charter, by-laws, partnership agreement, trust agreement, operating agreement or other official document.

C. Is the enterprise a publicly traded corporation?  No  Yes

If you answered **yes**, please submit the following information on all institutional investors, as defined by section 6c(1) of PA 69, that hold 5% or more interest in the enterprise:

**TABLE 3**

Name and Address of Institutional Investor	% of Ownership	Number of Shares Held

Check here if Table 3 continued

**PART 3 – OWNERSHIP INFORMATION**

1. Does your enterprise have any financial or ownership interest, or other relationship with a:

- |                          |                          |                                |
|--------------------------|--------------------------|--------------------------------|
| <b>No</b>                | <b>Yes</b>               |                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Casino Licensee                |
| <input type="checkbox"/> | <input type="checkbox"/> | Supplier Licensee or Applicant |
| <input type="checkbox"/> | <input type="checkbox"/> | Casino or Supplier Vendor      |

If you answered **yes**, to any of the above, explain the nature of the interest or relationship:

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2. Does the applicant or the spouse, parent or child of the applicant, have an equity interest of 5% or more, in any business other than the enterprise which is the subject of this disclosure form?

- No**     **Yes**

If you answered **yes**, submit as **Exhibit 2** the name of each person, the name of the business, the state of incorporation or registration.

**PART 4 – FINANCIAL INSTITUTIONS**

Provide the following information in the table below for each bank, credit union, savings and loan association, stock brokerage firm, or other financial institution, foreign or domestic, in which the enterprise has or has had an account over the last ten-year period regardless of whether such account was held in the name of the enterprise, a nominee of the enterprise or was otherwise under the direct or indirect control of the enterprise:

**TABLE 4**

Name and Address and Telephone	Type of Account	Name of Account	Account Number(s)

Check here if Table 4 continued

**PART 5 – GOVERNMENT REGULATION**

- A. Is the enterprise subject to regulation by a public agency in any other jurisdiction?  
 **No**    **Yes**      If you answered **yes**, complete the following table:

**TABLE 5**

Name and Location of Public Agency	Type of Regulation	License No. or Other Identifying No.

**Check here if Table 5 continued**

- B. Has the applicant ever had a complaint or other notice of pending disciplinary action from any jurisdiction?       **No**    **Yes**

Has the applicant ever had any license or certificate issued by any jurisdiction denied, restricted, suspended, revoked or not renewed?       **No**    **Yes**

Has the applicant ever withdrawn its application, license or certificate in any jurisdiction?  
 **No**    **Yes**

Has the applicant ever appeared on the exclusion list in any jurisdiction?  
 **No**    **Yes**

If you answered **yes** to any of these questions, include a statement describing the facts or circumstances. Complete the following table:

**TABLE 6**

Name of Licensing Authority	Date of action

**Check here if Table 6 continued**

**PART 6 – CRIMINAL HISTORY**

The below listed questions relate to criminal offenses, either felony or misdemeanor under the laws of any jurisdiction. Answer each question as it pertains to the applicant. **Do not** include traffic violations. Has the applicant ever:

- |                          |                          |   |                          |                          |                       |
|--------------------------|--------------------------|---|--------------------------|--------------------------|-----------------------|
| <b>No</b>                | <b>Yes</b>               |   | <b>No</b>                | <b>Yes</b>               |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | been arrested                           | <input type="checkbox"/> | <input type="checkbox"/> | been convicted        |
| <input type="checkbox"/> | <input type="checkbox"/> | been charged                            | <input type="checkbox"/> | <input type="checkbox"/> | pleaded guilty        |
| <input type="checkbox"/> | <input type="checkbox"/> | been indicted                           | <input type="checkbox"/> | <input type="checkbox"/> | been granted immunity |
| <input type="checkbox"/> | <input type="checkbox"/> | pleaded nolo contendere (no contest)    | <input type="checkbox"/> | <input type="checkbox"/> | forfeited bail        |
| <input type="checkbox"/> | <input type="checkbox"/> | had a criminal record expunged          |                          |                          |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | been named an unindicted co-conspirator |                          |                          |                       |

If you answered **yes** to any of the above, complete the following table:

**TABLE 7**

Nature of charge, arrest, or indictment	Date of charge or arrest	Name & Location Of Court Involved	Disposition	Date	Felony or Misdemeanor

Check here if Table 7 continued

**PART 7 - DEBT, INSOLVENCY OR BANKRUPTCY ACTIONS**

Has the applicant ever filed, or had filed against it, a proceeding for bankruptcy or ever been involved in any formal process to adjust, defer, suspend or otherwise work out payment of a debt?

**No**     **Yes**    If you answered **yes**, complete the following:

Date of filing	Name and location of court:	Case:	Number of Disposition

**PART 8 – TAX**

- A. Have you filed all required federal, state and local tax returns with the appropriate agencies for yourself or any business entity in which you have a financial or ownership interest for the last ten years?  
 **No**     **Yes**    If you answered **no**, provide a brief explanation in the space provided below.

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- B. Has there been filed against the applicant, or has the applicant been served with, a complaint or other notice, filed with any public body regarding the delinquent payment of any tax required under federal, state or local law?  **No**     **Yes**    If you answered **yes**, complete the following table:

**TABLE 8**

Taxing Agency	Type of tax	Date of Taxing Period (MM/YY)	Amount

**Check here if Table 8 continued**

Submit as **Exhibit 3**, a copy of the tax filing or any correspondence you received from, or provided to, the taxing agency.  **N/A**     **Attached**

**PART 9 - POLITICAL CONTRIBUTIONS/PUBLIC OFFICIALS**

Please note that an applicant, including associated key persons, may not make a political contribution to a state or local elective office-holder, candidate, candidate committee, political party committee, independent committee (as defined by the *Michigan Campaign Finance Act*), or committee organized by a state legislative caucus.

**A supplier applicant** and its associated key persons are prohibited from making a political contribution once the application for supplier licensure is submitted to the MGCB and for a period of three (3) years after the license expires. See Public Act 69 of 1997; MCL 432.201 et. seq. and Rule 206(2) of the Board's Administrative Rules.

- A. Within five (5) years of this application, has the applicant, or the spouse, parent, child, or spouse of child of the applicant, either directly or indirectly, made any political contribution, loan, gift, or other payment to any candidate, campaign committee or officeholder elected in this state?

No     Yes    If you answered **yes**, complete the following table:

**TABLE 9**

Name of candidate/ office holder	Office sought/held	Date	Amount	Method of payment	Intermediary, if any
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					

Check here if Table 9 continued

- B. Does any public official, or officer of any governmental entity, or any relative of said officials, or officers, directly or indirectly own any financial interest in, have any beneficial interest in, hold any debt or credit instrument issued by, hold or have any interest in any contractual or service relationship with the applicant?

No     Yes    If you answered **yes**, complete the following table:

**TABLE 10**

Name Of Official Or Officer	Title	Business Address	Telephone Number
Last Name:		Address:	(    )
First Name, MI:		City:                      State:                      ZIP:	
Last Name:		Address:	(    )
First Name, MI:		City:                      State:                      ZIP:	
Last Name:		Address:	(    )
First Name, MI:		City:                      State:                      ZIP:	

Check here if Table 10 continued

## PART 10 – LITIGATION

A. Is your enterprise currently a party to any civil lawsuits?

No  Yes

If you answered **yes**, submit as **Exhibit 4a**, a description of all existing civil litigation to which the enterprise or any subsidiary is presently a party whether in this state or another jurisdiction. **Exhibit 4a shall include the following:**

1. Official title or caption of the case
2. Docket or case number
3. Name and location of the court before which the case is pending
4. Identity of all parties to the litigation
5. General nature of all claims being made

B. Has your enterprise been a party to any other litigation:

1. in the previous ten years in which the enterprise or any of its officers, executives, or managers were accused of intentional misconduct.  No  Yes
2. in which an ultimate decision adverse to the enterprise or any of its officers, executives or managers would have or could have a current or future effect on the enterprise.  No  Yes
3. in which an ultimate decision adverse to the enterprise or any of its officers, executives or managers could reasonably be expected to reflect upon the current or future financial responsibility or ability of the enterprise or the character, reputation, or integrity, of the enterprise or any of its officers, executives or managers.  No  Yes

If you answered **yes** to any of the above, submit the following as **Exhibit 4b:**

1. Official title or caption of the case
2. Docket or case number
3. Name and location of the court before which the case is pending
4. Identity of all parties to the litigation
5. General nature of all claims being made

## PART 11 - MISCELLANEOUS

A. Are there any distributors, sales representatives or other individuals or business entities that formally or informally distribute, market or represent goods produced or services rendered by the applicant's enterprise?

No  Yes

If you answered **yes**, submit **Exhibit 5**. Exhibit 5 shall identify the full name, address and telephone number of all such distributors, sales representatives or other individuals or business entities.

B. Has your enterprise, during the past ten-year period, been a beneficiary under, settler, trustee or other fiduciary of or grantor or transferor to any trust?

No  Yes

If you answered **yes**, submit as **Exhibit 6** a detailed statement describing the nature and terms of your connection with the trust, whether the trust is domestic or foreign and the location of the trust assets.

C. Does your enterprise have any direct, indirect or attributed legal or beneficial interest in any business entity outside the United States?

No  Yes

If you answered **yes**, submit as **Exhibit 7** a detailed statement describing each business entity, including its location and the enterprise's interest and/or affiliation with the business entity.

D. Does your enterprise have any assets or liabilities outside the United States?

No  Yes

If you answered **yes**, submit as **Exhibit 8** a detailed statement describing each asset and/or liability, including its type, value or amount, and location.

E. During the last ten-year period, has the enterprise, any director, officer, partner or employee or any third party acting for or on behalf of the enterprise made any bribes or kickbacks to any employee, company or organization to obtain favorable treatment?

No  Yes

F. During the last ten year period, has the enterprise, any director, officer, partner or employee or any third party acting for or on behalf of the enterprise made any bribes, kickbacks to any government official, domestic or foreign, to obtain favorable treatment?

No  Yes

G. During the last ten-year period, has the enterprise maintained any assets, i.e. numbered account(s) or any account(s) in the name of a nominee for the corporation?

No  Yes

H. List the names and addresses of any present or former directors, officers, partners, or employees of third parties who would have knowledge or information concerning the questions affirmatively answered under this Part.  N/A

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## PART 12 – FORMER BUSINESS

Describe any former business, not listed elsewhere in this Disclosure, which the enterprise or any parent, intermediary or subsidiary company engaged in during the last ten-year period and the reasons for the cessation of such business. Also indicate the approximate time period during which each such business was conducted.  N/A

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**PART 13 – FLOW CHARTS – Required for application processing**

Attach as **Exhibit 9** a flowchart illustrating the fully diluted ownership of the applicant. List all parent, holding or intermediary companies until the flowchart reflects the stock, partnership or ownership interest as being held by a natural person(s) and not another enterprise(s). If the ultimate parent company is publicly traded and no natural person controls more than 5% of the publicly traded stock, indicate that in a footnote to the flowchart.  **Attached**

**PART 14 – SECURITIES**

Has the enterprise had any securities or debt offerings suspended from trading or had any action taken against it by any financial regulatory agency.

**No**     **Yes**            If you answered **yes**, complete the following table:

**TABLE 11**

<b>Type Of Securities Or Debt Offerings</b>	<b>Name And Location Of Regulatory Agency</b>	<b>Date Of Action</b>	<b>Action Taken</b>

**Check here if Table 11 continued**

**PART 15 – KEY PERSONS ASSOCIATED WITH THE CASINO OR SUPPLIER**

The following individuals or entities must complete either a Personal Disclosure Form or a Business Disclosure Form, as applicable, as part of this application:

1. Any individual or entity holding greater than 1% direct or indirect interest in the casino or supplier applying for or holding a MGCB license (5% interest if the casino or supplier is a publicly traded corporation)
2. All officers of the enterprise completing this disclosure
3. All directors or trustees of the enterprise completing this disclosure
4. All managerial employees of the enterprise completing this disclosure who perform the function of principal executive officer, principal operating officer, principal accounting officer or an equivalent officer
5. All individuals or entities holding greater than 5% direct or indirect interest in an individual or entity who has a controlling (15%) interest in the enterprise completing this disclosure
6. All managerial employees of a person that has a controlling (15%) interest in the enterprise completing this disclosure and who exercise management, supervisory or policy making authority over the enterprise completing this disclosure’s business operations in Michigan and who is not otherwise subject to occupational licensing in Michigan

The Michigan Gaming Control Board may require additional individuals and entities to submit disclosure forms based on information contained in this application or otherwise disclosed to the Board during the course of its background investigation.

**Note: If interest is held by a trust, then the trustee must file a Personal Disclosure and a copy of the trust must be submitted**

**Provide the following information for each individual or entity identified above:**

**TABLE 12**

Name	Date of Birth	Home Address	% of Direct Ownership	Title/Position
Full Name: <input type="checkbox"/> <i>Personal or Business Disclosure attached</i>		Address: City:                      State:                      ZIP: Country:		
Full Name: <input type="checkbox"/> <i>Personal or Business Disclosure attached</i>		Address: City:                      State:                      ZIP: Country:		
Full Name: <input type="checkbox"/> <i>Personal or Business Disclosure attached</i>		Address: City:                      State:                      ZIP: Country:		
Full Name: <input type="checkbox"/> <i>Personal or Business Disclosure attached</i>		Address: City:                      State:                      ZIP: Country:		
Full Name: <input type="checkbox"/> <i>Personal or Business Disclosure attached</i>		Address: City:                      State:                      ZIP: Country:		
Full Name: <input type="checkbox"/> <i>Personal or Business Disclosure attached</i>		Address: City:                      State:                      ZIP: Country:		

Check here if Table 12 continued

**For each individual or entity listed in Table 12 a Personal Disclosure Form (if individual) or a Business Disclosure Form (if entity) must accompany the License Application.**

## ADDITIONAL REQUIRED DOCUMENTS

Attach as exhibits the following documents (if an exhibit does not apply, check the "N/A" box):

### Business Documents (Exhibit 10)

Attached

N/A

- Articles of organization or other basic documents of the enterprise not already submitted as Exhibit 1.

### Licenses and Certificates (Exhibit 11)

Attached

N/A

- All licenses and certificates issued by any jurisdiction where applicant or its enterprise does business.

### Financial Statements (Exhibit 12)

Attached

N/A

- Audited financial statement, which shall include, but not be limited to, an income statement, balance sheet, statement of sources and application of funds and all notes to such statements and related financial schedules for the last fiscal year.
- All financial statements prepared in the last five years with respect to the enterprise and any material findings and exceptions taken to such statements by any management response thereto.
- If the enterprise does not normally have its financial statements audited, attach as an appendix to this form all unaudited financial statements prepared in the last five years with respect to the enterprise.

### Annual Reports (Exhibit 13)

Attached

N/A

- All annual reports of the enterprise that were submitted to shareholders, partners, or other persons during the last five years.
- A corporation that is a registrant under the Securities Act of 1933 or the Securities Exchange Act of 1934 shall submit a copy of all annual reports prepared on Form 10K and filed within the last five years.

### Quarterly Reports (Exhibit 14)

Attached

N/A

- All quarterly financial statements prepared by or for the enterprise, if any, since the last annual report noted above.
- A corporation that is a registrant with the Securities Exchange Commission (SEC) may submit a copy of the Form 10Q last filed with the SEC.

### Interim Reports (Exhibit 15)

Attached

N/A

- All reports prepared due to the occurrence of any of the following events:
  - Change of control of the enterprise
  - Acquisition or disposition of assets
  - Bankruptcy or receivership proceedings
  - Changes in the enterprise's certifying accountant
  - Any other material event
- A corporation that is a registrant with the SEC may submit a copy of the most recent Form 8K filed with the SEC.

### Proxy and Informational Statements (Corporations only)(Exhibit 16)

Attached

N/A

- The last definitive Proxy or Informational Statement filed pursuant to Section 14 of the Securities Exchange Act of 1934.

### Registration Statements (Corporations only)(Exhibit 17)

Attached

N/A

- All Registration Statements filed in the last five years pursuant to the Securities Act of 1933.

**Reports of Accountants (Exhibit 18)**

**Attached**

**N/A**

- All reports and correspondence, other than those previously included in this application, submitted in the last five years by independent auditors for the enterprise which pertain to the issuance of financial statements, managerial advisory services, or internal control recommendations.

**Organizational Chart (Exhibit 19) - REQUIRED**

**Attached**

- A chart showing the corporate structure of the enterprise, and
- An organizational chart identifying all officers of the enterprise and all members of the board of directors. Include position descriptions and the names of persons holding such positions.

**Tax Returns (Exhibit 20)**

**Attached**

**N/A – Must enter explanation:**

- All 1120 Forms (U.S. Corporate Income Tax Return), or all 1065 (U.S. Partnership Return), or 1040 (personal tax return), and state business or personal tax return, for the last three years. Include all amended returns, all schedules, and attachments to these returns.

**ATTACHMENT A**  
(Use BLACK ink ONLY)

**APPLICANT’S ACKNOWLEDGEMENT, AGREEMENT AND CONSENT**

I, \_\_\_\_\_  
(Applicant)

hereby acknowledge that the Michigan Gaming Control Board will require supplemental materials in order to carry out its statutory duties. The applicant hereby agrees to submit supplemental materials as requested by the Board.

hereby acknowledge that issuance of a license is a privilege. I have the responsibility to prove that I am eligible, suitable, and qualified to be licensed. I must accept any risk of adverse public notice, embarrassment, criticism, or other action, or financial loss, which may result from action with respect to an application or the public disclosure of information, requested in this form, and expressly waive any claim for damages as a result thereof. Information not called for in this application or in addition to that provided in response to this application may be requested.

hereby 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. (Sec. 6.(10))

hereby consent to inspections, searches, and seizures as provided in Section 5.(4) 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 while applying for or holding a license under this act. (Sec.6.(9)) This consent is authorization to review and inspect tax records administered 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.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

IN WITNESS WHEREOF, I have executed this instrument at the city of \_\_\_\_\_, State of \_\_\_\_\_,  
on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

WITNESS, my hand and Notary Seal, this \_\_\_\_\_ day of \_\_\_\_\_, of \_\_\_\_\_.

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

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

My commission expires:

County of Residence:

**ATTACHMENT B**  
(Use BLACK ink ONLY)

**APPLICANT’S 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.

On behalf of \_\_\_\_\_  
(NAME OF ENTITY)

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

have authorized 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 that 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 qualified under the provisions of the Michigan Gaming Control and Revenue Act.

This authorization shall supersede and countermand any prior request or authorization 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

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

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

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

My commission expires:

County of residence:

**ATTACHMENT C**  
(Use BLACK ink ONLY)

**RELEASE OF ALL CLAIMS**

The undersigned has filed with the Michigan Gaming Control Board certain forms and documents relative to a written application request for licensing by the Board. In consideration of the assurance by the Board that no vote on said application will be taken except after deliberate, intensive and thorough investigation of the undersigned, including but not limited to background history, associates, and finances, the undersigned does for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the Michigan Gaming Control Board, the State of Michigan, the Department of Attorney General, the Department of State Police and their respective members, agents and employees, from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which the undersigned ever had, now has, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the application.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have executed this release at the city of \_\_\_\_\_, State of \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

WITNESS, my hand and Notary Seal, this \_\_\_\_\_ day of \_\_\_\_\_, of \_\_\_\_\_.

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

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

My commission expires:

County of residence:

**ATTACHMENT D**  
(Use BLACK ink ONLY)

**APPLICANT'S VERIFICATION**

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

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

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

1. I am the individual responsible for submitting this application.
2. I swear (or affirm) that the information contained in this application form is true, complete and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

WITNESS, my hand and Notary Seal, this \_\_\_\_\_ day of \_\_\_\_\_, of \_\_\_\_\_.

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

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

My commission expires:

County of residence:

**ATTACHMENT E**  
(Use BLACK ink ONLY)

**AFFIDAVIT OF FULL DISCLOSURE**

State of

County of

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

that, except as reported in the applicant's/my 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 application,

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 as, including but without limitation, a finder's fee or commission to any person or entity related to the acquisition of any interest in the application,

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

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

\_\_\_\_\_  
(Individual Signature)

\_\_\_\_\_  
(Title)

Address:

\_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

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: