

Michigan Gaming Control Board

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



SUPPLEMENT TO MULTI-JURISDICTIONAL BUSINESS FORM

(Company Name)

(Date)

- Supplier License Applicant
or
 Qualifying Business

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**

Supplement to Multi-Jurisdictional Business Form

This form is to be completed in conjunction with the International Association of Gaming Regulators (IAGR) Multi-Jurisdictional Business Form. The Multi-Jurisdictional Business Form along with this form may be submitted in place of a Supplier License Application or a Business Disclosure Form. This form is primarily beneficial for applicants who apply in multiple gaming jurisdictions utilizing the Multi-Jurisdictional Business Form. 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.

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.

An applicant has a continuing duty to disclose promptly any material changes in information provided to the board as soon as the applicant or licensee becomes aware of the change. The duty to disclose changes in information continues throughout any period of licensure granted by the board.

A. Forms and Documents Instructions

For the purposes of this disclosure form, the term “applicant” unless otherwise specified, refers to the entity completing this application. 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 submit a hard copy of the original Multi-Jurisdictional Business Form and the Supplement to Multi-Jurisdictional Business Form to the Michigan Gaming Control Board, Licensing & Investigations Division, 3062 W. Grand Blvd, Suite L-700, Detroit, MI 48202.

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

The most current forms must be completed. Please check our website at www.michigan.gov/mgcb for the current forms.

B. Associated Fees (Only Applicable to Supplier License Applicants)

Application Fees: The required application fee is non-refundable and must be submitted to the Michigan Gaming Control Board. The application fee is dependent on the amount of business the supplier anticipates having with one or more casino licensee on an annual basis.

Annual Dollar Amount of Business	Application Fee
\$500,000 or more	\$2,500
\$100,000 to \$499,999	\$1,000
\$99,999 to less	\$ 500

Investigation Fee:

The applicant will be billed for all investigative costs incurred by the Board during the course of the background investigation. The applicant’s application fee will be credited against investigative costs incurred prior to billing.

License Fee:

Upon Board approval, a \$5,000 non-refundable license fee will be due. A \$5,000 non-refundable license renewal fee is also required annually after initial licensure.

If any assistance in completing this disclosure form is required, please contact the MGCB Licensing Helpline at (313) 456-1459. General information is also available on the Board’s internet website at <http://www.michigan.gov/mgcb>.

SUPPLEMENTAL 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/As used in conducting business with a 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): _____

BUSINESS ADDRESS

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

Complete if Applicant is an affiliate to a supplier license applicant:

INDICATE THE NAME OF THE CASINO OR SUPPLIER THIS DISCLOSURE FORM RELATES TO:

If the Casino or Supplier is currently licensed, indicate license number:

AUTHORIZED CONTACT

Pursuant to Rule 432.1324(2)(f), provide the following information for the individual who will act as the liaison to the Board's staff.

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

PART 1 – OWNERSHIP INFORMATION

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

- | | | |
|--------------------------|--------------------------|--------------------------------|
| No | Yes | |
| <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:

2. Does the applicant have an equity interest of 25% or more in any business other than the enterprise which is the subject of this disclosure form?¹

- No** **Yes**

If you answered **yes**, submit as **Exhibit 1** the name of each business and the state of incorporation or registration.

PART 2 – GOVERNMENT REGULATION

Is the enterprise subject to regulation by a public agency in the state of Michigan or any other jurisdiction?

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

TABLE 1

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

Check here if Table 1 continued

¹ If Applicant is a business related to a casino licensee, disclose equity interest of 5% or more in any business other than the enterprise which is the subject of this disclosure form.

PART 3 – TAX

1. 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.

2. Provide a completed IRS Form 4506-C to include a request of transcripts for the past four tax filing periods.

3. 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 2

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

Check here if Table 2 continued

Submit as **Exhibit 2** a copy of the tax filing or any correspondence you received from, or provided to, the taxing agency. **N/A** **Attached**

PART 4 - POLITICAL CONTRIBUTIONS/PUBLIC OFFICIALS

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, or have any interest in any contractual or service relationship with the applicant?

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

TABLE 3

Name of Official or Officer	Title	Business Address	Telephone Number
Last Name First Name MI		Address	()
		City	
		State	
		ZIP Code	
Last Name First Name MI		Address	()
		City	
		State	
		ZIP Code	

Check here if Table 3 continued

PART 5 – OWNERSHIP & ORGANIZATIONAL CHARTS

1. Attach as **Exhibit 3** a 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 the 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**
2. Attach as **Exhibit 4** an organizational chart showing the corporate structure of the enterprise, identifying all executive officers of the enterprise and all members of the board of directors. Include position descriptions and the names of persons holding such positions. **Attached**

Note: If an institutional investor holds less than 15% interest in the applicant, contact the Board for further instruction.

PART 6 – 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 an MGCB license (5% interest if the casino or supplier is a publicly traded corporation)

For the Applicant and entities holding greater than 1% direct or indirect interest (5% interest if publicly traded):

2. All members of the Board of Directors of the enterprise
3. All individuals in the following executive positions: chief executive officer, chief operating officer, chief accounting officer (or individuals holding positions with equivalent responsibilities of these roles)

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, the trustee must file a Personal Disclosure and an executed copy of the trust must be submitted.

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

TABLE 4

Name	% of Ownership (direct or indirect)	Title/Position
	_____ %	
	_____ %	
	_____ %	
	_____ %	

Check here if Table 4 continued

PART 7 – 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 5

Type of Securities or Debt Offerings	Name and Location of Regulatory Agency	Date of Action	Action Taken

Check here if Table 5 continued

PART 8 - MISCELLANEOUS

1. 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 as **Exhibit 5** the full name, address, and telephone number of all such distributors, sales representatives, or other individuals or business entities.

2. 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.

Proxy and Informational Statements (corporations only) Exhibit 7 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 8 Attached N/A

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

Insurance Documents (Required for a Supplier Licensee Application only) Exhibit 9 Attached

Certificate of Insurance for the applicant demonstrating insurance and limits for liability and casualty

This Page is to be complete ONLY by a Supplier License Applicant

CASINO AGREEMENT INFORMATION

1. State the type of equipment, goods, and services that will be provided to the casino.

2. Select the casino(s) the applicant is currently conducting business with or intends to conduct business with: (Select all that apply)

MGM Grand Detroit MotorCity Casino Greektown Casino

3. Estimate the annual dollar amount of goods and/or services to be provided to the casino licensee(s).
\$

4. Has the applicant entered into any written agreements with a casino licensee? No Yes

If **yes**, submit as **Exhibit 10** a copy of such an agreement.
If **no**, submit as **Exhibit 10** a written letter of intent (received from a casino licensee) to enter into an agreement with a casino licensee

5. Has the applicant entered into any unwritten agreements with a casino? No Yes

If **yes**, submit as **Exhibit 11** a description of the terms of each unwritten agreement, including names of persons and/or entities entering into the unwritten agreement and the expected duration and terms of compensation of each such agreement.

6. Are or were any agreements between the applicant and a casino in any way subject to or conditioned upon any other agreement between the casino and either this applicant or any other enterprise whatsoever? No Yes

If **yes**, submit as **Exhibit 12** a statement identifying each such agreement, explain the relationship, and name the enterprise.

7. Are or were any agreements between the applicant and any casino contingent upon other agreements between the applicant and its suppliers, vendors, or subcontractors? No Yes

If **yes**, submit as **Exhibit 13** the identity of said suppliers, vendors, or subcontractors and identify the relationship between that agreement and any other agreement with a casino.

8. Are any of the suppliers, vendors, or subcontractors of the applicant holders of any securities of the enterprise or creditors as to any long- or short-term debt of the applicant? No Yes

If **yes**, submit as **Exhibit 14** the identity of said suppliers, vendors, or subcontractors; the nature of the interest or debt; and the amount thereof.

ATTACHMENT A

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.

I hereby acknowledge that issuance of a license is a privilege. I have the responsibility to prove I am eligible, suitable, and qualified to be licensed. I must accept any risk of adverse public notice, embarrassment, criticism, 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.

I 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))

I 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

IN WITNESS WHEREOF, I have executed this instrument at the city of _____,
State of _____, on this _____ day of _____, 20 ____.

WITNESS, my hand and Notary Seal, this _____ day of _____, 20 ____.

Notary Public (Signature)

Notary Public (Printed Name)

My commission expires: _____

County of Residence: _____

ATTACHMENT B

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 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 _____ , 20 ____ .

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 _____ , 20 ____ .

Notary Public (Signature)

Notary Public (Printed Name)

My commission expires: _____

County of residence: _____

ATTACHMENT C

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 a 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 releases, remises, and forever discharges 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 claims 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 _____ , 20 ____ .

Applicant's Signature

WITNESS, my hand and Notary Seal, this _____ day of _____ , 20 ____ .

Notary Public (Signature)

Notary Public (Printed Name)

My commission expires: _____

County of residence: _____

ATTACHMENT D

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; and
2. I swear (or affirm) that the information contained in this application 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 _____, 20 ____ .

Notary Public (Signature)

Notary Public (Printed Name)

My commission expires: _____

County of residence: _____

ATTACHMENT E

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; and

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: _____

WITNESS, my hand and Notary Seal, this _____ day of _____, 20 ____ .

Notary Public (Signature)

Notary Public (Printed Name)

My commission expires: _____

County of residence: _____