

# Michigan Gaming Control Board

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



## OCCUPATIONAL LICENSE APPLICATION

### LEVEL 1

REPORT SUSPICIOUS OR ILLEGAL GAMBLING RELATED ACTIVITY ANONYMOUSLY

TIP LINE:  
1-888-314-2682

SUBMIT A TIP:  
[WWW.MICHIGAN.GOV/MGCB](http://WWW.MICHIGAN.GOV/MGCB)

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 this application.

The Board will not process an application for an occupational license unless the application includes a **written statement from a casino or supplier licensee that the applicant has been hired, or will be hired upon receiving the appropriate occupational license.**

Respond to all the questions to the best your knowledge. **Any misrepresentation or omission is grounds for license denial.**

### **A. APPLICATION FEE**

The applicant is responsible for the payment of all fees required under the Act. **These fees only apply to Occupational License Level 1 applicants.** The applicant must file this application with the Michigan Gaming Control Board, Cadillac Place, 3062 West Grand Blvd. Suite L-700 Detroit, MI 48202 and submit a \$500.00 non-refundable fee with the application. All payments must be by cashier's check, certified check, company check, or money order, and made payable to the "State of Michigan." **DO NOT SEND CASH.**

Upon the Board's decision to grant a two-year Occupational License, a letter will be mailed requesting an additional fee of \$250.00. Each Occupational License renewal fee is \$250.00.

### **B. FORMS AND DOCUMENTS**

The applicant shall provide all information, documents, materials and certifications at the applicant's sole expense. The applicant shall submit an **original** of the application and all required attachments.

Submit **COPIES** of the following documents with your application:

- (1) Your **birth certificate, passport, naturalization papers or alien registration card**
- (2) Your **Social Security Card**
- (3) **Picture identification** (driver's license, state or military ID)
- (4) A **written statement** from a casino or supplier licensee that you have been hired, or will be hired upon receiving the appropriate occupational license

The Michigan Gaming Control Board will take your photograph and fingerprints during the application process.

**Note:** The Board, in its discretion, may hereafter require the applicant to furnish additional information or complete and submit additional forms.

### **C. APPLICATION WITHDRAWAL**

In the event the applicant fails to provide the information, forms, and documents required by Board in connection with this application within **60 days** of the date the Board issues the applicant a temporary license, the application shall, without further notice, be deemed to have been voluntarily withdrawn as of that date and no further action will be taken in connection with the application. However, if the applicant's employer is licensed or registered under the Michigan Gaming Control and Revenue Act, the Board will notify the applicant's employer of the application withdrawal, its effective date, and the expiration of any temporary license that may have been issued pending provision of the information, forms, or documents required. The Board, in its discretion, may reinstate the application upon good cause shown.

**When completing this application, you may require additional space. If so, please use a separate sheet of 8½ x 11 paper to complete your answer. Be sure to indicate which question you are answering.**

| Occupational License Application  |  |  |                   | Level 1                                     |                              |                                   |             |                                  |  |
|---|--|--|-------------------|---|------------------------------|-----------------------------------|-------------|----------------------------------|--|
| Last Name   |  |  | First Name        |   |                              | Middle Name                       |             |                                  |  |
| Maiden Name, Alias, Nicknames, Other Name Changes - Legal or Otherwise  |  |  |                   | Occupation                                  |                              | Primary Telephone<br>( ) -        |             |                                  |  |
| Present <u>Residence</u> Address (Street)   |  |  |                   | City  |                              | State                             | Zip         |                                  |  |
| Drivers License Number  |  |  | State of Issuance |   | Expiration Date (mm/dd/yyyy) |                                   |             |                                  |  |
| Date of Birth (mm/dd/yyyy)  |  | Place of Birth (City, State, Country)                        |                   |   |                              | Country of Citizenship            |             |                                  |  |
| Social Security Number  |  | Sex<br><input type="checkbox"/> F <input type="checkbox"/> M | Height<br>FT IN   | Weight<br>LBS                               | Hair Color                   |                                   | Eye Color   |                                  |  |
| If you are not a citizen of the United States, provide the following: <input type="checkbox"/> Not Applicable                                       |  |  |                   |   |                              |                                   |             |                                  |  |
| Admission/Arrival #:  |  |  |                   | Alien "A" Number or Social Insurance Number |                              |                                   |             |                                  |  |
| If you are not a citizen of the United States, list the name and address of your sponsor upon your arrival: <input type="checkbox"/> Not Applicable |  |  |                   |   |                              |                                   |             |                                  |  |
| Name  |  | Address  |                   | City  |                              | State                             | Zip Code    |                                  |  |
| Current Marital Information   |  |  |                   |   |                              |                                   |             |                                  |  |
| <input type="checkbox"/> Single   |  | <input type="checkbox"/> Married                             |                   | <input type="checkbox"/> Separated          |                              | <input type="checkbox"/> Divorced |             | <input type="checkbox"/> Widowed |  |
| Current Spouse  |  |  |                   |   |                              |                                   |             |                                  |  |
| Last Name   |  |  | First Name        |   |                              | MI                                | Maiden Name |                                  |  |

### CRIMINAL HISTORY

Questions 1-7 relate to criminal offenses, either felony or misdemeanor. Answer each question as it pertains to you. **DO NOT** include civil traffic violations.

1. Have you ever:

|                          |                          |                           |                          |                          |                 |
|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|-----------------|
| <b>No</b>                | <b>Yes</b>               |                           | <b>No</b>                | <b>Yes</b>               |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | been arrested or detained | <input type="checkbox"/> | <input type="checkbox"/> | pled no contest |
| <input type="checkbox"/> | <input type="checkbox"/> | been indicted or charged  | <input type="checkbox"/> | <input type="checkbox"/> | forfeited bail  |
| <input type="checkbox"/> | <input type="checkbox"/> | pleaded guilty            | <input type="checkbox"/> | <input type="checkbox"/> | been convicted  |

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

| Nature of offense | Date of charge or incident<br>m/d/yyyy | Name and address of court or police agency | Disposition | Date<br>m/d/yyyy | Felony (F) or Misdemeanor (M) |
|-------------------|--|--|-------------|------------------|-------------------------------|
|                   |  |  |             |                  |                               |
|                   |  |  |             |                  |                               |

2. Have you ever been granted immunity?  No  Yes
3. Have you ever been named an un-indicted co-conspirator?  No  Yes
4. Have you ever been charged with a criminal offense, either felony or misdemeanor, which did not result in a conviction?  No  Yes

If you answered **yes**, please describe the nature and date of the charge, name and address of government agency or court involved and final disposition. **(Include court or police agency documentation)**

5. Have you ever been placed on a diversionary program to avoid criminal arrest or conviction?  No  Yes

If you answered **yes**, please describe the circumstances, outcome, and efforts being made to pay back any debt incurred. **(Include court or repayment documentation)**

6. Describe any arrests, which did not result in a formal criminal charge. **(Include court or police agency documentation)**  Not Applicable

7. Describe all criminal convictions that have been expunged or otherwise removed from your criminal record. **(Include court or police agency documentation)**  Not Applicable

Failure to provide documents or information required by Board in connection with this application within **60** days of the date the Board issues you a temporary license, will, without further notice, result in your application being considered as having been voluntarily withdrawn and no further action will be taken in connection with the application.

8. Are you current in filing federal, state and city tax returns?  No  Yes

Submit as **Exhibit (1)**, true and accurate copies of your federal, state and city income tax returns for the last three years.  **Not Applicable**

9. Are you delinquent in the payment of any taxes?  No  Yes

If you answered **yes**, please complete the following table:

| Taxing agency | Type of tax | Dates involved (m/d/yyyy) | Amount |
|---------------|-------------|---------------------------|--------|
|               |             |                           |        |
|               |             |                           |        |
|               |             |                           |        |

10. Have you ever applied for a license, permit or other authorization to participate in a Gaming Operation in Michigan or any other jurisdiction?  No  Yes

If you answered **yes**, please complete the following table:

| Type of gambling operation | Date of application (m/yyyy) | Licensing agency's name and address | Status of application i.e.: granted, pending, denied, revoked | License number |
|----------------------------|------------------------------|-------------------------------------|---|----------------|
|                            |                              |                                     |   |                |
|                            |                              |                                     |   |                |
|                            |                              |                                     |   |                |

11. Have you filed any type of bankruptcy within the last seven years?  No  Yes

If you answered **yes**, please submit as **Exhibit (2)** a complete copy of the bankruptcy petition and discharge.

12. List any immediate family members that have financial, ownership, or employment interest in any business entity with a gaming license.  **Not Applicable**

| Name of person and relationship to you | Business entity name/address | Type of interest | Financial interest / % of ownership |
|--|------------------------------|------------------|-------------------------------------|
|  |                              |                  |                                     |
|  |                              |                  |                                     |
|  |                              |                  |                                     |

13. Within one (1) year of this application, have you, your spouse, your parent, or your child either directly or indirectly, made any political contribution, loan, or other payment to any candidate, campaign committee, or office holder elected in Michigan?  **No**  **Yes**

If you answered **yes**, please complete the following table:

| Contributor | Name of official/candidate/committee | Office sought/held | Date m/yyyy | Amount |
|-------------|--------------------------------------|--------------------|-------------|--------|
|             |                                      |                    |             |        |
|             |                                      |                    |             |        |
|             |                                      |                    |             |        |
|             |                                      |                    |             |        |

14. During the past ten-year period, have you held a ten percent (10%) or greater ownership interest in or been a director, officer, or principal employee, of any corporation, partnership, sole proprietorship or other business entity that has made (either itself or through third parties) bribes or kickbacks to any employee, company or organization to obtain a competitive advantage, or to any government official, domestic or foreign, to obtain favorable treatment?  **No**  **Yes**

If you answered **yes**, please submit as **Exhibit (3)** a complete explanation of the circumstances.

15. List below all business entities with which you have been associated as an officer, director, partner, proprietor, manager, policy maker, owner, investor, or substantial creditor from age 18.  
 Not Applicable

| Date        |           | Complete name & address of business | Description of business | Your title or type of association | % of ownership | Is entity's business gaming related? (Y/N)                  |
|-------------|-----------|-------------------------------------|-------------------------|-----------------------------------|----------------|---|
| From m/yyyy | To m/yyyy |                                     |                         |                                   |                |   |
|             |           |                                     |                         |                                   | %              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|             |           |                                     |                         |                                   | %              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

16. Are you presently, or have you within the last ten (10) years been a party to a lawsuit as an individual, officer, director, partner, proprietor, manager, policy maker or more than a 5% owner of any business entity?  No  Yes

If you answered **yes**, please complete the following table:

| Names of parties | Case number | Name and location of court | Detailed description of case | Disposition of case |
|------------------|-------------|----------------------------|------------------------------|---------------------|
|                  |             |                            |                              |                     |
|                  |             |                            |                              |                     |

Please submit as **Exhibit (4)** copies of all complaints, petitions, or similar pleadings which initiated each lawsuit.

## INCOME STATEMENT

1. Provide total income for the three most recent complete calendar years. 2. Provide total income for your spouse, on a separate sheet, for the same calendar years. 3. Provide total income of any dependent child with income over \$20,000.00, on a separate sheet.

**NAME:** (Last, First, MI) \_\_\_\_\_

| Source of Income                               | Year | Year | Year |
|--|------|------|------|
| Salary (List Sources)                          |      |      |      |
| Interest (List Sources)                        |      |      |      |
| Dividends (List Sources)                       |      |      |      |
| Other Income/Compensation<br>(Specify Sources) |      |      |      |
| Other Income/Compensation<br>(Specify Sources) |      |      |      |
| <b>Total Annual Gross Income</b>               |      |      |      |



Complete the following schedules (A-K). Indicate by code, in the first column those held by you personally (P), your spouse (S) or by any dependent child (D). Note that the requirements for disclosing financial information on dependent children on various schedules do differ. Please use additional copies of the schedules as needed.

Transfer totals located on the bottom of each schedule to the corresponding box on the NET WORTH STATEMENT.  
The NET WORTH STATEMENT is located on page 21.

**SCHEDULE A**

**CASH IN BANKS**

List all foreign and domestic bank accounts. Include any dependent child who has an account balance exceeding \$10,000.  **Not Applicable**

| (P)<br>(S)<br>(D)                 | Name and address of bank | Names and signatures appearing on account | Account number | Date opened m/yyyy | Type of account | Current balance  |
|-----------------------------------|--------------------------|---|----------------|--------------------|-----------------|--|
|                                   |                          |   |                |                    |                 |  |
|                                   |                          |   |                |                    |                 |  |
|                                   |                          |   |                |                    |                 |  |
|                                   |                          |   |                |                    |                 |  |
| <b>TOTAL</b> →                    |                          |   |                |                    |                 | <div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> |
| (Transfer to Net Worth Statement) |                          |   |                |                    |                 |  |

## SCHEDULE B

### LOANS RECEIVABLE (MONEY OWED TO YOU)

List all loans. Include any dependent child who has loans receivable exceeding \$5,000.  Not Applicable

| (P)<br>(S)<br>(D)                 | Name and address of debtor | Loan date<br>m/yyyy | Original balance | Current balance | Interest rate | Maturity date<br>m/yyyy | Purpose of loan | Collateral securing loan |
|-----------------------------------|----------------------------|---------------------|------------------|-----------------|---------------|-------------------------|-----------------|--------------------------|
|                                   |                            |                     |                  |                 | %             |                         |                 |                          |
|                                   |                            |                     |                  |                 | %             |                         |                 |                          |
|                                   |                            |                     |                  |                 | %             |                         |                 |                          |
|                                   |                            |                     |                  |                 | %             |                         |                 |                          |
|                                   |                            |                     |                  |                 | %             |                         |                 |                          |
| <b>TOTALS →</b>                   |                            |                     | _____            | _____           |               |                         |                 |                          |
| (Transfer to Net Worth Statement) |                            |                     |                  |                 |               |                         |                 |                          |

## SCHEDULE C

### STOCKS, BONDS, NOTES, AND DEBENTURES

List all investments in stocks, bonds, mutual funds, money market funds, notes, debentures, and other securities investments. Indicate by a single asterisk (\*) in the "Issuer" column those issued by a publicly held company or a double asterisk (\*\*) for those stocks in which you have a 5 percent (5%) or greater interest ownership. Include any dependent child who has a balance exceeding \$5,000.  **Not Applicable**

| (P)<br>(S)<br>(D) | Issuer | Type | Number<br>of shares/<br>units | Total<br>original<br>cost | Date of<br>purchase<br>m/yyyy                          | Name in<br>which held | Annual<br>income | Current<br>value | Broker/Custodian<br>of shares<br>(address) |  |
|-------------------|--------|------|-------------------------------|---------------------------|--|-----------------------|------------------|------------------|--|--|
|                   |        |      |                               |                           |  |                       |                  |                  |  |  |
|                   |        |      |                               |                           |  |                       |                  |                  |  |  |
|                   |        |      |                               |                           |  |                       |                  |                  |  |  |
|                   |        |      |                               |                           |  |                       |                  |                  |  |  |
|                   |        |      |                               |                           |  |                       |                  |                  |  |  |
|                   |        |      |                               |                           |  |                       |                  |                  |  |  |
|                   |        |      |                               |                           |  |                       |                  |                  |  |  |
|                   |        |      |                               | —                         | <b>← TOTALS →</b><br>(Transfer to Net Worth Statement) |                       |                  |                  |  |  |
|                   |        |      |                               | —                         |  |                       |                  |                  | —  |  |

**SCHEDULE D**

**BUSINESS INVESTMENTS**

List all investments, other than stocks, bonds, and debentures, in any business entity in which any direct, indirect, vested or contingent interest is held or controlled by you, your spouse, or your dependent child who has an investment exceeding \$5,000. Under the column, "Business Entity Interest" list the names of all Business Entities other than publicly held companies with a direct, indirect, vested or contingent interest in the subject entity, and their percentage of ownership.  **Not Applicable**

| (P)<br>(S)<br>(D) | Business entity name | Type of organization | No. of shares/ units | Total original cost | Purchase date m/yyyy | Name in which held | Annual income | Current value | % of ownership | Business entity interest |
|-------------------|----------------------|----------------------|----------------------|---------------------|----------------------|--------------------|---------------|---------------|----------------|--------------------------|
|                   |                      |                      |                      |                     |                      |                    |               |               | %              |                          |
|                   |                      |                      |                      |                     |                      |                    |               |               | %              |                          |
|                   |                      |                      |                      |                     |                      |                    |               |               | %              |                          |
|                   |                      |                      |                      |                     |                      |                    |               |               | %              |                          |
|                   |                      |                      |                      |                     |                      |                    |               |               | %              |                          |
|                   |                      |                      |                      |                     |                      |                    |               |               | %              |                          |
|                   |                      |                      |                      |                     |                      |                    |               |               | %              |                          |
|                   |                      |                      |                      |                     |                      |                    |               |               | %              |                          |
|                   |                      |                      |                      |                     |                      |                    |               |               | %              |                          |
|                   |                      |                      |                      |                     |                      |                    |               |               | %              |                          |

←
**TOTALS**
→

(Transfer to Net Worth Statement)

## SCHEDULE E

### REAL ESTATE

List real estate in which any direct, indirect, vested or contingent interest is held or controlled. Under the column headed "Original Cost" include the cost of any improvements and list separately. Under the column headed "Other Owners" list the names of all owners who share direct, indirect, vested, contingent, or beneficial interest in the real estate, their percentage of ownership, and address. Include any dependent child who has real estate valued at more than \$5,000.  **Not Applicable**

| (P)<br>(S)<br>(D)                 | Complete address/location | Owner of record | Original cost | Annual income (if rented) | Current value | Ownership percentage % | Other owners, address, % of ownership |
|-----------------------------------|---------------------------|-----------------|---------------|---------------------------|---------------|------------------------|---------------------------------------|
|                                   |                           |                 |               |                           |               | %                      |                                       |
|                                   |                           |                 |               |                           |               | %                      |                                       |
|                                   |                           |                 |               |                           |               | %                      |                                       |
|                                   |                           |                 |               |                           |               | %                      |                                       |
|                                   |                           |                 |               |                           |               | %                      |                                       |
|                                   |                           |                 |               |                           |               | %                      |                                       |
| <b>TOTAL →</b>                    |                           |                 | _____         |                           |               | _____                  | <b>← TOTAL</b>                        |
| (Transfer to Net Worth Statement) |                           |                 |               |                           |               |                        | (Transfer to Net Worth Statement)     |

## SCHEDULE F

### OTHER ASSETS

List all other assets having a fair market value in excess of \$10,000. Include such assets as automobiles, personal property, life insurance policies, and pension plans. Include any dependent child who has other assets exceeding \$5,000.  **Not Applicable**

| (P)<br>(S)<br>(D)                                    | Type of asset | Owner of record | % of ownership | Date of purchase<br>m/d/yyyy | Original cost | Current value |
|--|---------------|-----------------|----------------|------------------------------|---------------|---------------|
|  |               |                 | %              |                              |               |               |
|  |               |                 | %              |                              |               |               |
|  |               |                 | %              |                              |               |               |
|  |               |                 | %              |                              |               |               |
|  |               |                 | %              |                              |               |               |
|  |               |                 | %              |                              |               |               |
|  |               |                 | %              |                              |               |               |
|  |               |                 | %              |                              |               |               |
|  |               |                 | %              |                              |               |               |
| <b>TOTALS →</b><br>(Transfer to Net Worth Statement) |               |                 |                |                              | _____         | _____         |

## SCHEDULE G

### LOANS PAYABLE (MONEY YOU OWE)

List all loans payable exceeding \$5,000. Indicate by an asterisk (\*) in the "Purpose" column those notes, which are gaming-related. Include any personal loans, markers, credit lines, credit cards, home equity loans, employer-granted loans, loans from employee 401K plans and employer-granted educational or tuition grants or loans. Include any dependent child who has loans payable exceeding \$5,000.  **Not Applicable**

| (P)<br>(S)<br>(D)                 | Name and address of creditor | Date incurred<br>m/yyyy | Original loan balance | Current balance | Interest rate | Maturity date<br>m/yyyy | Purpose | Collateral |
|-----------------------------------|------------------------------|-------------------------|-----------------------|-----------------|---------------|-------------------------|---------|------------|
|                                   |                              |                         |                       |                 | %             |                         |         |            |
|                                   |                              |                         |                       |                 | %             |                         |         |            |
|                                   |                              |                         |                       |                 | %             |                         |         |            |
|                                   |                              |                         |                       |                 | %             |                         |         |            |
|                                   |                              |                         |                       |                 | %             |                         |         |            |
|                                   |                              |                         |                       |                 | %             |                         |         |            |
| <b>TOTALS</b> →                   |                              |                         |                       | —               | —             |                         |         |            |
| (Transfer to Net Worth Statement) |                              |                         |                       |                 |               |                         |         |            |

## SCHEDULE H

### TAXES PAYABLE

List the taxes, penalties and interest payable. Include any dependent child having taxes payable exceeding \$5,000.  **Not Applicable**

| (P)<br>(S)<br>(D)                 | Name & address of taxing authority | Date tax assessed<br>m/yyyy | Original balance | Current balance | Type of tax<br>(income, property, sales, etc.) | Reason for unpaid tax | Name of individual, business, or property address that tax is assessed against |
|-----------------------------------|------------------------------------|-----------------------------|------------------|-----------------|--|-----------------------|--|
|                                   |                                    |                             |                  |                 |  |                       |  |
|                                   |                                    |                             |                  |                 |  |                       |  |
|                                   |                                    |                             |                  |                 |  |                       |  |
|                                   |                                    |                             |                  |                 |  |                       |  |
|                                   |                                    |                             |                  |                 |  |                       |  |
|                                   |                                    |                             |                  |                 |  |                       |  |
|                                   |                                    |                             |                  |                 |  |                       |  |
| <b>TOTALS →</b>                   |                                    |                             |                  | _____           | _____  |                       |  |
| (Transfer to Net Worth Statement) |                                    |                             |                  |                 |  |                       |  |



## SCHEDULE I

### MORTGAGES PAYABLE

List the mortgages or liens payable on real estate. Include any dependent child having mortgages payable exceeding \$5,000. Under the column, "Description" provide a description of the real estate, including the address, type, condition, and any improvements.  **Not Applicable**

| (P)<br>(S)<br>(D)                 | Name & address of<br>creditor | Date<br>incurred<br>m/yyyy | Original<br>loan<br>balance | Monthly<br>payment | Current<br>balance | Interest<br>rate | Maturity<br>date<br>m/yyyy | Description |
|-----------------------------------|-------------------------------|----------------------------|-----------------------------|--------------------|--------------------|------------------|----------------------------|-------------|
|                                   |                               |                            |                             |                    |                    | %                |                            |             |
|                                   |                               |                            |                             |                    |                    | %                |                            |             |
|                                   |                               |                            |                             |                    |                    | %                |                            |             |
|                                   |                               |                            |                             |                    |                    | %                |                            |             |
|                                   |                               |                            |                             |                    |                    | %                |                            |             |
|                                   |                               |                            |                             |                    |                    | %                |                            |             |
|                                   |                               |                            |                             |                    |                    | %                |                            |             |
| <b>TOTALS</b> →                   |                               |                            | —                           |                    | —                  |                  |                            |             |
| (Transfer to Net Worth Statement) |                               |                            |                             |                    |                    |                  |                            |             |

## SCHEDULE J

### OTHER LIABILITIES

List other liabilities or indebtedness in excess of \$10,000. Include any dependent child who has other liabilities or indebtedness, which exceed \$5,000. Under the column, "Description" provide a description of the liability, including its purpose.  **Not Applicable**

| (P)<br>(S)<br>(D) | Name & address of creditor | Date incurred<br>m/yyyy | Original loan<br>balance | Current loan<br>balance | Interest rate | Maturity date<br>m/yyyy | Collateral | Description &<br>purpose |
|-------------------|----------------------------|-------------------------|--------------------------|-------------------------|---------------|-------------------------|------------|--------------------------|
|                   |                            |                         |                          |                         | %             |                         |            |                          |
|                   |                            |                         |                          |                         | %             |                         |            |                          |
|                   |                            |                         |                          |                         | %             |                         |            |                          |
|                   |                            |                         |                          |                         | %             |                         |            |                          |
|                   |                            |                         |                          |                         | %             |                         |            |                          |
|                   |                            |                         |                          |                         | %             |                         |            |                          |
|                   |                            |                         |                          |                         | %             |                         |            |                          |

|  |   |   |
|--|---|---|
| <b>TOTALS →</b><br>(Transfer to Net Worth Statement) | — | — |
|--|---|---|

## SCHEDULE K

### CONTINGENT LIABILITIES

List contingent liabilities in excess of \$5,000. Include any dependent child who has contingent liabilities exceeding \$5,000. Under the column "Name, Address & Telephone No. of Parties" provide this information for all persons with an interest in the liability, including potential claimants and other persons who are liable, and identify each person's interest in the liability. Under the column, "Description" provide a description of the liability, including its purpose.  **Not Applicable**

| (P)<br>(S)<br>(D)                 | Name, address & of parties | Date<br>incurred<br>m/yyyy | Original<br>loan<br>balance | Current<br>balance | Maturity<br>date<br>m/yyyy | Collateral | Description<br>&<br>purpose |
|-----------------------------------|----------------------------|----------------------------|-----------------------------|--------------------|----------------------------|------------|-----------------------------|
|                                   |                            |                            |                             |                    |                            |            |                             |
|                                   |                            |                            |                             |                    |                            |            |                             |
|                                   |                            |                            |                             |                    |                            |            |                             |
|                                   |                            |                            |                             |                    |                            |            |                             |
|                                   |                            |                            |                             |                    |                            |            |                             |
| <b>TOTALS →</b>                   |                            |                            |                             | —                  | —                          |            |                             |
| (Transfer to Net Worth Statement) |                            |                            |                             |                    |                            |            |                             |

**NET WORTH STATEMENT as of** \_\_\_\_\_  
Date (m/d/yyyy)

Provide information in the aggregate for you, your spouse and for any dependent children as required on Schedules A-K.

|  | Original Cost/Balance | Current Value/Balance |
|--|-----------------------|-----------------------|
| <b>Assets:</b>                             |                       |                       |
| Cash on hand                               |                       |                       |
| Cash in banks (Schedule A)                 |                       |                       |
| Loans Receivable (Schedule B)              |                       |                       |
| Stocks, Bonds and Debentures (Schedule C)  |                       |                       |
| Business Investments (Schedule D)          |                       |                       |
| Real Estate (Schedule E)                   |                       |                       |
| Other Assets (Schedule F)                  |                       |                       |
| <b>TOTAL ASSETS:</b>                       | <b>(A)</b>            | <b>(A)</b>            |
| <b>Liabilities:</b>                        |                       |                       |
| Loans payable (Schedule G)                 |                       |                       |
| Taxes Payable (Schedule H)                 |                       |                       |
| Mortgages Payable (Schedule I)             |                       |                       |
| Other Liabilities (Schedule J)             |                       |                       |
| <b>TOTAL LIABILITIES:</b>                  | <b>(B)</b>            | <b>(B)</b>            |
| <b>NET WORTH</b><br><b>{(A) minus (B)}</b> | _____                 | _____                 |
| Contingent Liabilities (Schedule K)        |                       |                       |

**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. I hereby agree to submit supplemental materials as requested by the Board. I further agree to withdraw my application in the event that I do not provide materials required by the Board, within **60** days from the date the Board issues me a temporary license, pending a background investigation.

hereby acknowledge that issuance of a gaming 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, 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. **MCL 432.208(10), R 432.1206(2), R 432.1301(6)(a)(c)**

hereby consent to inspections, searches, and seizures as provided in **MCL 432.208(9)** 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. **R 432.1336**. This consent is also 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.

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

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

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

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

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

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

My commission expires: \_\_\_\_\_

County of Residence: \_\_\_\_\_

**ATTACHMENT B**

**CONSENT TO RELEASE INFORMATION MATERIALS AND DOCUMENTS**

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.

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

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

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

A photocopy of this authorization will be considered as effective and valid as the original.

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

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

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

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: \_\_\_\_\_

**ATTACHMENT C**

**RELEASE OF ALL CLAIMS**

The undersigned has filed with the Michigan Gaming Control Board (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 instrument at the City of \_\_\_\_\_  
State of \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

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

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: \_\_\_\_\_

**ATTACHMENT E**

**APPLICANT'S VERIFICATION**

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

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.

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

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

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

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 Name)

My commission expires: \_\_\_\_\_

County of residence: \_\_\_\_\_



**ATTACHMENT F**

**OCCUPATIONAL LICENSE APPLICANT VERIFICATION FORM**

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

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

1. I have not been convicted of a felony under the laws of Michigan, any other state or the United States.
2. I have not been convicted of a misdemeanor involving gambling, dishonesty, theft, or fraud in Michigan, any other state, or any violation of an ordinance in any state involving gambling, dishonesty, theft, or fraud that substantially corresponds to a misdemeanor in that state.
3. I have had a criminal conviction as stated in Question 1 and 2 set aside, or expunged.
4. I am at least 18 years of age if applying for a non-gaming position or at least 21 years of age if applying for a position involved in gaming.
5. I authorize and consent that my fingerprints will be taken by the Michigan Gaming Control Board for purposes of identification, licensing, or license renewal. These fingerprints will be forwarded to and retained by the Michigan State Police for any lawful investigative and identification purposes.

I understand that a false statement in my application or on this form may result in the withdrawal, suspension, or revocation of my temporary license and could lead to the denial of my occupational license 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.

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

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

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

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 Name)

My commission expires: \_\_\_\_\_

County of Residence: \_\_\_\_\_