

Michigan Gaming Control Board

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



SUPPLIER LICENSE GAMING-RELATED

(Applicant's Name)

(Date)

REPORT SUSPICIOUS OR ILLEGAL GAMBLING RELATED ACTIVITY ANONYMOUSLY

**ANONYMOUS TIP LINE PHONE NUMBER:
1-888-314-2682**

**SUBMIT AN ANONYMOUS TIP AT:
WWW.MICHIGAN.GOV/MGCB**

SUPPLIER LICENSE: GAMING-RELATED

TO AVOID DELAYS IN THE ISSUANCE OF A TEMPORARY LICENSE: Please carefully read all instructions and allow sufficient time to complete this application and all related forms. If you have any questions, call the Board's Licensing and Investigations Division at 313-456-1459

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.

A "gaming-related" supplier is a person who provides a casino licensee with goods or services that are directly related to the conduct of gaming, or which otherwise directly affect the play and results of gambling games.

Examples of **gaming-related** suppliers include, but are not limited to, providers of:

- Slot machines
- Cards or dice
- Tokens
- Computerized gaming monitoring systems
- Credit reporting services
- Surveillance and security systems

An application for a Gaming-related Supplier License must include a written agreement with, or a written statement of intent to enter into an agreement from, a casino licensee. This agreement or statement must specify the type of goods or service that the applicant will be supplying to the casino. **The Board will not process an application without this agreement or statement.**

Additionally, you must contact the MGCB Gaming Laboratory at 313-456-4215 regarding laboratory submissions and approvals.

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 the license.

Fees Associated with a Supplier License

The applicant is responsible for the payment of all fees required under the Act, including application, background, and investigative costs. 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.

Application Fee:

The required application fee (see table below) is non-refundable and must be submitted with this completed license application to the Michigan Gaming Control Board, 3062 W. Grand Blvd., Suite L-700, Detroit, MI 48202. The application fee is dependent on the dollar amount of business that the gaming-related supplier will have with one or more casino licensee on an annual basis. See Part 10(A).

Annual Dollar Amount of Business	Application Fee
\$500,000 or more	\$2,500.00
\$100,000 to \$499,999	\$1,000.00
\$99,999 or less	\$500.00

Send only the application fee with this application

Investigation Fee:

Once the application fee is exhausted, the applicant will be billed on a monthly basis for any additional investigative costs incurred by the Board during the course of the background investigation.

License Fee:

After the investigation is complete, if the Board approves a full supplier license to the applicant, a \$5,000.00 non-refundable license fee will be due *at that time* and on an annual basis thereafter, to continue licensure.

NOTE: ONCE A LICENSE IS ISSUED, IT IS FOR THE GOODS AND SERVICES LISTED WITHIN THE APPLICATION SUBMITTED. IF THE GOODS/SERVICES CHANGE, THE SUPPLIER MUST SUBMIT IN WRITING THE NEW ANTICIPATED GOODS AND SERVICES.

Definitions

For the purposes of this application, the term "applicant," unless otherwise specified, means the person applying for a gaming-related 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 application 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.

Instructions

The Gaming-related Supplier Application is to be completed by the person (individual or business entity) seeking a gaming-related supplier license from the Michigan Gaming Control Board. In addition to submitting this application, the applicant must include Personal Disclosure Forms and/or Business Disclosure Forms for all the following individuals or entities:

- Affiliate
- Officer
- Director
- Managerial Employees of the Applicant
- Individual or Affiliated Company holding greater than a 1% (5% if the Applicant is a publicly traded company) direct or indirect interest in the Applicant

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

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.

Pursuant to Rule 206(2) of the Michigan Gaming Control & Revenue Act and Rules, A licensee or an applicant for a license 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.

If you require assistance in completing this application, please contact the Michigan Gaming Control Board, Licensing and Investigations Division, in Detroit at 313-456-4159. General information is also available from the Board's Internet web site at www.michigan.gov/mgcb.

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 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 or contact the Board's Licensing and Investigations Division at 313-456-4159.

GAMING-RELATED SUPPLIER LICENSE APPLICATION

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

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)

BUSINESS ADDRESS

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

Business website

Federal Identification Number (FIN):

Michigan Taxpayer Number:

Dun & Bradstreet Number (DUNS):

Social Security Number (for individual proprietorship only):

PART 1 – DESCRIPTION OF BUSINESS

A. Specify the business form of this applicant:

- Corporation Partnership Trust
 Joint Venture Sole Proprietorship Limited Liability Corporation
 Other. (Describe) _____

B. Is the supplier and/or its parent company a publicly traded corporation within the United States?
 No **Yes**

Is the supplier and/or its parent company a publicly traded corporation outside the United States?
 No **Yes**

If yes, please list the country: _____

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 applicant:

TABLE 1

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

Check here if Table 1 continued

C. If the applicant is not an individual, attach as **Exhibit 1** the business’s state of incorporation or registration, its corporate officers and identity of shareholders (Note: If a registration statement or pending registration statement is on file with the Securities and Exchange Commission, only the names of those persons or entities holding interest of 5% or more need be provided.) **Required**

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

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

- MGM Grand Detroit Casino MotorCity Casino Greektown Casino

Question E is for the MGCB’s informational purpose only

PART 2 – OWNERSHIP INFORMATION

A. Does the applicant have any financial or ownership interest, or other relationship with a:

- | | | |
|--------------------------|--------------------------|---|
| No | Yes | |
| <input type="checkbox"/> | <input type="checkbox"/> | Casino Licensee or Applicant |
| <input type="checkbox"/> | <input type="checkbox"/> | Supplier Licensee or Applicant (do not include the applicant submitting this application) |
| <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:

B. Does the applicant or applicant’s spouse, parent or child have an equity interest of more than 5% in any business entity?

- No** **Yes**

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

PART 3 – GOVERNMENT REGULATION

A. Is the applicant 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 2

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

Check here if Table 2 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 **TABLE 3** on the following page...

TABLE 3

Name of Licensing Authority	Date of Action

Check here if Table 3 continued

PART 4 – 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:	Disposition:

PART 5 - TAX

A. Has the applicant filed all required federal, state and local tax returns with the appropriate agencies for itself or any business entity in which it has 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.

B. Has there been filed against the applicant or has the applicant been served with a complaint, lien, judgment, or other notice filed with any public body regarding the payment of any tax required under federal, state or local law?

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

TABLE 4

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

Check here if Table 4 continued

PART 6 - 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, 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., including MCL 432.207(b). Also, see Rule 206(2) of the Board's Administrative Rules.

- A. Within five (5) years of this application, has the applicant, either directly or indirectly, made any political contribution, loan, gift, or other payment to any candidate, campaign committee or officeholder elected in the state of Michigan? (Sec.7(b))
 No Yes If you answered **yes**, complete the following table:

TABLE 5

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:					
Last Name:					
First Name, MI:					

Check here if Table 5 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 6

Name Of Official/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 6 continued

PART 7 – CRIMINAL HISTORY

The questions listed below 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:

- | | | |
|--------------------------|--------------------------|--------------------------------------|
| No | Yes | |
| <input type="checkbox"/> | <input type="checkbox"/> | been convicted |
| <input type="checkbox"/> | <input type="checkbox"/> | forfeited bail |
| <input type="checkbox"/> | <input type="checkbox"/> | pleaded nolo contendere (no contest) |
| <input type="checkbox"/> | <input type="checkbox"/> | pleaded guilty |
| <input type="checkbox"/> | <input type="checkbox"/> | been indicted |

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

TABLE 7

Nature of charge or arrest	Date of charge or arrest	Name & location of court involved	Disposition	Date	Felony or misdemeanor

Check here if Table 7 continued

PART 8 – ADDITIONAL CRIMINAL HISTORY

For the next five questions, do not include traffic violations.

A. Have you ever been granted immunity?
 No **Yes**

B. Have you ever been named an unindicted co-conspirator?
 No **Yes**

C. Describe all arrests, which did not result in a formal criminal charge. **N/A**

D. Describe all criminal convictions that have been expunged. **N/A**

E. Has the applicant ever been charged with a criminal offense, either felony or misdemeanor?
 No **Yes**

If you answered **yes**, describe the nature and date of the charge, name and address of government agency or court involved, and disposition.

PART 9 – PRIOR NAMES AND ADDRESSES OF THE APPLICANT

- A. List all other names under which the applicant has done business for the last five years:
 N/A

- B. List other addresses from which the applicant has done business for the last five years.
 N/A

TABLE 8

Number and Street	City	State	ZIP	From:	To:

Check here if Table 8 continued

PART 10 – AGREEMENTS

- A. Estimate the annual dollar amount of goods and/or services to be provided to the casino licensee(s).
 \$_____ **Required**
- B. Has the applicant entered into any written agreements with a casino licensee?
 No Yes
 If **yes**, submit **Exhibit 3**, a copy of such an agreement.
 If **no**, submit **Exhibit 3**, a written letter of intent (received from a casino licensee) to enter into an agreement with a casino licensee
The Board will not process an application without an agreement or letter of intent
- C. Has the applicant entered into any unwritten agreements with a casino?
 No Yes
 If **yes**, submit **Exhibit 4**. Exhibit 4 shall describe 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.
- D. 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 **Exhibit 5**. Exhibit 5 shall identify each such agreement, explain the relationship and name the enterprise.
- E. 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 **Exhibit 6**. Exhibit 6 shall identify the said suppliers, vendors or subcontractors and identify the relationship between that agreement and any other agreement with a casino.
- F. 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 **Exhibit 7**. Exhibit 7 shall identify the said suppliers, vendors or subcontractors, the nature of the interest or debt, and the amount thereof.

PART 11 – FINANCIAL INSTITUTIONS

A. 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 applicant has or has had an account over the last 10-year period regardless of whether such account was held in the name of the applicant, a nominee of the enterprise or was otherwise under the direct or indirect control of the applicant:

TABLE 9

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

Check here if Table 9 continued

B. Submit as **Exhibit 8** a list of all debt instruments of the applicant. Exhibit 8 shall include the following information: **N/A**

1. The full names, business addresses, and telephone numbers of **all holders of each debt instrument** including individuals, business entities, and investment bankers, brokerage houses or other financial institutions.
2. The type of debt instrument, date and amount of initial and current debt, repayment terms, maturity date, interest rate and collateral used for each debt instrument.
3. The explanation or reason for each debt instrument.

PART 12 – LITIGATION

- A. Is your applicant currently a party to any civil lawsuits?
 No **Yes**

If you answered **yes**, submit as **Exhibit 9a**, a description of all existing civil litigation to which the applicant or any subsidiary is presently a party whether in the state of Michigan or another jurisdiction. Exhibit 9a 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 the applicant been a party to any other litigation

1. in the previous ten years in which the applicant or any of its officers, executives, or managers were accused of intentional misconduct. **No** **Yes**
2. in which an ultimate decision adverse to the applicant or any of its officers, executives or managers would have or could have a current or future effect on the applicant.
 No **Yes**
3. in which an ultimate decision adverse to the applicant 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 applicant or the character, reputation, or integrity, of the applicant or any of its officers, executives or managers. **No** **Yes**

If you answered **yes** to any of the above, submit the following as **Exhibit 9b**:

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 13 – KEY PERSONS ASSOCIATED WITH THE APPLICANT

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 more than 1% direct or indirect interest in the applicant (or more than 5% interest if the applicant is a publicly traded corporation)
2. All officers of the applicant
3. All directors or trustees of the applicant
4. All managerial employees of the applicant who perform the function of principal executive officer, principal operating officer, principal accounting officer or an equivalent officer
5. All individuals or entities holding more than 5% direct or indirect interest in an individual or entity who has a controlling (15%) interest in the applicant
6. All managerial employees of an individual or entity that has a controlling (15%) interest in the applicant and who exercise management, supervisory or policy making authority over the applicant’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 10

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 10 continued

For each individual or entity listed in Table 10 a Personal Disclosure Form (if individual) or a Business Disclosure Form (if entity) must accompany this Supplier License Application

PART 13 A – ADDITIONAL APPLICANTS

The following persons **must** complete a Personal Disclosure Form, as applicable, as part of this application:

1. All Board of Directors, or equivalent positions, for the Applicant’s ultimate parent company.
2. All Board of Directors with membership on any Audit, Compensation, Compliance or equivalent Committees held in the ultimate parent company.

The following persons **may** be required to complete a Personal Disclosure Form, as applicable, as part of this application:

1. All Board of Directors, or equivalent positions, for each holding company including the Applicant’s ultimate parent company.

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.

Regardless of whether persons will/will not be required to complete a Personal Disclosure Form, as indicated above, **ALL** persons meeting the criteria under Part 13 A must be identified below:

TABLE 10A

Name	Title/Position	Company Name	% of Direct Ownership	List Committee Name
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:		
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 10A continued

PART 14 - 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?

No Yes

If you answered **yes**, submit **Exhibit 10**. Exhibit 10 shall identify the full name, address and telephone number of all such distributors, sales representatives or other individuals or business entities.

- B. Has the applicant, during the last 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 11** 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 the applicant 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 12** a detailed statement describing each business entity, including its location and the applicant's interest and/or affiliation with the foreign business entity.

- D. Does the applicant have any assets or liabilities outside the United States?

No Yes

If you answered **yes**, submit as **Exhibit 13** 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 applicant, any director, officer, partner or employee or any third party acting for or on behalf of the applicant 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 applicant, any director, officer, partner or employee or any third party acting for or on behalf of the applicant 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 applicant maintained any assets including bank account(s), domestic or foreign, not reflected on the applicant's books or records?

No Yes

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

No Yes

- I. 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

PART 15 – FORMER BUSINESS

Describe any former business, not listed elsewhere in this application, which the applicant 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**

PART 16 – FLOW CHART - REQUIRED

Attach as **Exhibit 14** 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). Note: If interest is held by a trust, then the ownership flowchart must reflect this. 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 17 – SECURITIES

Has the applicant 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

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

Check here if Table 11 continued

PART 18 - LICENSING

Has the applicant ever applied in any jurisdiction for a license, permit or other authorization to participate in lawful gaming operations (including manufacturer or distributor of gaming supplies, casino gaming, horse racing, dog racing, pari-mutuel operations, lottery, or sports betting)?

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

TABLE 12

Name and Address of Licensing Agency	License No.	Type of Gaming Activity

Check here if Table 12 continued

PART 19 - LIAISON BETWEEN THE APPLICANT AND THE MICHIGAN GAMING CONTROL BOARD

RULE 432.1324(2)(f) requires identification of a liaison to provide assistance and cooperation to the Board. This person will also accept official notices from the Board on behalf of the applicant.

DO NOT LEAVE THIS TABLE BLANK.

TABLE 13

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

ADDITIONAL REQUIRED DOCUMENTS

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

Organization Documents (Exhibit 15) Required

- Articles of Incorporation, Articles of Organization, Certificate of Incorporation, charter, by-laws, partnership agreement, trust agreement, operating agreement, or other basic documents of the applicant

Licenses and Certificates (Exhibit 16) Attached N/A

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

Financial Statements (Exhibit 17) 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 applicant and any material findings and exceptions taken to such statements by any management response thereto
- If the applicant 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 applicant

Annual Reports (Exhibit 18) Attached N/A

- All annual reports of the applicant 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 19) Attached N/A

- All quarterly financial statements prepared by or for the applicant, 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 20) Attached N/A

- All reports prepared due to the occurrence of any of the following events:
 - Change of control of the applicant
 - Acquisition or disposition of assets
 - Bankruptcy or receivership proceedings
 - Changes in the applicant'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 N/A

Proxy and Informational Statements (Corporations only) (Exhibit 21) 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 22) **Attached** **N/A**

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

Reports of Accountants (Exhibit 23) **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 applicant which pertain to the issuance of financial statements, managerial advisory services, or internal control recommendations

Organizational Chart (Exhibit 24) - REQUIRED **Attached**

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

Tax Returns (Exhibit 25) - REQUIRED **Attached**

- 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 and requests for filing extensions
- Include all schedules and attachments to these returns

Insurance Documents (Exhibit 26) - REQUIRED **Attached**

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

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 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, 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.
(Rule 206(2) and Sec.7.(a)(12))

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) Sec.7.(a)(11)) 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 photostat 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)

Please use this Checklist to assure that this application is complete BEFORE submitting to the Michigan Gaming Control Board.

“Attached/Yes” or “Not Applicable/No” MUST be checked for each line.

	Description	Attached/ Yes	Not Applicable/ No
	Completely answered all questions.	<input type="checkbox"/>	Required. “Attached/Yes” must be checked.
	Written statement of intent or signed agreement with casino.	<input type="checkbox"/>	Required. “Attached/Yes” must be checked.
	Application Fee.	<input type="checkbox"/>	Required. “Attached/Yes” must be checked.
	Personal Disclosure Forms and/or Business Disclosure Forms required for all persons listed in table 10 & 10a of this application.	<input type="checkbox"/>	Required. “Attached/Yes” must be checked.
	Contact the MGCB Gaming Laboratory regarding laboratory submissions and approvals	<input type="checkbox"/>	Required. “Attached/Yes” must be checked.
Exhibit 1	Relevant business documents.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 2	Information regarding equity interest of more than 5% in any business entity.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 3	Written agreements with a casino.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 4	Unwritten agreements with a casino.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 5	Agreement conditions with a casino.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 6	Agreements with contingencies.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 7	Holder's of applicant's debt.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 8	Debt instruments.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 9a	Civil lawsuit information.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 9b	Other litigation.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 10	Marketing, sales or distribution entities.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 11	Trust information.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 12	Foreign business interests.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 13	Foreign assets/liabilities.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 14	Ownership flowchart.	<input type="checkbox"/>	Required. “Attached/Yes” must be checked.
Exhibit 15	Organization documents.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 16	Other jurisdiction licenses/certificates.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 17	Financial statements.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 18	Annual reports–SEC forms 10k.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 19	Quarterly financial statement-SEC form 10Q.	<input type="checkbox"/>	<input type="checkbox"/>

Checklist
Page 2

“Attached/Yes” or “Not Applicable/No” MUST be checked for each line.

	Description	Attached/ Yes	Not Applicable/ No
Exhibit 20	Interim reports-SEC form 8k.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 21	Proxy and informational statements.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 22	Registration statements.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 23	Reports of accountants.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 24	Organizational structure chart.	<input type="checkbox"/>	Required. “Attached/Yes” must be checked.
Exhibit 25	Tax returns (last 3 years).	<input type="checkbox"/>	Required. “Attached/Yes” must be checked.
Exhibit 26	Insurance documents.	<input type="checkbox"/>	Required. “Attached/Yes” must be checked.
Attachment A	Applicant’s Acknowledgement, Agreement and Consent	<input type="checkbox"/>	Required. “Attached/Yes” must be checked.
Attachment B	Applicant’s Consent to Release Information	<input type="checkbox"/>	Required. “Attached/Yes” must be checked.
Attachment C	Release of All Claims	<input type="checkbox"/>	Required. “Attached/Yes” must be checked.
Attachment D	Applicant’s Verification	<input type="checkbox"/>	Required. “Attached/Yes” must be checked.
Attachment E	Affidavit of Full Disclosure	<input type="checkbox"/>	Required. “Attached/Yes” must be checked.
	No staples or binders. Paperclips, rubberbands and binder clips only.	<input type="checkbox"/>	Required. “Attached/Yes” must be checked.
	Submit <u>complete</u> application to: Michigan Gaming Control Board Attn: Licensing and Investigations Division 3062 W. Grand Blvd., Suite L-700 Detroit, MI 48202	<input type="checkbox"/>	Required. “Attached/Yes” must be checked.