

Company Name	Applicant Name	Date

**BAY MILLS
GAMING COMMISSION**

**CORPORATE
PERSONAL HISTORY
RENEWAL
DISCLOSURE FORM**

*In Compliance with Standards and regulations
Of the Bay Mills Gaming Commission*

**12140 West Lakeshore Drive, Brimley, MI 49715
Phone (906) 248-3241 Fax (906) 248-3876**

INSTRUCTIONS FOR THE PERSONAL HISTORY RENEWAL DISCLOSURE FORM

This form is to be completed by any person who wishes to renew a Class III Vendor License and has previously submitted a Personal History Disclosure Form or is otherwise directed to do so by the BAY MILLS GAMING COMMISSION. Any person who has a direct or indirect financial interest in any purchase or lease agreement should complete this form. If a vendor is a publicly traded company, any person who owns 10% or more should complete this form. Print application (one sided) and answer every question.

Person who should complete this form include:

1. Affiliate
2. Officer
3. Director
4. Managerial Employees of the Applicant
5. Individual or Affiliated Company holding greater than 10% direct or indirect interest in Applicant.
6. Any person having a financial interest in any purchase or lease agreement.
7. Owner

All entries on this form, except signatures, must be typed or printed in ink. If your form is not legible, it will not be accepted.

Answer each question completely and truthfully. Do not leave any spaces blank. If a question does not apply to you or if you have nothing to disclose write either “does not apply” or “DNA”. If you need additional space to answer any question provide complete details on separate paper, attached to the end of the application, and labeled appropriately.

Initial each page of this form in the space provided after you have checked your answers and are sure they are complete and correct.

An application for gaming-related licenses must include a signed Release of Information and a signed Notice and Agreement. The Commission will not process an application without the release and agreement being signed.

The applicant is hereby advised that he/she is seeking the granting of a privilege and that the burden of proving qualification for a favorable determination is at all times on the applicant.

All applicants are advised that this Corporate Disclosure is an official document and misrepresentation or failure to reveal information may be deemed sufficient cause for the refusal or revocation of a contract or agreement and cause for possible criminal prosecution.

Attach a copy of the following documents to this form that have changed within the last year:

- a) Birth Certificate
- b) Social Security Card
- c) Drivers License or State Id
- d) Tribal Card if applicable
- e) Naturalization papers if applicable
- f) DD-214 if applicable
- g) Copies of Concealed Weapons Permits (CCWs)
- h) Copies of Gun Registration Certificates

The original Personal History Renewal Disclosure Form must be submitted to the BAY MILLS GAMING COMMISSION Compliance Department. We recommend that you keep a copy of this form for your records.

The information disclosed in the Personal History Renewal Disclosure Form shall include all changes that have occurred during the previous year or information that has not been disclosed on the previous year’s application.

If you require assistance in completing this application please contact the Bay Mills Compliance Department at Compliance@baymills.org or you may contact (906) 248-8533.

I. PERSONAL INFORMATION

Last Name: _____

First Name: _____

Middle: _____

Maiden name or other names used: _____

Sex: Male or Female

Telephone #: (_____) _____

Date of Birth: _____ Place of Birth: _____

Country of Citizenship: _____

Social Security Number: _____

Current Address: _____

Driver's License #: _____

Race: Native American, if checked, specify Tribal Affiliation: _____

White African American Hispanic Asian Other: _____

Languages spoken or written: English Other: _____

II. MARITAL INFORMATION

A. Marital Status:

Single: Divorced: Married: Widowed: Separated: Engaged:

B. Current Marriage Information:

Date of Marriage: _____ Place of Marriage: _____ State/County _____

Official: _____

C. Current Spouses full name:

Last Name : _____

First Name : _____

Middle : _____

Other names used : _____

Social Security Number : _____

Date of birth : _____

Current Residence : _____

Other Residence : _____

Telephone # : _____

D. Previous Marriage Information:

1. Last Name : _____
 First Name : _____
 Middle : _____
 Other names used : _____
 Social Security Number : _____
 Date of birth : _____
 Current Residence : _____
 Other Residence : _____
 Telephone # : _____
 Nature of Action: Divorce Annulment Legally Separated Widowed
 Date of Action : _____
 City, State/County : _____

III. FINANCIAL INFORMATION:

A. Please attach copies of the last year's personal income tax returns. Tax Returns Attached? Yes No
 If above is "No" - Please explain _____
 OR:

B. Please attach a current Personal Financial Statement / Net worth Statement. Financial Statement / Net worth Statement Attached?
 Yes No If above is "No" - Please explain _____

C. Please provide detail on all personal loans acquired in excess of \$10,000 that have not been otherwise disclosed. Include information regarding the loan provider(s), terms of the loan, current balance and maturity date that have not been previously disclosed.

Loan Provider	Term of Loan	Current Balance	Maturity Date

D. Please list all loans made to others in excess of \$10,000.00 that have not been otherwise disclosed. Include information regarding the loan recipient(s), terms of the loan, current balance and maturity date that have not been previously disclosed.

Loan Recipient	Term of Loan	Current Balance	Maturity Date

IV. RESIDENCES

List current and all residences you have not previously disclosed. Also, list a reference (i.e. landlord, roommate, neighbor, and family member) that was acquainted with you while at each residence.

1. _____
Street Address, City, State & Zip

From _____ to _____ Own: Rent:
Month/year Month/year

Reference: _____
Name

Reference Street Address, City, State & Zip

(_____) _____
Reference Telephone Number

2. _____
Street Address, City, State & Zip

From _____ to _____ Own: Rent:
Month/year Month/year

Reference: _____
Name

Reference Street Address, City, State & Zip

(_____) _____
Reference Telephone Number

3. _____
Street Address, City, State & Zip

From _____ to _____ Own: Rent:
Month/year Month/year

Reference: _____
Name

Reference Street Address, City, State & Zip

(_____) _____
Reference Telephone Number

V. FAMILY INFORMATION

List any additions to your family within the past year due to marriage and birth; parents, grandparents, children, brothers, and sisters including step, half, and in-laws.

Name	Relationship	Other Names Used	Address and Phone Number

Please list any other individual, not listed above, residing in your household whom you have not yet disclosed. Please provide their relationship to you. Please specify if they are directly or indirectly involved in Gaming:

Name	Relationship	Gaming Involvement	Comments

VI. EMPLOYMENT

A. Please provide all new positions held within the last year. Start with your current position.

Employer Name and Address Telephone Number	Supervisor Name and Telephone Number	Position/Responsibilities	Date From and To

Initial _____

B. Have you had any ownership or interest in any gaming business in the last year? Yes No If yes, please provide the information requested below:

Name of Tribe Address	Contact Person	Position/Responsibilities	Date

VII. TRIBAL ASSOCIATIONS

A. Have you had a non-employee business relationship with an Indian Tribe in the last year? Yes No. If yes, please provide the information requested below:

Name of Tribe Address	Contact Person	Position/Responsibilities	Date

B. Have you entered into any agreements between this Tribe or casino in any way subject to or condition upon any other agreement whatsoever in the last year? Yes No If yes, please provide the information requested below:

Tribal/Casino Reference Address and Phone Number	Agreement	Date	Comments

C. Have you made any agreements with any Bay Mills Indian Community Employee or Official in the past year? Yes No If yes, please provide the information requested below:

Tribal/Casino Reference Address and Phone Number	Agreement	Date	Comments

D. Has the enterprise entered into any unwritten agreements with the casino or the Tribe in the past year? Yes No If yes, please provide the information requested below:

Tribal/Casino Reference Address and Phone Number	Agreement	Date	Comments

E. Has the enterprise, any director, officer, partner or employee or any third party acting for or on behalf of the enterprise made any bribes or kickbacks to any Tribal employee/official, company or organization to obtain favorable treatment in the past year? Yes No If yes, please provide the information requested below:

Tribal/Casino Reference Address and Phone Number	Agreement	Date	Comments

VIII. ARRESTS, CONVICTIONS, OR CIVIL ACTIONS

A. Have you been arrested, detained, charged, convicted or summoned to answer for any criminal offense (misdemeanor or felony), for any reason whatsoever, regardless of the disposition of the event that has not been previously disclosed? Yes No. If yes, please provide the information requested below:

Name of Crime/ Charge	Police Agency Address/Telephone	Court Name/County Address/Telephone	Outcome (Guilty, dismissed, etc.)	Date of Disposition

B. Have you ever been involved, either as a plaintiff or as a defendant in any Civil Action has not been previously disclosed? Yes No If yes, please provide the information requested below:

Name of Case	Type of Action Case Number	Court Name/County Address/Telephone	Outcome	Date of Disposition

Initial _____

C. Have you ever filed for bankruptcy that has not been previously disclosed? Yes No If yes, please provide the information requested below:

Name of Case: _____

Case Number: _____

Type of Action: _____

Date of Action: _____

Court Name: _____

City and State

Outcome: _____

Comments: _____

D. Have you been turned over to a collection agency that has not been previously disclosed? Yes No If yes, please provide a brief description of the basis for the collection action taken against you below:

Comments: _____

IX. LICENSES

A. List ALL Gaming Licenses held or applied for below in the past year that has not been previously disclosed, if any:

Name and Address of Agency	Type of License	Date Granted	Date Denied	Expiration

B. List all Professional or Business licenses held or applied for below in the past year that has not been previously disclosed, if any:

Name and Address of Agency	Type of License	Date Granted	Date Denied	Expiration

C. Please list all Concealed Weapons Permits (CCWs) in the past year that has not been previously disclosed, if any:

Agency Name and Address	CCW Permit Number and Location	Restrictions and Expiration Date

D. Do you have any current Gun Registration Certificates in the past year that has not been previously disclosed? Yes No
 If yes: Please attach copies of these Certificates.

X. BUSINESS INFORMATION

Provide the name, address and brief description of all business interest in which you currently hold has not been previously disclosed, if any:

Name and Address of Business	Type of Business	Date

XI. MILITARY INFORMATION

A. Have you joined the Armed Forces within the past year? Yes No If yes, please provide the information requested below:

B. Branch _____ Location _____

C. Date of entry/active service _____ Date of separation _____

D. Type of discharge: _____ Reason for separation _____

E. Were you ever arrested for an offense which resulted in Summary Action, Special or General Court Martial? Yes No
 If yes, please describe the basis for this action: _____

F. Please attach a copy of your DD-214 discharge form.

RELEASE OF INFORMATION



I understand that the information I supplied in my Personal History Disclosure Form for an Vendor Gaming License will be used by the Bay Mills Gaming Commission to request any documents or other information required to completely investigate my background, including but not limited to, my criminal history record, civil litigation records, credit history, education, employment history, including personal references or any other information the Bay Mills Gaming Commission or their agents deems necessary. I authorize any information to be released to the Bay Mills Gaming Commission and agents thereof.

Company Name

Printed Name

Signature

Date

Witness

Date

Subscribed and Sworn to before me
this _____
day of _____, 20____,
at _____,
City State

Notary Public (Signature)

Printed Name

My Commission Expires: _____

NOTICE & AGREEMENT

1. I have read, and I understand the following false statement notice:

A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001)

2. I have read, and I understand the following Privacy Act notice:

In compliance with the Privacy Act of 1974, the solicitation of information on this form is authorized by 25 U.S.C. 2701 et seq. The purpose of the requested information is to determine the eligibility of individuals to be employed in a gaming operation. The information will be used by National Indian Gaming Commission members and staff who have need of the information in the performance of their official duties. The information may be disclosed to appropriate Federal, Tribal, State, local or foreign law enforcement and regulatory agencies when relevant to civil, criminal, or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe or the National Indian Gaming Commission in connection with the hiring and firing of an employee, the issuance or revocation of a gaming license, or investigations of activities while associated with a tribe or gaming operation. Failure to consent to the disclosures indicated in this notice will result in a tribe's being unable to hire you in a primary management official or key employee position. The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

3. I hereby swear that I will abide by all applicable laws, regulations and policies of the Bay Mills Indian Community and the United States.
4. I understand that my Vendor Gaming License will expire on an annual basis, and I understand it is my responsibility to submit a gaming license renewal form 60 days prior to expiration.
5. I understand and agree that failure to report any changes regarding my Personal History Disclosure Form and/or Renewal Application for a Vendor Gaming License may result in the suspension or termination of my Vendor Gaming License.
6. I hereby swear that I will submit to the jurisdiction of the Tribe and the Bay Mills Tribal Court
7. I agree to be photographed as part of my application.
8. I agree to be fingerprinted by a law enforcement agency.
9. I hereby swear that all of the information contained herein is true and correct to the best of my knowledge, information and belief and that I have withheld nothing.
10. I swear that neither myself, nor any member of my immediate family has a past or current financial interest, other than a salary interest, in any gaming-related enterprise anywhere. If the applicant has any relative who has such a relationship, the applicant shall fully disclose his name and the nature of the relationship.

Signature

Date

Witness

Date

FINANCIAL RECORDS DISCLOSURE AUTHORIZATION

TO ANY FINANCIAL INSTITUTION:

I authorize and direct you to disclose any and all records, and to deliver true copies thereof, concerning or pertaining in any way to me or my company to the BAY MILLS GAMING COMMISSION, its authorized agent or representative. This disclosure is authorized for investigative purposes concerning any civil, administrative, or criminal action, which may be undertaken by the BAY MILLS GAMING COMMISSION concerning me or any other person or business. Further, I authorize and direct you to honor a true copy of the original of this authorization as if the copy were the original itself.

INTEREST HOLDERS:

List on a separate sheet all holding companies, business organizations, or other entities, which hold any financial interest in this company. Include persons and/or companies, which have liens or other financial interest, caused by company debt.

NOTICE TO CUSTOMER:

I understand that I may revoke this authorization at any time in writing. Any such revocation shall be sent to the Office of the BAY MILLS GAMING COMMISSION, certified mail, return receipt requested.

EXECUTED this _____ day of _____ 20_____.

Applicant's Signature

Print Name

Applicant's Title

Business Address: _____

Subscribed and sworn to before me
this _____
day of _____, 20____,
at _____,
City State

Notary Public (Signature)

Print Name

(SEAL)

My Commission Expires: _____

Initial _____

SWORN STATEMENT AND DEPOSITION

State of _____)

)ss.

Country of _____)

I, _____, being duly sworn, depose and say that I have read the above statements, documents, and information. They are true and correct to the best of my knowledge and belief. Further, this statement is executed with the knowledge that misrepresentation or failure to disclose information in the above disclosure may be deemed sufficient cause for the refusal by the BAY MILLS GAMING COMMISSION to issue a license to allow me or any business with which I am employed or affiliated to do business with gaming facilities within its jurisdiction. Further, that I am aware that later discovery of an omission or misrepresentation made in the above statements, documents or information may be grounds for the cancellation of any existing license. I am voluntarily submitting this disclosure under oath.

Signature

Printed Name

Title

I, _____ do hereby certify that I have prepared this document on behalf of the vendor/company/applicant. That I hereby attest that the information provided is true, accurate, and complete to the best of my knowledge.

Signature

Printed Name

Title

Business Address:

Telephone Number: _____

Subscribed and sworn to before me
this _____
day of _____, 20____,
at _____,
City State

Notary Public (Signature)

Printed Name

My Commission Expires: _____

Initial _____