

Company Name	Applicant Name	Date

**BAY MILLS  
GAMING COMMISSION**

**CORPORATE  
PERSONAL HISTORY  
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 DISCLOSURE FORM**

This form is to be completed by any person who wishes to obtain a Class III Vendor License 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:

- 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 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.

**If you require assistance in completing this application please contact the Bay Mills Compliance Department at [Compliance@baymills.org](mailto: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: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

List all States where Drivers Licenses were obtained for the past ten (10) years: \_\_\_\_\_

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 three (3) years 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. Include information regarding the loan provider(s), terms of the loan, current balance and maturity date.

Loan Provider	Term of Loan	Current Balance	Maturity Date

D. Please list all loans made to others in excess of \$10,000.00. Include information regarding the loan recipient(s), terms of the loan, current balance and maturity date.

Loan Recipient	Term of Loan	Current Balance	Maturity Date

Initial \_\_\_\_\_


**IV. RESIDENCES**

List all residences you have had since your 18<sup>th</sup> birthday. Also, list a reference (i.e. landlord, roommate, neighbor, or 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 the names and addresses of your 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. Please provide their relationship to you. Please specify if they are directly or indirectly involved in Gaming:

Name	Relationship	Gaming Involvement	Comments

**VI. REFERENCES**

List three personal references that are not related to you:

Name and Address	Telephone (Day) Telephone (Night)	Relationship	Comments

**VII. EMPLOYMENT**

A. Please provide all positions held since your 18<sup>th</sup> birthday. Start with your current position.

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

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

Name of Tribe Address	Contact Person	Position/Responsibilities	Date

**VIII. TRIBAL ASSOCIATIONS**

A. Have you ever had a non-employee business relationship with an Indian Tribe?  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 and casino in any way subject to or conditioned upon any other agreement whatsoever?  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?  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?  Yes  No If yes, please provide the information requested below:

Tribal/Casino Reference Address and Phone Number	Agreement	Date	Comments

E. During the last 10-year period, has the enterprise, any director, officer, partner or employee or any third party acting for or on behalf of the enterprise made any bribes or kickbacks to any Tribal employee/official, company or organization to obtain favorable treatment?  Yes  No If yes, please provide the information requested below:

Tribal/Casino Reference Address and Phone Number	Agreement	Date	Comments

**IX. ARRESTS, CONVICTIONS, OR CIVIL ACTIONS**

A. Have you ever 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?  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?  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

C. Have you ever filed for bankruptcy?  Yes  No

Name of Case: \_\_\_\_\_

Case Number: \_\_\_\_\_

Type of Action: \_\_\_\_\_

Date of Action: \_\_\_\_\_

Court Name: \_\_\_\_\_

\_\_\_\_\_  
City and State

Outcome: \_\_\_\_\_

Comments: \_\_\_\_\_

D. Within the past 7 years, have you ever been turned over to a collection agency?  Yes  No

Comments: \_\_\_\_\_

**X. LICENSES**

A. List ALL Gaming Licenses held or applied for below:

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

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B. List all Professional or Business licenses held or applied for below:

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

C. Please list all Concealed Weapons Permits (CCWs).

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

D. Do you have any current Gun Registration Certificates?  Yes  No If yes: Please attach copies of these Certificates.

**XI. BUSINESS INFORMATION**

Provide the name, address and brief description of all business interest in which you currently hold, or have held within the last five (5) years.

Name and Address of Business	Type of Business	Date

**XII. MILITARY INFORMATION**

A. Have you ever served in the Armed Forces? Yes  No  If yes, please provide answers to the following:

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, furnish details: \_\_\_\_\_

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



## 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 affirm 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 affirm 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 affirm 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 affirm that neither I, nor any member of my immediate family, have 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 \_\_\_\_\_ )  
Country of \_\_\_\_\_ ) ss.

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 \_\_\_\_\_