

VENDOR INTENT FORM

Submit to:

Bay Mills Gaming Commission Compliance Department

Ellen Marshall Building, LL Floor

Phone (906) 248-3241 Fax (906) 248-3876

Extensions 8530, 8531, 8532 or 8533

Company Name: _____

Duns ID: _____ FEIN/Tax ID: _____ Corp. ID: _____

Physical Address: _____ Mailing Address: _____

Please list the current, previous, or expected services/goods you provide: _____

Do or have you obtained a vendor/supplier license from any other jurisdiction or state?
Yes, list: _____

Are you personally affiliated with any Bay Mills Tribal Member or Bay Mills Indian Community Employee?
Yes, name: _____

Do you currently do business with Bay Mills Indian Community or entities? YES or NO

Have you ever done business with Bay Mills Indian Community or entities? YES or NO

Who is your Bay Mills Resort & Casinos Contact? _____

Company Contact Information:

Name: _____ Title: _____

Phone: _____ Email: _____

For Compliance Use Only:

Does the Vendor Require a Class III Vendor License? _____ Yes _____ No
If yes, date approved: _____
Gaming Commission official: _____