



# Saginaw Chippewa Indian Tribe Of Michigan

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Department of Licensing  
And Compliance

7500 Soaring Eagle Blvd  
Mt. Pleasant, MI 48858

Tel. 989-775-5700  
Fax. 800-798-3007

## Non-Gaming Vendor License

In order to qualify for a Non-Gaming Vendors license, the Saginaw Chippewa Gaming Commission requires the following documents to be completed and submitted in order to process the application.

1. Corporate Vendor Disclosure Form
2. Personal History Disclosure Form. One must be completed for each principal/key person in the corporation. Principals including officers and Board of Directors of the business entity, control persons, owners and stockholders owning 30% or more.
3. A wallet sized photograph of each principal must be submitted with the Personal History Disclosure Form.
4. All applications and authorizations must be completely signed, initialed, and notarized appropriately.
5. License fees must be included with the applications.
6. Copy of any contracts made with the Saginaw Chippewa Indian Tribe.
7. Copy of vendor/supplier licenses granted in Michigan, and/or Nevada.
8. Please copy last two pages for a total of three references required. All three must be completed by the references and returned with the application

Fees for a Non-Gaming Vendor Licenses are as follows:

1. \$500.00 for the business entity/corporation
2. \$250.00 for each principal, partners, or control person and anyone owning more that 30% of the company.

A check or money order for the appropriate fees should be made out and sent to: Saginaw Chippewa Indian Tribe. If there should be a need for any additional investigation, you will be contacted and a fee structure will be discussed.

If you have any questions regarding these materials or the licensing process, please feel free to call (989) 775-5700, Monday through Friday 8:00-5:00 p.m. EST.

# NOTICE TO APPLICANTS

## AUTHORITY:

Under the authority granted to the Saginaw Chippewa Gaming Commission by the Indian Gaming Regulatory act, the Tribal/State Compact, Saginaw Chippewa Gaming Code, Gaming Commission Policy and Procedures. The Saginaw Chippewa Gaming Commission is the sole licensing authority for the Tribe.

## PURPOSE:

To protect the tribe, employees, patrons, and the public by ensuring that gaming facilities remain free from criminal activities and corruptive elements. The required information is used to determine the suitability of the applicant on whether or not to be licensed as a vendor.

## BURDEN OF PROOF:

An applicant is seeking the granting of a privilege. The burden of proving the applicant's information is at all times on the applicant.

## DISCLOSURE OF INFORMATION:

An applicant may be subject to denial or other action for failing to provide all information, documentation, and assurances as required or requested, or failing to reveal any material facts, or providing misleading or untrue information. The Gaming Commission reserves the right to request additional information at any time.

The Gaming Commission reserves the right to utilize an outside court retriever.

## WAIVER OF CLAIM FOR DAMAGES:

An applicant accepts any risk of adverse reaction, financial loss, or public notice which may result from any action taken with respect to an application. By filing an application, an applicant expressly waives any claim for damages as a result of any action taken with respect to that application.

## WITHDRAWAL OF AN APPLICATION:

An Application may not be withdrawn without the permission of the Gaming Commission.

## NOTICE REGARDING FALSE STATEMENTS:

In signing this application, I understand that false or misleading statements on any part of the application may be grounds for denial or revocation of a Gaming License.

**USE OF INFORMATION PROVIDED ON APPLICATION:**

The information is requested to determine the eligibility of individuals/entities to do business with the tribal gaming operation. The information will be used by the Gaming Commission and staff in performing their official duties. The information may be disclosed to the appropriate federal, tribal, state, local, or foreign law enforcement and regulatory agencies when relevant to civil, criminal, or regulatory investigation or prosecutions, or when pursuant to a requirement by the Gaming Commission in connection with issuance or revocation of a gaming license, or investigation of activities while associated with the Tribe or the Tribal gaming operation. Failure to consent to the disclosures requested in this application may result in the Tribe being unable to do business with you and your company. **The Gaming Commission reserves the right to utilize an outside court retriever.**

**CONFIDENTIALITY STATEMENT:**

**All employees of the Saginaw Chippewa Indian Tribe are required to sign a confidentiality statement to protect all entities involved. All personal information is kept confidential within the Gaming Commission.**

**LICENSE FEES:**

The level of fees for issuance of a gaming license, and the payment of such fees, shall be in accordance with tribal regulations. In addition to the application fees, the applicant will be billed for any additional costs incurred by the Gaming Commission during the course of the background investigation.

**SPECIAL INSTRUCTIONS:**

- Each question **must** be answered.
- Applicant must initial each page and all attachments are signed and dated.
- Please type or print all answers. Do not use pencil. Failure to do so will cause delays and/or denial of your application.
- If needed, attach additional documents or explanation sheets.
- All required attachments and lists must be submitted with the application and be legible.
- Application fees must be submitted with the application and the check or money order made payable to "The Saginaw Chippewa Indian Tribe"
- **Any changes to the application may render the application null and void.**

**WHO SHOULD COMPLETE AN APPLICATION:**

All Principals/Key persons of vendors providing goods or services to the Tribal gaming operation should complete the license application. For the purpose of this application, "Principals/Key persons" include (i) each of its officers and members on the Board of Directors; (ii) each of its principal management employees, including any Chief Executive Officer, Chief Financial Officer, Chief Operating Officer or their respective equivalents, or general managers; and (iii) each of its substantial owners who own more than 15% of the shares of the corporation for a gaming vendor and 30% of the shares of the corporation for a non-gaming vendor.

Any business which holds 10% or more interest in this company.

**Attach a copy of the following documents to this form:**

- A. Birth Certificate
- B. Social Security Card
- C. Drivers License
- D. Tribal Card (if applicable)
- E. Appropriate alien registration (if not a U.S. Citizen) or work visa
- F. DD-214 (if applicable)

All persons completing this Personal History Disclosure Form must submit a recent wallet-size photograph with the application.

The original Personal History Disclosure Form must be submitted to the Saginaw Chippewa Gaming Commission Vendor Licensing Department. We recommend that you keep a copy of this form for your records.

**NOTICE TO  
VENDOR LICENSEES**

The purpose of this notice is to advise that all applicants for vendor licenses are individually checked for criminal convictions, as well as, credit history.

Do not misstate or omit any material facts, as each statement made herein is subject to verification.

Your failure to truthfully disclose any such convictions, either for yourself or your spouse, may result in the denial of a vendor license.

Similarly, your failure to provide all of the details of ANY criminal charge and/or convictions, such as the date of the charge/conviction, the offense of which you were convicted, the Court location where you were convicted, and the disposition made by the Court in your case (i.e. case dismissed, 30 days, \$50.00 fine, probation, etc.) will also be cause for the denial of a vendor license.

Any falsification, omission, or untruthful answer to any question on the application will result in the denial of a vendor license.

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**Signature**

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**Date**

**I. PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle: \_\_\_\_\_ Maiden name or other names used: \_\_\_\_\_

Sex: Male or Female

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ List all States where Drivers Licenses were  
Obtained for the past ten (10) year \_\_\_\_\_.

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Race: \_\_\_\_\_ Native American, if checked, specify Tribal Affiliation: \_\_\_\_\_

\_\_\_\_\_ White \_\_\_\_\_ African American \_\_\_\_\_ Hispanic

\_\_\_\_\_ Asian \_\_\_\_\_ Other: \_\_\_\_\_

Languages spoken or written:

\_\_\_\_\_ English

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

**II. MARITAL INFORMATION**

**A. Status:**

Single \_\_\_\_\_ Divorced \_\_\_\_\_

Married \_\_\_\_\_ Widowed \_\_\_\_\_

Separated \_\_\_\_\_ Engaged \_\_\_\_\_

**B. Current Marriage:**

Date: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Spouses Full Name:

Maiden Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Other Names Used: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Residence: \_\_\_\_\_  
Street Address City State Zip

Telephone Number: (\_\_\_\_\_)\_\_\_\_\_

**III. FAMILY INFORMATION**

List the names and addresses of your Parents, Grandparent, Children, Brothers, and Sisters, including Step, Half, and In-laws.

1. \_\_\_\_\_  
 Full Name Including Maiden Relationship

\_\_\_\_\_, \_\_\_\_\_  
 City State Zip

2. \_\_\_\_\_  
 Full Name Including Maiden Relationship

\_\_\_\_\_, \_\_\_\_\_  
 City State Zip

3. \_\_\_\_\_  
 Full Name Including Maiden Relationship

\_\_\_\_\_, \_\_\_\_\_  
 City State Zip

4. \_\_\_\_\_  
 Full Name Including Maiden Relationship

\_\_\_\_\_, \_\_\_\_\_  
 City State Zip

5. \_\_\_\_\_  
 Full Name Including Maiden Relationship

\_\_\_\_\_, \_\_\_\_\_  
 City State Zip

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 the business.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



**IV. Residences**

List all residences you have had for the last 10 years. Also list a reference (may be, but does not have to be, a landlord, roommate, neighbor, etc.) who was acquainted with you while at each residence.

1. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Street Address City State Zip

From: \_\_\_\_\_ To \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_  
 Month/Year Month/Year

Reference: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Last Name First Name Telephone Number

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Street Address City State Zip

2. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Street Address City State Zip

From: \_\_\_\_\_ To \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_  
 Month/Year Month/Year

Reference: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Last Name First Name Telephone Number

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Street Address City State Zip

3. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Street Address City State Zip

From: \_\_\_\_\_ To \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_  
 Month/Year Month/Year

Reference: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Last Name First Name Telephone Number

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Street Address City State Zip

If more space is needed use the continuation sheet.

**V. REFERENCES**

List three personal references who are not related to you:

1. \_\_\_\_\_  
 Last Name First Name Residential Telephone Number

\_\_\_\_\_  
 Residential Street Address City State Zip

\_\_\_\_\_  
 Business Address City State Zip

\_\_\_\_\_  
 Business Telephone and/or Fax Number

2. \_\_\_\_\_  
 Last Name First Name Residential Telephone Number

\_\_\_\_\_  
 Residential Street Address City State Zip

\_\_\_\_\_  
 Business Address City State Zip

\_\_\_\_\_  
 Business Telephone and/or Fax Number

3. \_\_\_\_\_  
 Last Name First Name Residential Telephone Number

\_\_\_\_\_  
 Residential Street Address City State Zip

\_\_\_\_\_  
 Business Address City State Zip

\_\_\_\_\_  
 Business Telephone and/or Fax Number

**VI. Employment**

Start with your current employer, list all jobs held during the past 5 years. If you were an employee of an Indian Tribe (including Indian Gaming) or any previous gaming related employment, please provide all positions held since your 18<sup>th</sup> birthday.

1. \_\_\_\_\_  
 Company Name \_\_\_\_\_ Position Held \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Month/Year Month/Year

2. \_\_\_\_\_  
 Company Name \_\_\_\_\_ Position Held \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Month/Year Month/Year

3. \_\_\_\_\_  
 Company Name \_\_\_\_\_ Position Held \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Month/Year Month/Year

4. \_\_\_\_\_  
 Company Name \_\_\_\_\_ Position Held \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Month/Year Month/Year



**VII. FINANCIAL INFORMATION**

A. Please attach copies of the last three (3) years personal income tax returns.

Tax Returns Attached? Yes \_\_\_\_\_ No \_\_\_\_\_

If above answer is No, Please explain \_\_\_\_\_

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B. Please attach a current Personal Financial Statement / Net Worth Statement.

Financial Statement / Net Worth Statement Attached? Yes \_\_\_\_\_ No \_\_\_\_\_

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.

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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.

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

A. Have you ever been arrested, detained, charged, indicted, convicted or summoned to answer for any gambling related offense, fraud, misrepresentation or a felony theft crime for any reason whatsoever, regardless of the disposition of the event? \_\_\_\_\_ Yes \_\_\_\_\_ No.

1. Charge: \_\_\_\_\_

Court Name: \_\_\_\_\_ City and State: \_\_\_\_\_

Outcome: \_\_\_\_\_ (State if convicted, dismissed, nolle prosequi, expunged, delay of sentence, youthful trainee act)

Date of Final Disposition: \_\_\_\_\_ (If needed add attachments)

B. Have you ever been involved, either as a plaintiff or as a defendant in any Civil Action? \_\_\_\_\_ Yes \_\_\_\_\_ No

1. Action: \_\_\_\_\_ Date of Action: \_\_\_\_\_

Court Name: \_\_\_\_\_ City and State: \_\_\_\_\_  
(If needed add attachment)

C. Have you ever filed for bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No

1. Case Number: \_\_\_\_\_ Judgment: \_\_\_\_\_

Court Name: \_\_\_\_\_ City and State: \_\_\_\_\_

Within that past five years, have you ever been turned over to a collection agency? \_\_\_\_\_ Yes \_\_\_\_\_ No

**IX. LICENSES**

A. List ALL Gaming Licenses held/denied or applied for as attachments.

B. Please list all Concealed Weapons Permit (CCWs).

\_\_\_\_\_ CCW Permit Number

\_\_\_\_\_ Permit Location

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



**REQUEST TO RELEASE INFORMATION**

Read each section carefully and initial each of the following statements. The committing official's signature on the bottom indicates agreement with statement.

I understand that the information supplied in the Corporate Disclosure Form will be used by the SAGINAW CHIPPEWA GAMING COMMISSION to request any documents or other information required to completely investigate the company's background, including but not limited to, criminal matters, credit history, or any other information the SAGINAW CHIPPEWA GAMING COMMISSION deems necessary. I authorize any information to be released from any originator or holder of such information to the SAGINAW CHIPPEWA GAMING COMMISSION. Further, it is understood and agreed to hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I/we ever had, now have, may have, or claim to have against the person to whom this request is presented or his agents or employees arising out of or by reason of complying with this request. \_\_\_\_\_ (Initial Here)

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request. \_\_\_\_\_(Initial Here)

I understand that a false statement on any part of this application is grounds for not granting a Vendor License (Gaming or Non-Gaming), or for revoking any Vendor License (Gaming or Non-Gaming) granted by the SAGINAW CHIPPEWA GAMING COMMISSION. I also understand that making a false statement may be punishable by fine or imprisonment under 18 U.S.C. 1001. \_\_\_\_\_(Initial Here)

I hereby swear that the Company will abide by all application laws, regulations and policies of the SAGINAW CHIPPEWA GAMING COMMISSION and the United States. \_\_\_\_\_(Initial Here)

I hereby swear that all of the information contained herein is true and correct to the best of my knowledge, and that nothing has been withheld. \_\_\_\_\_(Initial Here)

I understand that a Vendor License (Gaming or Non-Gaming) expires on an annual basis; therefore, I agree to update the Corporate Disclosure Form on an annual basis. \_\_\_\_\_(Initial Here)

I understand and agree that failure to report any changes regarding the Corporate Disclosure Form may result in the suspension or termination of the Vendor License (Gaming or Non-Gaming). \_\_\_\_\_(Initial Here)

A reproduction of this request by the Xerox or Similar process shall be for all intents and purposes as valid as the original. \_\_\_\_\_(Initial Here)

\_\_\_\_\_  
Committing Official Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Committing Official Printed Name

\_\_\_\_\_  
Committing Official's Position

\_\_\_\_\_  
Company Name

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 to the undersigned business to any law enforcement officer of the SAGINAW CHIPPEWA GAMING COMMISSION, the Office of the SAGINAW CHIPPEWA GAMING COMMISSION, or their authorized agent. Disclosure is authorized for any civil, administrative, or criminal action which may be undertaken by the SAGINAW CHIPPEWA GAMING COMMISSION on against 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 may 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 SAGINAW CHIPPEWA GAMING COMMISSION, certified mail, return receipt requested.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Applicant's Title

Subscribed and sworn to before me  
this \_\_\_\_\_

day of \_\_\_\_\_

at \_\_\_\_\_, \_\_\_\_\_  
City State

\_\_\_\_\_  
Notary Public (Signature)

\_\_\_\_\_  
Print Name

(SEAL)

My Commission Expires: \_\_\_\_\_

**CONSENT TO DISCLOSURE OF  
TAX INFORMATION**

I authorize the Internal Revenue Service to disclose any of my returns and return information, as those terms are defined in section 610(b) of the Internal Revenue Code, of the tax year(s) listed below, to any law enforcement officer of the SAGINAW CHIPPEWA GAMING COMMISSION, the office of the SAGINAW CHIPPEWA GAMING COMMISSION or their authorized agent.

I also authorize the Internal Revenue Service to disclose this information to any person to the extent the Internal Revenue Service deems necessary to clarify any matter pertaining to this information that is published, discussed, or otherwise disseminated in the public record.

I am aware that without this authorization, my returns and return information are confidential and are protected by law under the Internal Revenue Code.

Taxpayer's Name

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(Please Print)

Social Security Number \_\_\_\_\_

Address: \_\_\_\_\_

Tax Year(s) Waived: \_\_\_\_\_ through \_\_\_\_\_,  
Inclusive ( 5 years ago today) (today's date)

Taxpayer's Signature:

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Date: \_\_\_\_\_

NOTE: Treasury Regulations require that the Internal Revenue Service must receive your consent within 60 days following the date on which you sign and date the consent.

# Saginaw Chippewa Indian Tribe Of Michigan



Department of Licensing  
And Compliance

7500 Soaring Eagle Blvd  
Mt. Pleasant, MI 48858

Tel. 989-775-5700  
Fax. 800-798-3007

Re: Vendor License Application with the Soaring Eagle Casino and Resort

Name of Applicant: \_\_\_\_\_

Company Name of Applicant: \_\_\_\_\_

The above listed individual is applying for a Vendor License with the Soaring Eagle Casino and Resort.

They have provided your name as a personal reference. ***Your response is very important. The applicant's company will not be licensed to do business without your response.***

Please answer the following questions:

1. What is your relationship to this person (how do you know them)?
2. How long have you known the subject?
3. Please describe the subject's character.
4. Can you comment on the subject's honesty and why you believe this?
5. How would you describe the subject's business practices and can you offer an example?

6. If you were in a position to enter into a business arrangement with the subject, would you? Why or why not?
  
7. Can you describe the subject's lifestyle (outgoing / introverted / fun loving, etc.)?
  
8. Is the subject involved with any outside organizations, associations, or clubs?  
If yes, please describe:
  
9. How would you describe the subject's financial responsibility?
  
10. Can you describe the subject's use of alcohol or drugs?
  
11. In order to complete the reference section of this investigation, we would like at least one or two more references who know the subject. Please note anyone who might be able to assist in the applicant's licensing process.

Name: _____	Name: _____	Name: _____
Office Phone: _____	Office Phone: _____	Office Phone: _____
Home Phone: _____	Home Phone: _____	Home Phone: _____

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Applicant	Reference Name	Signature	Date
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Please sign, date, and return this document in the self-addressed envelope provided. As an option you may fax it toll free to 800-798-3007 or call me toll free at 800-746-2157 Monday through Friday between the hours of 8 AM and 5 PM EST. All information is kept strictly confidential and

your prompt response will expedite the licensing process. Thank you for your time and consideration in this matter.