



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

Gaming Vendor License

In order to qualify for a Gaming Vendor 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 submitted for each of the principal/key persons in the corporation. Principals include Officers and Board of Directors of the business entity, control persons, owners, and stockholders owning more than 15%.
3. A wallet-sized photograph of each principal must be submitted with the Personal History Disclosure.
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 or similar licenses granted in all jurisdictions including 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

The application fee for an initial Gaming Vendor license with the Tribe is based on \$1,000.00 for the business entity and \$1,000.00 for each principal, partner, control person and anyone with 15% or more ownership.

The check or money order should be made payable to **The “Saginaw Chippewa Indian Tribe”**. These fees are non-refundable.

If there should be a need for any additional investigation, you will be contacted and a fee structure will be discussed.

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

Thank You

Saginaw Chippewa Gaming Commission



Vendor Personal History Disclosure Form

2013

Company Name

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.

Initial Page Here _____

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.

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**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.

Signature

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: (_____) _____

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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.

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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

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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 18th 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

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If you had, an ownership or directorship interest in any gaming business, provide the following:

1. _____
Name of the Gaming Business Position Held Date Employment began and ended

Street Address City State Zip

Describe your responsibilities and ownership interest:

Have you ever had a non-employee business relationship with an Indian Tribe? _____ Yes _____ No

If Yes:

Name of the Tribe Type of relationship

Tribal reference Telephone Number

Street Address City State Zip

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 _____

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.

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.

Initial Page Here _____

X. BUSINESS INFORMATION

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

1. _____
Company Name Type of business

Street Address City State Zip

2. _____
Company Name Type of business

Street Address City State Zip

(If needed add attachment)

XI. MILITARY INFORMATION

A. Have you ever served in the Armed Forces? _____ Yes _____ No

B. Branch _____ Location _____

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

D. Type of discharge: _____ Reason for separation: _____

E. While in the military 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.

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

Witness Signature

Date _____

Initial Page Here _____

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: _____

Initial Page Here _____

**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

(Please Print)

Social Security Number _____

Address: _____

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

Taxpayer's Signature:

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.

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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: _____

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.