



# Saginaw Chippewa Indian Tribe Of Michigan

---

Department of Licensing    7500 Soaring Eagle Blvd    Tel. 989-775-5700  
And Compliance            Mt. Pleasant, MI 48858       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.

# Saginaw Chippewa Gaming Commission



## Vendor Corporate 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.

# VENDOR APPLICATION

## 1. Business Identity

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

Business Address \_\_\_\_\_

\_\_\_\_\_

Business Telephone \_\_\_\_\_

Business Fax \_\_\_\_\_

Contact Person \_\_\_\_\_

Trade Names Used \_\_\_\_\_

Other names by which company is known: \_\_\_\_\_

\_\_\_\_\_

Federal tax number \_\_\_\_\_

Provide name and address of the registered agent or primary contact person authorized to accept notice, subpoenas, summons, and other legal documents.

\_\_\_\_\_

## 2. Company Type

Indicate whether the business is a:

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Other \_\_\_\_\_

## 3. Incorporation/Organization

If the business is a corporation, complete the following:

(a) State of Incorporation \_\_\_\_\_ Date incorporated \_\_\_\_\_

(b) List other states or jurisdictions where incorporated, or filed with state corporations divisions:

\_\_\_\_\_

\_\_\_\_\_

(c) Date of qualification to do business in the State of Michigan? \_\_\_\_\_

(d) Please attach a certified copy of the Articles of Incorporation, Bylaws, Partnership Agreement, or other business structures.

4. If the business is a sole proprietorship, partnership, or other form of business structure, complete the following:

(a) State where registered or qualified to do business:

(b) Date of qualification to do business in the State of Michigan:

**Please attach a copy of the partnership agreement or any other agreement to do business**

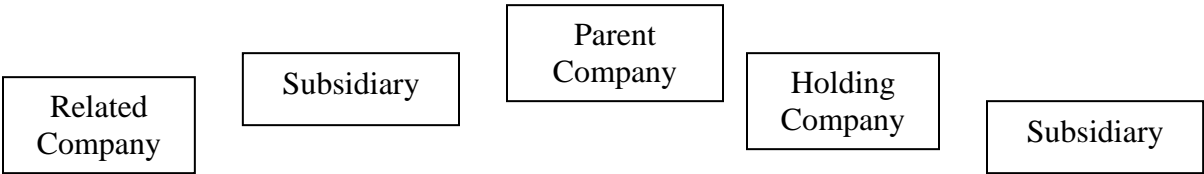
**5. SUBSIDIARY AND INTERMEDIARY COMPANIES**

On a separate page, List all parent, intermediary companies, subsidiary companies, and related corporations or business entities, including company name, address, business telephone, company head, and description of the business or enterprise.

**6. BUSINESS ORGANIZATION CHART**

Attach a diagram of business relationships (refer to example) which depicts direct and indirect business relationships between the vendor and parent companies, holding companies, any interest holder of 10% or more, subsidiary companies, and related companies or business entities.

**EXAMPLE CHART**



7. Describe the type of business this company conducts and include information regarding the equipment, goods and services that will be provided or supplied to the Saginaw Chippewa Indian Tribe.

---



---



---



---



---



---



---



---

8. What date did company or corporation come under present ownership? \_\_\_\_\_

- (a) Were there any previous owners of this company or corporation?  
YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES: List names and capacity.

- (b) Do any of the past owners or officers (listed or undisclosed) now own any share of the present company?  
YES \_\_\_\_\_ NO \_\_\_\_\_

- (c) Are any of the past owners or officers now employed by this company or used as consultants, management contracts, or in any other capacity?  
YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES: List names and capacity.

---

---

**9. GAMING/GAMBLING LICENSES, GOODS AND SERVICES**

Has this company ever held or does it now hold any gambling or gaming license or permit in any jurisdiction?

YES \_\_\_\_\_ NO \_\_\_\_\_

- (a) IF YES, **list** the license or permit type, license number (if applicable), jurisdiction, regulatory agency, agency address, agency contact person, agency telephone, date of licensing or permit, and license status, on a separate page.
- (b) **If any gaming license has been revoked, suspended or denied, provide complete details.**
- (c) List all states or places where your company contracts to supply gaming goods or services and to whom those goods or services are provided.

**10. STOCKHOLDERS/PARTNERS**

Is this company a PUBLICLY TRADED CORPORATION:

YES \_\_\_\_\_ NO \_\_\_\_\_

If No: **Attach a complete list** of all officers, directors, and stockholders/partners showing each person’s full name and address and the number of shares/interest held of record by each. Attach a completed PERSONAL HISTORY DISCLOSURE FORM for every stockholder or partner.

If YES: **Attach a complete list** of all names and addresses of any person or business known to the corporation to beneficially own fifteen percent (15%) or more of such securities and the number of shares owned by each.

**A PERSONAL HISTORY DISCLOSURE FORM is required to be completed for any person holding 15% or more interest for a gaming vendor and 30% or more interest for a non-gaming vendor.**

**A CORPORATION DICLOSURE FORM is required to be completed for any business which holds 10% or more interest in this company.**

**11. PRINCIPALS/KEY PERSONS**

List all PRINCIPALS/KEY PERSONS (corporate officers, directors, partners, key employees, and management contractors); also, list all stockholders owning 15% or more in this company. List full name, title, residence address, date of birth, and social security number.

If the listed person is a PRINCIPAL/KEY PERSON, and greater than 15% stockholder of any related corporation or business entity, circle “other” and attach a separate page detailing the identity, location, and nature.

A “related corporation or business entity” means any corporation or business entity:

1. Which is wholly or partially owned by the applicant;
2. Which is wholly or partially owned by a corporation or business entity or
3. Which is wholly or partially owned by a corporation or business entity which is owned in whole or in part by the applicant?

Name (Last)	(First)	(MI)	(Title)
Address	(City/State)	D.O.B	SSN
Other: _____			



Name (Last)	(First)	(MI)	(Title)
Address	(City/State)	D.O.B	SSN
Other: _____			

Name (Last)	(First)	(MI)	(Title)
Address	(City/State)	D.O.B	SSN
Other: _____			

Name (Last)	(First)	(MI)	(Title)
Address	(City/State)	D.O.B	SSN
Other: _____			

Initial Page Here \_\_\_\_\_

**12. HOLDING COMPANIES/OTHER INTEREST HODERS**

LIST all holding companies, business organizations, other entities, or individuals which hold any financial interest in this company. Include companies which have liens or other financial interest caused by company debt.

LOANS MADE BY THE BUSINESS: On a separate page, list any persons or businesses which have been loaned monies, equipment, or assets by this company. List the entity name, address, date of loan, amount or asset loaned, reason for such loan, and loan status.

The business location or property is \_\_\_\_\_ owned, \_\_\_\_\_ rented, \_\_\_\_\_ Leased, or \_\_\_\_\_ Other by the applicant. List the mortgage holder (if Owned) including the terms of the mortgage and attach a copy of the contract.

**13. PRINCIPALS/KEY PERSONS WHO ARE OR HAVE BEEN TRIBAL EMPLOYEES**

List all principals/key persons who are or have been tribal employees, showing their names, position or title, and state agency employer on a separate page. None \_\_\_\_\_

**14. PRINCIPALS/SUBCONTRACTORS WHO ARE IMMEDIATE FAMILY MEMBERS OF TRIBAL EMPLOYEES.**

If a principal/key person or subcontractor of the business, or an employee of either is assigned to a tribal project, is an immediate family member of any tribal employee, or has a close personal relationship to any tribal employee, indicate each such person and Tribal employee.

<b>PERSON (VENDOR)</b>	<b>RELATIONSHIP</b>	<b>EMPLOYEE (TRIBE)</b>
------------------------	---------------------	-------------------------

---



---



---

**15. CRIMINAL INVESTIGATIONS**

Has the vendor, a subsidiary or intermediary company, parent company, holding company related corporation or business entity ever been the subject of a **GRAND JURY** or **CRIMINAL INVESTIGATION**?

YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, provide complete details as attachment(s).

**16. INDICTMENTS AND CONVICTIONS**

Has the vendor, a subsidiary, intermediary company, parent company, holding company related corporation or business entity or any control person in any of the preceding ever been the subject of a **INDICTED, ARRESTED OR CONVICTED** for any criminal offense?

YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, provide complete details as attachment(s).

**Initial Page Here** \_\_\_\_\_

**17. CIVIL ACTIONS**

Has the vendor, a subsidiary, intermediary company, parent company, holding company, related corporation, or business entity, or any control person in any of the preceding ever been involved in any civil lawsuit which was predicated in whole or in part upon conduct which allegedly constituted a crime or crimes?

YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, provide complete details as attachment(s).

**18. JUDGMENTS OR DECREES**

Has the vendor, a subsidiary, intermediary company, parent company, holding company, related corporation, or business entity, or any control person in any of the preceding, ever been the subject of any order, judgment, or decree of any court of competent jurisdiction permanently or temporarily enjoining it from, or otherwise limiting its participation in any type of business, practice or authority?

YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, provide complete details as attachment(s).

**19. FINANCIAL INFORMATION**

**Attach certifies copies** of the company’s FINANCIAL STATEMENTS for the past three (3) years as prepared by a certified public accountant. If you do not have your financial statements prepared by a certified public accountant, include copies of your corporate tax returns for the last three (3) years.

Copies of the past three (3) years financial statements attached.

YES \_\_\_\_\_ NO \_\_\_\_\_

List below all motor vehicles, boats, or planes that are owned or used by the business.

ITEM (cars, boats, planes, etc.)	LICENSE NUMBER	REGISTERED IN THE STATE OF:	REGISTERED OWNER
-------------------------------------	-------------------	--------------------------------	---------------------

**20.** List all persons, employees, consultants, sales agents, or other people involved in aiding the vendor efforts to do business with SAGINAW CHIPPEWA INDIAN TRIBE. Include full name, date of birth, and social security number.

Initial Page Here \_\_\_\_\_

## 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, revise, 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 \_\_\_\_\_

## 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: \_\_\_\_\_

**SWORN STATEMENT AND DEPOSITION**

State of \_\_\_\_\_ )  
 )ss.  
County of \_\_\_\_\_ )

I, \_\_\_\_\_, being duly sworn, depose and say that I have read the Vendor Corporate Disclosure Form and attachments. That 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 made in the Vendor Corporate Disclosure Form and attachments may be deemed sufficient cause for the refusal by the SAGINAW CHIPPEWA GAMING COMMISSION to grant a vendor license. Further, that I am aware that later discovery of an omission or misrepresentation made in the Vendor Corporate Disclosure Form and any attachments may result in the denial or suspension of any existing vendor license. Further, that I am voluntarily submitting this corporate disclosure form under oath.

Company President/CEO \_\_\_\_\_  
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 \_\_\_\_\_  
at \_\_\_\_\_, \_\_\_\_\_  
City State

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

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

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