



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

Gaming Vendor Renewal

A renewal form must be returned at least 30 days prior to the expiration of the current license. Failure to provide the necessary information or fees will result in the termination of the license.

A vendors license expires on September 30th of every year. In order to continue to do business with the Saginaw Chippewa Indian Tribe, the vendor is required to supply the Gaming Commission with the necessary documents to renew their license. These documents are:

1. Vendor Disclosure form (License Renewal)-to be completed and submitted in order to process the application.
2. Personal History Disclosure Form (License Renewal)-to be completed by any and all of the original principals, partners, control persons included in the original licensing application. (Make additional copies as necessary)
3. Personal History Disclosure Form-to be completed by any **New** principal, partner or control person, and anyone owning 15% or more of the company.
4. A wallet sized photograph of each principal, partners, or control persons and anyone owning 15% or more.

Renewal Fees for a Gaming Vendor License are as follows:

1. \$300.00 for the business entity
2. \$1,000.00 for each **New subsidiary, added after the original license issue.**
3. \$200.00 for each **renewing** principal, partner, control person and anyone owning 15% or more.
4. \$1,000.00 for each **New** principal, partner or control person and anyone owning 15% or more.
5. In the event that significant new information is disclosed since the last renewal/issue of the Gaming Vendor License, the rate will be adjusted based upon the investigation requirements. This rate will be discussed with the Vendor prior to the initiation of the investigation.

A check or money order for the appropriate fees should be made out and sent to: **Saginaw Chippewa Indian Tribe**. If you have any questions regarding these materials, please feel free to call (989) 775-5700 Monday through Friday, 8:00 a.m. to 5:00 p.m. EST.

If you do not wish to renew your license at this time, please notify us in writing. Thank You for your continued cooperation regarding licensing with the Saginaw Chippewa Gaming Commission.



PERSONAL HISTORY DISCLOSURE RENEWAL FORM

Name: _____
 First Name Middle Name Last Name Maiden Name(s)

Company Name: _____ Title: _____

Residence: _____
 Street Address City/State/Zip

Home Phone: (_____) _____ Work Phone: (_____) _____

For Questions 1 – 11, if you answer YES, submit a detailed statement with supporting documents as an Exhibit.

Since the submission of your most recent application or renewal:

	NO	YES
1. Has your address changed?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has your marital status changed?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been charged with a criminal offense?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you obtained any new licenses or had any permit, certification, or license (including driver's license), denied, suspended, restricted, revoked, or not renewed?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you filed for bankruptcy or been involved in any process to adjust, deter, suspend or otherwise work out payment of any debt?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you had any tax problems?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you or any family members obtained a financial ownership, right to ownership, or employment interest with any casino or supplier?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you been a party to any litigation?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you had any significant changes to your net worth? (Please provide a copy of your most recent income tax return)	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you had a complaint or other notice of pending disciplinary action from any jurisdiction or regulatory agency?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you failed to disclose any material events? If yes, submit a detailed statement.	<input type="checkbox"/>	<input type="checkbox"/>

AFFIDAVIT

I, _____, depose and state that I am the individual responsible for submitting this Personal History Disclosure Renewal Form and I swear (or affirm) that the information contained in this renewal is true, complete, and accurate to the best of my knowledge and belief.

Signature

Request To Release Information

Read each section carefully and initial each of the following statements. Your signature on the bottom indicates agreement with the statement.

I understand that the information I supplied in the Personal History Disclosure Form will be used by the SAGINAW CHIPPEWA GAMING COMMISSION to request documents or other information required to completely investigate my background, including but not limited to, my criminal record, civil and criminal judgments, credit history, education, employment 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, I/we do, for myself/ourselves, my/our heirs, executors, administrators, successors and assigns, 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 have read, and I understand and approve of the following Privacy Act notice:

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 25 USC 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 the National Indian Gaming Commission members and staff who have need for 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 of the Nation Indian Gaming Commission in connection with the hiring or firing of an employee, the issuance or revocation of a gaming license, or investigations of activities while associated with a tribe or a 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. _____ **(Initial here)**

I hereby swear that I will abide by all applicable 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 Personal History Disclosure Form on an annual basis. _____ **(Initial here)**

I understand and agree that failure to report any changes regarding the Personal History 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 Xerox or similar process shall be for all intents and purposes as valid as the original. _____ **(Initial here)**

Signature: _____ Date: _____

Printed Name: _____