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
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.

_________________________________________                                             _______________________
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  _______________________

Initial Page Here ______
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. __________________________, __________________________
   City          State         Zip
   Full Name     Including Maiden                                                                Relationship

2. __________________________, __________________________
   City          State         Zip
   Full Name     Including Maiden                                                                Relationship

3. __________________________, __________________________
   City          State         Zip
   Full Name     Including Maiden                                                                Relationship

4. __________________________, __________________________
   City          State         Zip
   Full Name     Including Maiden                                                                Relationship

5. __________________________, __________________________
   City          State         Zip
   Full Name     Including Maiden                                                                Relationship

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. 

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Residential Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residential Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Business Telephone and/or Fax Number

2. 

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Residential Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residential Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Business Telephone and/or Fax Number

3. 

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Residential Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residential Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 18th birthday.

1. **Company Name**  
   2. **Position Held**  
   3. **Telephone Number**  
   4. **Street Address**  
   5. **City**  
   6. **State**  
   7. **Zip**  
   8. **From**  
   9. **To**  
   10. **Month/Year**  
   11. **Supervisor Name**

2. **Company Name**  
   2. **Position Held**  
   3. **Telephone Number**  
   4. **Street Address**  
   5. **City**  
   6. **State**  
   7. **Zip**  
   8. **From**  
   9. **To**  
   10. **Month/Year**  
   11. **Supervisor Name**

3. **Company Name**  
   2. **Position Held**  
   3. **Telephone Number**  
   4. **Street Address**  
   5. **City**  
   6. **State**  
   7. **Zip**  
   8. **From**  
   9. **To**  
   10. **Month/Year**  
   11. **Supervisor Name**

4. **Company Name**  
   2. **Position Held**  
   3. **Telephone Number**  
   4. **Street Address**  
   5. **City**  
   6. **State**  
   7. **Zip**  
   8. **From**  
   9. **To**  
   10. **Month/Year**  
   11. **Supervisor Name**
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.

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
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 of as a defendant in any Civil Acton? ______ 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.
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

__________________________________________
Committing Official Printed Name

__________________________________________
Company Name

__________________________________________
Witness Signature

Date _________________

__________________________________________
Committing Official’s Position

Date _________________

Approved on 10/09/2008 by Gaming Commission
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 SAGINWA 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

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
__________________________________________________________________________

(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.
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*

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.