



State of Michigan  
Michigan Gaming Control Board  
Office of the Executive Director  
P.O. Box 30786  
Lansing, MI 48909  
Phone: (313) 456-4940  
Fax: (313) 456-3405  
Email: Millionaireparty@michigan.gov  
www.michigan.gov/mgcb

## MILLIONAIRE PARTY EVENT APPLICATION

For Board Use Only

**ALLOW 6 WEEKS FOR PROCESSING**  
**PLEASE PRINT OR TYPE IN BLUE OR BLACK INK**

1. Organization Name				2. Organization ID Number or Last License Number Issued	
3. Organization Street Address		City	State		
Organization Mailing Address		City	State	ZIP Code	County
4. Has your organization ever received a license for a bingo, millionaire party, raffle, charity game ticket, or numeral game? <input type="checkbox"/> Yes – Complete application and submit with the appropriate fee. <input type="checkbox"/> No – Please follow the instructions on the qualification guideline. If a guideline was not included or you do not understand it, contact our office at (313) 456-4100 to inquire as to what document must be submitted to qualify for licensing.					
5. Is your organization a candidate committee, political committee, political party committee, ballot question committee, independent committee, or any other committee as defined by, and organized pursuant to, the Michigan Campaign Finance Act 388 of the Public Acts of 1976, as amended, being sections 169.201 to 169.282 of the Michigan Compiled Laws?  <input type="checkbox"/> Yes <input type="checkbox"/> No			6. Has your organization received contributions or made \$500 or more in the last calendar year for the purpose of influencing or attempting to influence the action of voters for or against the nomination or election of a candidate, or the qualification, passage, or defeat of a ballot questions?  <input type="checkbox"/> Yes <input type="checkbox"/> No		

7. Provide name, title, home address, and telephone numbers for the PRINCIPAL OFFICER, e.g., president, grand knight, worthy matron, etc., and the vice president or equivalent and one other officer of the organization. SIGNATURE OF PRINCIPAL OFFICER REQUIRED – OR – signatures of the vice president or equivalent and one other officer. <b>NOTE: Executive Director signature not acceptable.</b>		
Name and Title	Street, City, State, ZIP Code	Telephone Numbers
Principal Officer		Day (     )
Title		Evening (     )
Signature of Principal Officer		Date

- OR -

Name and Title	Street, City, State, ZIP Code	Telephone Numbers
Vice President or Equivalent		Day (     )
Title		Evening (     )
Signature of Vice President or Equivalent		Date
Name and Title	Street, City, State, ZIP Code	Telephone Numbers
Other Officer		Day (     )
Title		Evening (     )
Signature of Other Officer		Date

By signing above, I CERTIFY that I am at least 18 years of age, the organization applying is a NONPROFIT organization, I have examined this application and there is no misrepresentation or falsification in the information stated or attached, and the facts underlying our original qualification status remain unchanged. I FURTHER CERTIFY that I am aware that false or misleading statements will be cause for rejection of this application or revocation of the right to obtain any future licenses and I AM AWARE OF AND AGREE TO the conditions of Act 382 of the Public Acts of 1972, as amended, and the rules and directives of the Michigan Gaming Control Board.

**PLEASE COMPLETE THE BACK OF PAGE OF THIS APPLICATION**  
**PLEASE MAKE A COPY OF THE COMPLETED APPLICATION FOR YOUR RECORDS**

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8. Contact Person				9. Millionaire Party Location (building name)					
Street Address Where License Should Be Mailed				Street Address					
City		State	ZIP Code	City		State		ZIP Code	
Telephone Number (Day) (      )		Telephone Number (Evening) (      )		Location ID Number			County		
10. Location is: (check one)  <input type="checkbox"/> Your Own  <input type="checkbox"/> Donated (no charge)  <input type="checkbox"/> Rented (submit rental agreement)				11. Gambling Equipment is: (check one)  <input type="checkbox"/> Your Own  <input type="checkbox"/> Rented – Supplier ID _____ Supplier Name _____  <input type="checkbox"/> Included in location rental agreement or donated (no charge). If donated, submit donated equipment agreement.					
12. List name, home address, and telephone numbers of the person(s) in charge of millionaire party. Must be member for 6 months. Attach additional list if necessary.									
Millionaire Party Chairperson			Street, City, State, Zip Code				Telephone Numbers		
Name							Day (      )		
Board Member <input type="checkbox"/> Yes <input type="checkbox"/> No							Evening (      )		
Name							Day (      )		
Board Member <input type="checkbox"/> Yes <input type="checkbox"/> No							Evening (      )		
Name							Day (      )		
Board Member <input type="checkbox"/> Yes <input type="checkbox"/> No							Evening (      )		
Name							Day (      )		
Board Member <input type="checkbox"/> Yes <input type="checkbox"/> No							Evening (      )		
Name							Day (      )		
Board Member <input type="checkbox"/> Yes <input type="checkbox"/> No							Evening (      )		
13. Event Date(s) and Time(s) (Must be between the hours of 8:00 a.m. – 2:00 a.m.)									
Date _____		Time _____		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		to _____		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Date _____		Time _____		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		to _____		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Date _____		Time _____		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		to _____		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Date _____		Time _____		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		to _____		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
14. License Fee				15. Will you be conducting Texas Hold'em? <input type="checkbox"/> Yes <input type="checkbox"/> No					
\$50 per day up to 4 consecutive days				If yes, see Directive Millionaire Party (Poker)					
\$50 x _____ \$ _____ Number of Days				16. Will you be conducting a raffle? <input type="checkbox"/> Yes <input type="checkbox"/> No					
				If yes, please obtain and file a Raffle Application with the Charitable Gaming Division of the Michigan Lottery at <a href="http://www.michigan.gov/cq">www.michigan.gov/cq</a> or (517) 335-5780.					

**Make checks payable to:**  
**STATE OF MICHIGAN**

Submit completed application, supporting documents, and license fee to:  
Michigan Gaming Control Board  
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