

300 BOWL

100 South Cass Lake Rd.
Waterford, MI 48328
248-682-6200 FAX 248-682-5393

Charity Name: Williamston Sunrise Rotary Club

Billing Address: 4015 Zimmer Rd, Williamston, MI 48895
Street address City State Zip Code

Contact Info: RAJ WIEVER 517-719-5399 RAJ@RickandRaj.com
Name Tel # e-Mail Address

Event Date(s) & Time(s): List each individual event day separately. Dates must be consecutive.

Date <u>6/18/15</u>	Times <u>4 PM - 2 AM</u>
Date <u>6/19/15</u>	Times <u>4 PM - 2 AM</u>
Date <u>6/20/15</u>	Times <u>2 PM - 2 AM</u>
Date <u>6/21/15</u>	Times <u>2 PM - 12 AM</u>

300 Bowl will provide space to the qualified charitable organization for a licensed Millionaire Party event for the dates and times listed above. The room rental fee is \$250 per event day to be split among all charities using the space for that day. 300 Bowl understands that an organization's expenses will not exceed 45% of their gross profit, and will provide an official invoice once the event is complete. The invoice is to be paid within 7 days.

Food and beverages (alcoholic and non-alcoholic) are not included in this agreement but will be made available for purchase during the event. Due to Health and Liquor laws, no outside food or drink is allowed. The charity is responsible for making room patrons aware of this rule and enforcing it.

300 Bowl assumes no responsibility for any property placed in the facility and is hereby expressly relieved and discharged from any and all liability for loss, injury, or damage to persons or property in the space provided.

A completed copy of this Agreement should be sent to sandy2417@att.net and to the State of Michigan along with the Application.

Sandy Brown
300 Bowl Management

Mark Steinberg 4-24-15
Charity Authorized Signature Date

ACES GAMING SUPPLY W29200**Contractual Agreement**

- Charity agrees to either cancel or apply for event license 16 weeks prior to event dates.
- Charity agrees to have 3 members onsite for the all hours stated on the event license.
- Food and beverages of any kind are not provided by Aces Gaming Supply.

Aces Gaming Supply is not responsible for loss or theft during or relating to an event. All parties agree to hold Aces Gaming Supply harmless, through litigation or otherwise, for any damages or alleged damages that arise from performance of this contract.

EQUIPMENT AND STAFF LEASING	Daily Unit Cost	Estimated Quantity	Extended Total
Poker Tables	\$50.00	3	\$150.00
Blackjack Tables	\$50.00	0	\$0.00
Blackjack Shoes	\$5.00	0	\$0.00
Stacking Chairs	\$2.00	0	\$0.00
Ergonomic Chairs (swivel, lumbar support, casters)	\$4.00	25	\$100.00
Dealer Buttons & Lammers	\$0.25	4	\$1.00
Computers	\$5.00	0	\$0.00
Chip set with chip trays	\$25.00	1	\$25.00
Playing Cards	\$2.00	4	\$8.00
Cash Boxes	\$5.00	0	\$0.00
Misc items: counterfeit pens, name badges, license holder, money bands, envelopes, pens	\$5.00	0	\$0.00
Setup Fee	\$150.00	0	\$0.00
Dealer: Table Games Attendant (hourly rate)	\$16.00	26	\$416.00
Dealer: Table Games Supervisor (hourly rate)	\$40.00	5	\$200.00
Total			\$900.00

Licensed Organization will not be charged a daily fee exceeding \$900 for gaming equipment, gaming supplies, and labor. In addition, total millionaire party event expenses shall not exceed 45% of the events gross profit. Gross profit is defined as total revenue minus prizes, chip redemptions, and location rental.

Upon completion of licensed millionaire party event. Aces Gaming Supply will provide an itemized invoice to the Williamston Sunrise Rotary. This invoice will include all actual itemized expenses consistent with this agreement.

Hours of operation:**Thursday 4pm – 2am****Friday 4pm – 2am****Saturday 2pm – 2am****Sunday 2pm – Midnight****Jun 18-21, 2015**

Event Dates

Principal Officer Signature

Aces Gaming Supply Signature

Date

4-21-15

Date



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

License Change Form

INSUFFICIENT INFORMATION WILL DELAY PROCESSING

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

Organization Name Williamston Sunrise Rotary Club	Organization ID Number 123896	License Number
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Check Applicable Sections

☐ CHANGE LOCATION

Location is (check one): <input type="checkbox"/> Organization's Facility <input type="checkbox"/> Donated (submit agreement) ▶ Location ID Number _____ ▶ Donated agreement – required ▶ Demarcated area** diagram – required <input type="checkbox"/> Rented (submit agreement) ▶ Location ID Number _____ ▶ Rental/Use Agreement – required ▶ Demarcated Area Diagram – required	New Millionaire Party Location (include building name if applicable) Street Address City State MI ZIP Code County			
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☐ CHANGE EQUIPMENT PROVIDER

Equipment is (check one): <input type="checkbox"/> Owned by Organization <input type="checkbox"/> Donated (submit agreement) <input type="checkbox"/> Rented (submit supplier agreement)	If equipment is rented from a supplier, provide: Supplier ID W _____ Supplier Name _____
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☐ CHANGE DEALER

Remove or Add	Full Legal Name (First, Middle, Last)	Bona fide member of Organization?	Driver's License Number – or – State ID Number	Date of Birth	Phone Number
		<input type="checkbox"/> Yes <input type="checkbox"/> No			()
		<input type="checkbox"/> Yes <input type="checkbox"/> No			()
		<input type="checkbox"/> Yes <input type="checkbox"/> No			()
		<input type="checkbox"/> Yes <input type="checkbox"/> No			()
		<input type="checkbox"/> Yes <input type="checkbox"/> No			()

☒ CHANGE DATE AND/OR TIME (Must return original license if previously issued)

The request must be received on or before the originally scheduled event date. Allow 6 weeks for processing.

FROM				TO			
Date 6/18/15	Time 11	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm	to 2	Date 6/18/15	Time 4	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm	to 2
Date 6/19/15	Time 11	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm	to 6	Date 6/19/15	Time 4	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm	to 2
Date 6/20/15	Time 6:30	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm	to 2	Date 6/20/15	Time 2	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm	to 2
Date 6/21/15	Time 11	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm	to 12	Date 6/21/15	Time 2	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm	to 12

LICENSE CHANGE FORM MUST BE SIGNED BY THE PRINCIPAL OFFICER –OR–
SIGNED BY THE TWO OFFICERS LISTED ON PAGE ONE (SECTION 6) ON THE APPLICATION

	Signature	Print Name	Date
Principal Officer	<i>Mark Steinberg</i>	Mark Steinberg	4/24/15
Vice President or Equivalent			
Other Officer			

PLEASE RETAIN A COPY OF THE COMPLETED APPLICATION FOR YOUR RECORDS AND