



State of Michigan  
 Michigan Gaming Control Board  
 Office of the Executive Director  
 Horse Racing Section  
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 Detroit, MI 48202  
 Phone: (313) 456-4100  
 Fax: 313-456-2864  
 www.michigan.gov/mgcb

**VERIFYING AFFIDAVIT**  
 (ATTACHMENT C)

STATE OF \_\_\_\_\_ §

COUNTY OF \_\_\_\_\_ §

\_\_\_\_\_, the \_\_\_\_\_ of  
 (Individual) (Title)

\_\_\_\_\_, being duly sworn according to law, on his or her oath deposes and say that he/she makes this statement on behalf of the applicant and at the direction and pursuant to a resolution of the Board of Directors of the applicant and that the above statements are true and correct at the best of his/her knowledge and belief, and that this statement is executed with the knowledge that any misrepresentation or failure to reveal information requested may be deemed sufficient cause for refusal to issue, or revocation of a license. Further, that he/she is voluntarily submitting this statement and understands that misleading statements may subject him/her to criminal or other sanctions or punishment.

\_\_\_\_\_  
 (Legal Name of the Business Entity Applicant)

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Title)

\_\_\_\_\_  
 (Printed Name of Signatory)

\_\_\_\_\_  
 (Date)

STATE OF \_\_\_\_\_ §

COUNTY OF \_\_\_\_\_ §

Sworn and subscribed to before me this \_\_\_\_\_ day

of \_\_\_\_\_, 20 \_\_\_\_\_,  
 to certify which witness my hand and official seal

\_\_\_\_\_  
 Notary Public

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