

For Internal Use Only

## QUALIFICATION INFORMATION

Complete this form and submit with the required qualification documents listed on the attached Qualification Requirements sheet. A Bingo, Raffle, or Charity Game Ticket license application and fee may also be submitted with this information. See box #5 below for mailing instructions.

**Please allow 8 weeks for the qualification process.**

### 1. ORGANIZATION INFORMATION

Organization Name <b>DYNAMIC KIDS</b>			
Organization Physical Street Address <b>455 S LIVERNOIS RD, STE B-21</b>			
City <b>ROCHESTER HILLS</b>	State <b>MI</b>	Zip Code <b>48307</b>	County <b>OAKLAND</b>
Organization Mailing Address <b>6536 CHATHAM CIR</b>			<input type="checkbox"/> Same as Physical Address
City <b>ROCHESTER HILLS</b>	State <b>MI</b>	Zip Code <b>48306</b>	County <b>OAKLAND</b>
Organization Telephone Number <b>248-710-8130</b>			

### 2. ORGANIZATION PURPOSE

Briefly describe the purpose of your organization.  
 Dynamic Kids is a non-profit tutoring organization for students with Unique learning needs. The Dynamic Kids method involves customizing a program which meets the needs of unique learners in math, reading, and writing. Dynamic Kids recognizes the gap in special education and the need to provide children and their parents with teaching tools to drive a successful learning experience.

### 3. LICENSE APPLICATION

Enclosed is a completed application and fee for a  Bingo  Raffle  Charity Game Ticket license  
 Make checks payable to STATE OF MICHIGAN.

### 4. AUTHORIZED CONTACT PERSON

First Name <b>KARLA</b>		Last Name <b>BARNETT</b>		Position/Role with Organization <b>CHAIRWOMAN AND CEO</b>	
Mailing Address <b>6536 CHATHAM CIR</b>				City <b>ROCHESTER HILLS</b>	
State <b>MI</b>	Zip Code <b>48306</b>	Telephone Number (Day) <b>248-342-3567</b>	Telephone Number (Evening) <b>248-342-3567</b>		
By signing below, I hereby certify that the representations, information, and data presented are true, accurate, and complete to the best of my knowledge. I understand that failure to answer truthfully, completely, and accurately could preclude the organization from receiving an approval to obtain a gaming license.					
Authorized Contact Person Signature <i>Karla Barnett</i>					Date <b>10/2/19</b>
Print Authorized Contact Name and Title <b>KARLA BARNETT, CEO</b>					

### 5. MAILING INSTRUCTIONS

Mail this completed Qualification Information form, the required qualification documentation listed on the Qualification Requirements sheet, and the completed license application and fee (if also applying for a gaming license) to Charitable Gaming Division, PO Box 30023, Lansing, MI 48909. If submitting by overnight carrier (FedEx, UPS, etc.), send to Charitable Gaming Division, 101 East Hillsdale, Lansing, MI 48933.





Charitable Gaming Division  
 Box 30023, Lansing, MI 48909  
 OVERNIGHT DELIVERY:  
 101 E. Hillsdale, Lansing MI 48933  
 (517) 335-5780  
 www.michigan.gov/cg

**LOCAL GOVERNING BODY RESOLUTION FOR CHARITABLE GAMING LICENSES**  
 (Required by MCL.432.103(K)(ii))

At a \_\_\_\_\_ meeting of the \_\_\_\_\_  
REGULAR OR SPECIAL TOWNSHIP, CITY, OR VILLAGE COUNCIL/BOARD

called to order by \_\_\_\_\_ on \_\_\_\_\_  
DATE

at \_\_\_\_\_ a.m./p.m. the following resolution was offered:  
TIME

Moved by \_\_\_\_\_ and supported by \_\_\_\_\_

that the request from \_\_\_\_\_ of \_\_\_\_\_,  
NAME OF ORGANIZATION CITY

county of \_\_\_\_\_, asking that they be recognized as a  
COUNTY NAME

nonprofit organization operating in the community for the purpose of obtaining charitable

gaming licenses, be considered for \_\_\_\_\_.  
APPROVAL/DISAPPROVAL

APPROVAL	DISAPPROVAL
Yeas: _____	Yeas: _____
Nays: _____	Nays: _____
Absent: _____	Absent: _____

I hereby certify that the foregoing is a true and complete copy of a resolution offered and  
 adopted by the \_\_\_\_\_ at a \_\_\_\_\_  
TOWNSHIP, CITY, OR VILLAGE COUNCIL/BOARD REGULAR OR SPECIAL  
 meeting held on \_\_\_\_\_.  
DATE

SIGNED: \_\_\_\_\_  
TOWNSHIP, CITY, OR VILLAGE CLERK

\_\_\_\_\_  
PRINTED NAME AND TITLE

\_\_\_\_\_  
ADDRESS

COMPLETION: Required.  
 PENALTY: Possible denial of application.  
 BSL-CG-1153(R6/09)