

Michigan Strategic Fund and Michigan Economic Development Corporation
General Applicant Certification Form

APPLICANT ENTITY LEGAL NAME *(business entity to receive incentive)*

City of Ludington

APPLICANT ENTITY ADDRESS *(include city, state, and zip code)*

400 S Harrison Street Ludington, MI 49431

APPLICANT EMPLOYER TAX ID NUMBER (EIN)

38-6004706

Check if Applicant is a municipality, non-profit organization, or an institution of higher education.

If there are no Key Owners, please indicate in the Key Owners section.

APPLICANT KEY INDIVIDUALS

List the Applicant's CEO, CFO, COO, and the person(s) responsible for managing the incentive, or the similarly situated position responsible for those duties associated with each role. Each individual listed must also complete a separate Background Check Disclosure Form. **All Applicant Key Individuals must be listed, even if duplicative.**

CEO or the similarly situated position in charge of the Applicant's executive operations
Full first, middle, and last name <i>(full middle name mandatory; if none, please indicate)</i>
Steve Miller

CFO or the similarly situated position in charge of the Applicant's financial affairs
Full first, middle, and last name <i>(full middle name mandatory; if none, please indicate)</i>
Deb Luskin

COO or the similarly situated position in charge of the Applicant's daily affairs
Full first, middle, and last name <i>(full middle name mandatory; if none, please indicate)</i>
Mitchell Foster

Person responsible for managing the incentive for the Applicant
Full first, middle, and last name <i>(full middle name mandatory; if none, please indicate)</i>
Heather Lynn-Venzke Tykoski

APPLICANT KEY OWNERS

List each individual or entity, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns either an actual or financial interest in the Applicant. Each Applicant Key Owner with a 20% or greater interest, either direct or indirect, must also complete a separate Background Check Disclosure Form. **Direct AND indirect ownership percentages must each separately total 100%.** Attach a separate sheet if necessary.

Owner Full Legal Name	Direct Ownership Percentage	Indirect Ownership Percentage	Check if owner is publicly traded in U.S.				
None			<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>				
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CERTIFICATION

I consent to the release of information contained herein to the MEDC, the Department of Attorney General, MSF, CCO, or any of their designees, or as required by law. I have the authority to submit this form on behalf of the Applicant and authorize the MSF, MEDC, AG, CCO, or any of their designees to perform background checks on the applicant and its Key Individual(s) and Owner(s).

Signature

Title City Manager

Date 10/17/2019