

~~Gambling Establishment~~ Key Employee  
Supplemental Background Investigation Information

~~BGC-APP-016A (Rev. 04/08/09)~~



BUREAU OF GAMBLING CONTROL  
P.O. Box 168024  
Sacramento, CA 95816-8024  
(916) 263-3408; Fax (916) 263-3403

**PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE YOU COMPLETE THIS FORM**

Business and Professions Code section 19854 requires every ~~gambling establishment~~ key employee to apply for and obtain a key employee license issued by the California Gambling Control Commission. ~~Licenses issued to key employees shall be for specified positions only, and shall be detailed on the endorsement described in Business and Professions Code section 19854(b).~~ The purpose of this ~~Gambling Establishment~~ Key Employee Supplemental Background Investigation Information form is to obtain information from you that is necessary to determine whether you meet the requirements for licensure under state law. By completing this form you are providing information that will be used to make that determination.

You must provide truthful information in all your responses in this application. All answers to questions in this application, and all supplemental documentation provided by you, will be subject to verification. Any misrepresentation or failure to disclose information required on this application may constitute sufficient cause for denial or revocation.

Type, or print legibly in blue or black ink, all information requested on this application. If a question does not apply to you, write "N/A" (Not Applicable). If the space available is insufficient, use a separate sheet of paper and precede each answer with the applicable section number. ~~Applications not fully and accurately completed will be returned to the sender for completion.~~

Please send your completed Application for Gambling Establishment Key Employee License (CGCC-031) and the ~~Gambling Establishment~~ Key Employee Supplemental Background Investigation Information form and Application (CGCC-031), along with the items listed on Page 8 to:

~~the California Gambling Control Commission~~  
~~at 2399 Gateway Oaks Drive, Suite 400~~ 220  
~~Sacramento, CA 95833-4231~~  
~~Include a background deposit fee as required in Title 11, California Code of Regulations, section 2037.~~

\_\_\_\_\_  
~~Applicant's~~ Your Full Name

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Job Title of Key Employee Position

\_\_\_\_\_  
Date of Photograph

Affix a passport quality photograph taken within the last 30 days here.

**PLEASE PRINT NAME**  
**ON BACK OF**  
**PHOTOGRAPH**

**Instructions: Type or print legibly (in blue or black ink) an answer to every question. If a question does not apply to you, write "N/A" (Not Applicable). If more space is needed to answer a question, please use page 9 of the form and precede each answer with the applicable section.**

SECTION 1: PERSONAL INFORMATION					
<del>YOUR</del> FULL NAME					
LAST	FIRST	MIDDLE			
<u>ALIAS(ES), NICKNAME, MAIDEN NAME, OTHER NAME CHANGES, LEGAL OR OTHERWISE</u>					
<u>CURRENT ADDRESS (NUMBER/STREET/APT)</u>			<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
<u>MAILING ADDRESS (NUMBER/STREET/APT) (IF DIFFERENT THAN CURRENT RESIDENCE)</u>			<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
<u>HOME PHONE NUMBER</u>		<u>WORK PHONE NUMBER</u>		<u>E-MAIL ADDRESS</u>	
BIRTH PLACE (CITY, COUNTY, STATE, COUNTRY)			DRIVER'S LICENSE/IDENTIFICATION CARD NUMBER		
			NO. _____	STATE	EXPIRATION DATE
<u>DATE OF BIRTH</u>		<u>SOCIAL SECURITY NUMBER*</u>		<u>GENDER</u>	
				<input type="checkbox"/> MALE <span style="margin-left: 100px;"><input type="checkbox"/> FEMALE</span>	
<u>PHYSICAL DESCRIPTION</u>					
<u>HEIGHT</u>	<u>WEIGHT</u>	<u>HAIR COLOR</u>		<u>EYE COLOR</u>	
<u>DISTINGUISHING MARKS (SCARS, TATTOOS, ETC.) DESCRIBE AND INDICATE LOCATION</u>					
ARE YOU A <del>UNITED STATES</del> U.S. CITIZEN..... <input type="checkbox"/> YES <input type="checkbox"/> NO				<u>IF NO, OF WHAT COUNTRY ARE YOU A CITIZEN?</u> _____	
<u>IF RESIDENT ALIEN OR NATURALIZED CITIZEN, PROVIDE I.N.S. REGISTRATION NUMBER, I.N.S. A-NUMBER OR USCIS A-NUMBER</u>				<u>IF NATURALIZED, CERTIFICATE NUMBER</u>	
				_____	
<u>DATE NATURALIZED (MM/DD/YYYY)</u>				<u>PLACE</u>	
_____				_____	
<small>* Your Social Security Number (SSN) will be used by the Bureau of Gambling Control (Bureau) pursuant to Business and Professions Code section 19865 for purposes of confirming your identity. If you fail to disclose your SSN, the Bureau will be unable to complete your background investigation.</small>					
DO YOU HAVE ANY FAMILY MEMBERS CURRENTLY WORKING IN ANY POSITION IN ANY GAMING FACILITY IN CALIFORNIA?..... <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, COMPLETE INFORMATION BELOW:					
<u>NAME OF FAMILY MEMBER</u>		<u>HOME ADDRESS (NUMBER / STREET / APT)</u>		<u>CITY</u>	<u>STATE</u> <u>ZIP</u>
_____		_____		_____	_____
<u>RELATIONSHIP</u>		<u>POSITION HELD</u>		<u>SUPERVISOR'S NAME</u>	
_____		_____		_____	
<u>NAME OF FAMILY MEMBER</u>		<u>HOME ADDRESS (NUMBER / STREET / APT)</u>		<u>CITY</u>	<u>STATE</u> <u>ZIP</u>
_____		_____		_____	_____
<u>RELATIONSHIP</u>		<u>POSITION HELD</u>		<u>SUPERVISOR'S NAME</u>	
_____		_____		_____	
SECTION 2: <del>MARITAL</del> FAMILY/COHABITANTS INFORMATION					
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED					
<u>CURRENT SPOUSE</u>					

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<u>FULL NAME</u>	<u>LAST</u>	<u>FIRST</u>	<u>MIDDLE</u>	<u>MAIDEN</u>
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<u>NAME</u>	DATE OF BIRTH	YEARS DATE OF MARRIAGE
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<input type="checkbox"/> N/A	FORMER SPOUSE
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<u>FULL NAME</u>	<u>LAST</u>	<u>FIRST</u>	<u>MIDDLE</u>	<u>MAIDEN</u>
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<u>NAME</u>	DATE OF BIRTH	YEARS DATES OF MARRIAGE (FROM AND TO)	STATE DIVORCE FILED
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DO YOU HAVE ANY IMMEDIATE FAMILY MEMBERS, COHABITANTS OR ROOMMATES WHO CURRENTLY HAVE A FINANCIAL INTEREST IN, OR ARE EMPLOYED BY, A GAMING RELATED BUSINESS? IF YES, PROVIDE THE FOLLOWING DETAILS.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<u>A) FULL NAME</u>	<u>LAST</u>	<u>FIRST</u>	<u>MIDDLE</u>	<u>RELATIONSHIP</u>
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<u>PERCENTAGE OWNED AND/OR POSITION HELD</u>	<u>NAME OF BUSINESS</u>
--	-------------------------

<u>B) FULL NAME</u>	<u>LAST</u>	<u>FIRST</u>	<u>MIDDLE</u>	<u>RELATIONSHIP</u>
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<u>PERCENTAGE OWNED AND/OR POSITION HELD</u>	<u>NAME OF BUSINESS</u>
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<u>C) FULL NAME</u>	<u>LAST</u>	<u>FIRST</u>	<u>MIDDLE</u>	<u>RELATIONSHIP</u>
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<u>PERCENTAGE OWNED AND/OR POSITION HELD</u>	<u>NAME OF BUSINESS</u>
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**CHILDREN AND DEPENDENTS**  
PROVIDE THE FOLLOWING INFORMATION FOR EACH OF YOUR CHILDREN (INCLUDING BIRTH, STEP, ADOPTED, AND FOSTER CHILDREN) AND OTHER DEPENDENTS.

<u>NAME (LAST, FIRST, MIDDLE, MAIDEN)</u>	<u>DATE OF BIRTH</u>	<u>RESIDENCE ADDRESS</u>	<u>RELATIONSHIP</u>

**SECTION 3: RESIDENCES**

LIST ALL RESIDENCES DURING THE LAST **FIVE** 10 YEARS (MOST RECENT FIRST, EXCLUDING **YOUR** CURRENT RESIDENCE). PROVIDE COMPLETE ADDRESSES **AND** ~~(INCLUDE~~ MARKERS SUCH AS STREET, DRIVE, ~~ROAD, EAST, WEST,~~ ETC., AND UNIT OR APARTMENT NUMBER). DO NOT USE P.O. BOXES.

A) FORMER ADDRESS (NUMBER-/STREET-/APT)					FROM (MM/YYYY)	TO (MM/YYYY)
CITY	<u>COUNTY</u>	STATE	<u>COUNTRY, IF OUTSIDE OF U.S.</u>	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	

B) FORMER ADDRESS (NUMBER-/STREET-/APT)					FROM (MM/YYYY)	TO (MM/YYYY)
CITY	<u>COUNTY</u>	STATE	<u>COUNTRY, IF OUTSIDE OF U.S.</u>	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	

C) FORMER ADDRESS (NUMBER-/STREET-/APT)					FROM (MM/YYYY)	TO (MM/YYYY)
CITY	<u>COUNTY</u>	STATE	<u>COUNTRY, IF OUTSIDE OF U.S.</u>	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	

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D) FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
_____			_____	_____
CITY	COUNTY	STATE	ZIP	
_____	_____	_____	_____	

**SECTION 4: EXPERIENCE AND EMPLOYMENT**  
 BEGINNING WITH YOUR ~~MOST~~ CURRENT EMPLOYMENT, LIST ~~ALL YOUR WORK HISTORY AND PERIODS OF UNEMPLOYMENT (INCLUDING EDUCATION) FOR THE PAST 10 YEARS. LIST ALL JOBS YOU HAVE HAD,~~ INCLUDING PART-TIME, TEMPORARY, ~~AND SELF-EMPLOYMENT, AND VOLUNTEER ACTIVITIES, DURING THE PREVIOUS 10 YEARS. FOR UNEMPLOYED PERIODS, INCLUDE PERIODS OF UNEMPLOYMENT AND~~ IN THE DUTIES/ASSIGNMENTS SECTION, EXPLAIN HOW YOU SUPPORTED YOURSELF ~~WHILE UNEMPLOYED.~~

A) NAME OF EMPLOYER			FROM (MM/YYYY)	TO (MM/YYYY)
JOB TITLE / DUTIES			GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS (NUMBER / STREET)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
JOB TITLE	REASON FOR LEAVING		GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
_____	_____			
DUTIES / ASSIGNMENTS				
_____				

B) NAME OF EMPLOYER			FROM (MM/YYYY)	TO (MM/YYYY)
JOB TITLE / DUTIES			GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS (NUMBER / STREET)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
JOB TITLE	REASON FOR LEAVING, IF TERMINATED, EXPLAIN THE CIRCUMSTANCES		GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
_____	_____			
DUTIES / ASSIGNMENTS				
_____				

C) NAME OF EMPLOYER			FROM (MM/YYYY)	TO (MM/YYYY)
JOB TITLE / DUTIES			GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS (NUMBER / STREET)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
JOB TITLE	REASON FOR LEAVING, IF TERMINATED, EXPLAIN THE CIRCUMSTANCES		GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
_____	_____			
DUTIES / ASSIGNMENTS				
_____				

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D) NAME OF EMPLOYER			FROM (MM/YYYY)	TO (MM/YYYY)
JOB TITLE / DUTIES			GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS (NUMBER / STREET)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
JOB TITLE	REASON FOR LEAVING, IF TERMINATED, EXPLAIN THE CIRCUMSTANCES		GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES / ASSIGNMENTS				

E) NAME OF EMPLOYER			FROM (MM/YYYY)	TO (MM/YYYY)
-ADDRESS- (NUMBER / STREET)			-SUPERVISOR	
-CITY-	-STATE-	-ZIP-	-CONTACT NUMBER- ( )	-EXT-
-JOB TITLE-	REASON FOR LEAVING		-GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
-DUTIES / ASSIGNMENTS-				

SECTION 5: MILITARY EXPERIENCE				
HAVE YOU EVER SERVED IN <del>ANY BRANCH OF</del> THE U.S. ARMED FORCES? .....				<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, <u>PROVIDE DETAILS BELOW AND</u> ATTACH A COPY OF YOUR " <u>UNDELETED</u> " MILITARY FORM DD-214. (i.e. a complete copy of the form with no information blacked out)				
BRANCH OF SERVICE		DATES OF SERVICE (MM/YYYY) FROM TO		
COUNTRY OF SERVICE	RANK AT SEPARATION	SSN / SERVICE NUMBER		
TYPE OF DISCHARGE: <input type="checkbox"/> ENTRY LEVEL <input type="checkbox"/> HONORABLE <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER THAN HONORABLE <input type="checkbox"/> BAD CONDUCT <input type="checkbox"/> DISHONORABLE <input type="checkbox"/> OTHER: _____				
HAVE YOU EVER BEEN DISCIPLINED WHILE IN THE MILITARY.....				<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED DID THIS RESULT IN A COURT-MARTIAL? IF YES, PROVIDE DETAILS BELOW.....				<input type="checkbox"/> YES <input type="checkbox"/> NO
DATE (MM/YYYY)	FINAL CHARGE	COURT LOCATION (CITY & STATE)		
_____	_____	_____		
_____	_____	_____		

SECTION 6: CRIMINAL <del>CONVICTIONS, HISTORY INFORMATION</del> LITIGATION, AND ARBITRATION		
HAVE YOU EVER BEEN <b>CONVICTED</b> OF A CRIME, <u>OR</u> PLED GUILTY, OR PLED NOLO CONTENDERE (NO CONTEST) TO A CRIME ( <del>OTHER THAN A VEHICLE CODE INFRACTION</del> )? INCLUDE ANY CONVICTIONS REDUCED OR EXPUNGED, <b>UNLESS</b> THE RECORDS HAVE BEEN SEALED PURSUANT TO A COURT ORDER. ( <u>DO NOT INCLUDE VEHICLE CODE INFRACTIONS</u> ).		<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, <u>PROVIDE DETAILS FOR</u> <del>EXPLAIN</del> EACH INCIDENT <u>BELOW</u> .		
A) APPROXIMATE DATE <u>OF CONVICTION</u> (MM/DD/YYYY)	<u>COURT LOCATION (CITY &amp; STATE)</u> AND ARRESTING AGENCY (CITY & STATE)	<u>COURT LOCATION (CITY AND STATE)</u>

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WHAT CRIME(S) WERE YOU CONVICTED OF? <u>IDENTIFY CRIME(S), INDICATE MISDEMEANOR OR FELONY</u>		
B) APPROXIMATE DATE <u>OF CONVICTION</u> (MM/DD/YYYY)	<u>COURT LOCATION (CITY &amp; STATE) AND ARRESTING AGENCY (CITY &amp; STATE)</u>	<u>COURT LOCATION (CITY AND STATE)</u>
WHAT CRIME(S) WERE YOU CONVICTED OF? <u>IDENTIFY CRIME(S), INDICATE MISDEMEANOR OR FELONY</u>		
C) APPROXIMATE DATE <u>OF CONVICTION</u> (MM/DD/YYYY)	<u>COURT LOCATION (CITY &amp; STATE) AND ARRESTING AGENCY (CITY &amp; STATE)</u>	<u>COURT LOCATION (CITY AND STATE)</u>
WHAT CRIME(S) WERE YOU CONVICTED OF? <u>IDENTIFY CRIME(S), INDICATE MISDEMEANOR OR FELONY</u>		
D) APPROXIMATE DATE (MM/DD/YYYY)	<u>COURT LOCATION (CITY &amp; STATE) AND ARRESTING AGENCY (CITY &amp; STATE)</u>	
WHAT CRIME(S) WERE YOU CONVICTED OF?		

HAVE YOU EVER BEEN REMOVED FROM OR PROHIBITED FROM ENTERING THE PREMISES OF ANY GAMING OR PARI-MUTUEL WAGERING ESTABLISHMENT BY ANY GOVERNMENT REPRESENTATIVE, AGENCY, OR GAMBLING ESTABLISHMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER ENGAGED IN BOOKMAKING OR OTHER ILLEGAL GAMBLING ACTIVITIES?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN FOUND IN VIOLATION OF ANY CAMPAIGN LAWS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES TO ANY OF THE ABOVE, PROVIDE DETAILS BELOW.		
HAVE YOU EVER BEEN A PARTY TO ANY LITIGATION OR ARBITRATION? IF YES, PROVIDE THE FOLLOWING DETAILS. YOU ARE NOT OBLIGATED TO REVEAL DETAILS OF ANY CONFIDENTIAL ARBITRATION.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
A) APPROXIMATE DATE FILED (MM/DD/YYYY)	PARTIES INVOLVED	COURT LOCATION (CITY AND STATE)
CASE NUMBER	DISPOSITION DATE (MM/DD/YYYY)	
B) APPROXIMATE DATE FILED (MM/DD/YYYY)	PARTIES INVOLVED	COURT LOCATION (CITY AND STATE)
CASE NUMBER	DISPOSITION DATE (MM/DD/YYYY)	

SECTION 7: OTHER LICENSING INFORMATION			
HAVE YOU EVER HELD OR APPLIED FOR A PERMIT, LICENSE, OR CERTIFICATE, REGISTRATION OR FINDING OF SUITABILITY RELATED TO GAMING? <u>INCLUDE ANY ACTIONS BY THE CALIFORNIA GAMBLING CONTROL COMMISSION.</u>			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PROVIDE THE FOLLOWING DETAILS.			
IF YES, LIST BELOW ANY LICENSING OR REGULATORY AGENCY (TRIBAL, STATE, OR LOCAL) TO WHICH YOU HAVE APPLIED FOR A LICENSE, PERMIT OR CERTIFICATE RELATED TO GAMING ACTIVITIES OR LOTTERY, WHETHER OR NOT SUCH LICENSE, PERMIT, OR CERTIFICATE WAS GRANTED (INCLUDE ANY APPLICATIONS DENIED, WITHDRAWN, AND/OR PENDING).			
A) LICENSE/PERMIT/CERTIFICATE #NUMBER	TYPE OF APPLICATION	DATES HELD <u>FROM</u> (MM/YYYY) <u>TO</u> (MM/YYYY) FROM: _____ TO: _____	ISSUING AGENCY
CITY, COUNTY, STATE, <u>COUNTRY</u>		ACTION TAKEN ( <u>ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER</u> )	<u>GAMING ESTABLISHMENT/TRIBE/THIRD PARTY PROVIDER</u>
IF DENIED, SUSPENDED, WITHDRAWN, OR REVOKED, EXPLAIN THE CIRCUMSTANCES.			
B) LICENSE/PERMIT/CERTIFICATE #NUMBER	TYPE OF APPLICATION	DATES HELD <u>FROM</u> (MM/YYYY) <u>TO</u> (MM/YYYY) FROM: _____ TO: _____	ISSUING AGENCY
CITY, COUNTY, STATE, <u>COUNTRY</u>		ACTION TAKEN ( <u>ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER</u> )	<u>GAMING ESTABLISHMENT/TRIBE/THIRD PARTY PROVIDER</u>
IF DENIED, SUSPENDED, WITHDRAWN, OR REVOKED, EXPLAIN THE CIRCUMSTANCES.			

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HAVE YOU EVER HELD OR APPLIED FOR A <del>PRIVILEGED REGISTRATION, PROFESSIONAL LICENSE, PERMIT, CERTIFICATE, REGISTRATION OR CREDENTIAL AUTHORIZATION</del> NOT RELATED TO GAMING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE THE FOLLOWING DETAILS. IF YES, LIST BELOW ANY LICENSING OR REGULATORY AGENCY TO WHICH YOU HAVE APPLIED FOR A LICENSE, REGISTRATION, CERTIFICATE OR CREDENTIAL NOT RELATED TO GAMING ACTIVITIES OR LOTTERY, WHETHER OR NOT SUCH LICENSE, REGISTRATION, CERTIFICATE OR CREDENTIAL WAS ISSUED (INCLUDE ANY APPLICATIONS DENIED, WITHDRAWN, AND/OR PENDING).				
TYPE OF LICENSE #	LICENSING AGENCY/JURISDICTION	LICENSE NUMBER	APPROVED/DENIED/SURRENDERED	DATES HELD OR DATE AND REASON FOR DENIAL OR SURRENDER
_____	_____	_____	_____	FROM: _____ TO: _____
TYPE OF LICENSE #	LICENSING AGENCY/JURISDICTION	LICENSE NUMBER	APPROVED/DENIED/SURRENDERED	DATES HELD OR DATE AND REASON FOR DENIAL OR SURRENDER
_____	_____	_____	_____	FROM: _____ TO: _____
A) LICENSE/PERMIT/CERTIFICATION/AUTHORIZATION NO.		TYPE OF APPLICATION	DATES HELD FROM (MM/YYYY) TO (MM/YYYY)	ISSUING AGENCY
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)		
IF DENIED, SUSPENDED, WITHDRAWN, OR REVOKED, EXPLAIN THE CIRCUMSTANCES				
B) LICENSE/PERMIT/CERTIFICATION/AUTHORIZATION NO.		TYPE OF APPLICATION	DATES HELD FROM (MM/YYYY) TO (MM/YYYY)	ISSUING AGENCY
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)		
IF DENIED, SUSPENDED, WITHDRAWN, OR REVOKED, EXPLAIN THE CIRCUMSTANCES				
<b>SECTION 8: BUSINESS INTEREST – GAMING RELATED</b>				
HAVE YOU HELD A FINANCIAL INTEREST OR STOCK IN ANY GAMING RELATED VENTURE OR BUSINESS WITHIN THE LAST 10 YEARS? IF YES, PROVIDE THE FOLLOWING DETAILS AND ATTACH A SEPARATE SHEET OF PAPER IDENTIFYING THE INDIVIDUALS SHARING INTEREST IN THE BUSINESS/VENTURE AND THEIR RESPECTIVE PERCENT OF OWNERSHIP.				<input type="checkbox"/> YES <input type="checkbox"/> NO
A) NAME OF BUSINESS ENTITY		DATES INVOLVED FROM (MM/YYYY) TO (MM/YYYY)	BUSINESS ENTITY MAILING ADDRESS	
BUSINESS TELEPHONE NUMBER	AMOUNT OF MONEY INVESTED	IDENTIFY SOURCE OF MONIES FOR YOUR INITIAL AND SUBSEQUENT INVESTMENTS (IF LOANS, PROVIDE COPIES OF AGREEMENTS. IF CHECKING OR SAVINGS, IDENTIFY SOURCE (I.E. WAGES, INHERITANCE, ETC.))		
YOUR CAPACITY/TITLE	PRIMARY PURPOSE OF BUSINESS	% OF OWNERSHIP/NUMBER OF SHARES OWNED		
B) NAME OF BUSINESS ENTITY		DATES INVOLVED FROM (MM/YYYY) TO (MM/YYYY)	BUSINESS ENTITY MAILING ADDRESS	
BUSINESS TELEPHONE NUMBER	AMOUNT OF MONEY INVESTED	IDENTIFY SOURCE OF MONIES FOR YOUR INITIAL AND SUBSEQUENT INVESTMENTS (IF LOANS, PROVIDE COPIES OF AGREEMENTS. IF CHECKING OR SAVINGS, IDENTIFY SOURCE (I.E. WAGES, INHERITANCE, ETC.))		
YOUR CAPACITY/TITLE	PRIMARY PURPOSE OF BUSINESS	% OF OWNERSHIP/NUMBER OF SHARES OWNED		
<b>SECTION 9: BUSINESS INTEREST – NON-GAMING RELATED</b>				
LIST ALL BUSINESSES, SUCH AS CORPORATIONS, AND PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES WITH IN WHICH YOU ARE CURRENTLY ASSOCIATED AS HAVE HAD A FINANCIAL INTEREST AS AN OWNER, OFFICER, DIRECTOR, ACTIVE SHAREHOLDER, PARTNER, MEMBER, OR OTHER SIMILAR CAPACITY WITHIN THE LAST 10 YEARS. LIST ALL GAMBLING RELATED BUSINESSES WITH WHICH YOU ARE OR HAVE BEEN ASSOCIATED AS AN OWNER, OFFICER, DIRECTOR, ACTIVE SHAREHOLDER, PARTNER OR OTHER SIMILAR CAPACITY WITHIN THE LAST 10 YEARS. ATTACH ADDITIONAL SHEETS AS NECESSARY.				
A) NAME OF BUSINESS ENTITY/CORPORATION/PARTNERSHIP	DATES OF INVOLVEMENT FROM (MM/YYYY) TO (MM/YYYY)	BUSINESS ENTITY/CORPORATION/PARTNERSHIP MAILING ADDRESS		
BUSINESS TELEPHONE NUMBER ( )	AMOUNT OF MONEY INVESTED	IDENTIFY SOURCE OF MONIES FOR YOUR INITIAL AND SUBSEQUENT INVESTMENTS (IF LOANS, PROVIDE COPIES OF AGREEMENTS. IF CHECKING OR SAVINGS, IDENTIFY SOURCE (I.E. WAGES, INHERITANCE, ETC.))		
YOUR CAPACITY/TITLE	PRIMARY PURPOSE OF BUSINESS	AMOUNT OF INVESTMENT	% OF OWNERSHIP/# NUMBER OF SHARES OWNED	GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO
B) NAME OF BUSINESS ENTITY/CORPORATION/PARTNERSHIP	DATES OF INVOLVEMENT FROM (MM/YYYY) TO (MM/YYYY)	BUSINESS ENTITY/CORPORATION/PARTNERSHIP MAILING ADDRESS		
BUSINESS TELEPHONE NUMBER ( )	AMOUNT OF MONEY INVESTED	IDENTIFY SOURCE OF MONIES FOR YOUR INITIAL AND SUBSEQUENT INVESTMENTS (IF LOANS, PROVIDE COPIES OF AGREEMENTS. IF CHECKING OR SAVINGS, IDENTIFY SOURCE (I.E. WAGES, INHERITANCE, ETC.))		
YOUR CAPACITY/TITLE	PRIMARY PURPOSE OF BUSINESS	AMOUNT OF INVESTMENT	% OF OWNERSHIP/# NUMBER OF SHARES OWNED	GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO



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EXPLAIN THE REASON FOR THIS ACTION. ATTACH A COPY OF THE PAYMENT PLAN OR OTHER DOCUMENTATION SHOWING HOW THE DEBT WILL BE SATISFIED. IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YOU PLAN ON REPAYING THE DEBT(S).

DO YOU OWN, OR CONTROL, OR MANAGE ANY ASSETS OR LIABILITIES OUTSIDE THE UNITED STATES? .....  YES  NO

IF YES, PROVIDE COMPLETE THE FOLLOWING DETAILS BELOW.

A) DESCRIPTION OF ASSET/LIABILITY	
DATE ACQUIRED (MM/YYYY)	LOCATION
B) DESCRIPTION OF ASSET/LIABILITY	
DATE ACQUIRED (MM/YYYY)	LOCATION

**SECTION 10: GROSS ANNUAL INCOME**

CURRENT GROSS ANNUAL INCOME	\$ _____
BUSINESS INCOME (EXPLAIN TYPE OF BUSINESS)	\$ _____
INTEREST INCOME	\$ _____
DIVIDEND INCOME	\$ _____
RENTAL INCOME	\$ _____
CHILD SUPPORT	\$ _____
GIFTS	\$ _____
SPOUSAL SUPPORT/ALIMONY	\$ _____
OTHER (SPECIFY, I.E. SPOUSAL INCOME)	\$ _____
OTHER (SPECIFY)	\$ _____
<b>TOTAL GROSS INCOME</b>	\$ _____

DO YOU RECEIVE BONUSES OR PROFIT SHARING FROM YOUR CURRENT EMPLOYER WHICH ARE BASED ON A PERCENTAGE OF THE GAMBLING ESTABLISHMENT REVENUE?

YES  NO

**THE ASSET AND LIABILITY FIGURES SHOWN BELOW ARE AS OF \_\_\_\_\_, 20\_\_\_\_\_.**

**SECTION 11: STATEMENT OF ASSETS**

LIST THE VALUE OF ALL ASSETS, BOTH TANGIBLE AND INTANGIBLE. ALL ASSETS MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES.

ASSETS	*PURCHASE PRICE	CURRENT MARKET VALUE
CASH (TOTAL FROM SCHEDULE A)		\$ _____
STOCKS AND BONDS (TOTAL FROM SCHEDULE B)		\$ _____
ACCOUNTS AND NOTES RECEIVABLE (TOTAL FROM SCHEDULE C)		\$ _____
BUSINESS INVESTMENTS* (TOTAL FROM SCHEDULE D)	\$ _____	\$ _____
REAL ESTATE* (TOTAL FROM SCHEDULE E)	\$ _____	\$ _____
OTHER ASSETS (TOTAL FROM SCHEDULE F)		\$ _____
<b>TOTAL ASSETS</b>		\$ _____

SECTION 12: STATEMENT OF LIABILITIES		
LIST THE VALUE OF ALL YOUR LIABILITIES. ALL LIABILITIES MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES. IF APPLICABLE, ANY DEBT INCURRED TO FINANCE THE TOTAL INVESTED IN THE GAMBLING ESTABLISHMENT SHOULD BE REFLECTED ON ONE OF THE SCHEDULES LISTED BELOW.		
LIABILITIES	INITIAL AMOUNT	PRESENT BALANCE
ACCOUNTS PAYABLE (TOTAL FROM SCHEDULE G)		\$ _____
TAXES PAYABLE (TOTAL FROM SCHEDULE H)		\$ _____
NOTES PAYABLE* (TOTAL FROM SCHEDULE I)	\$ _____	\$ _____
MORTGAGE PAYABLE* (TOTAL FROM SCHEDULE J)	\$ _____	\$ _____
CONTINGENT AND OTHER LIABILITIES (TOTAL FROM SCHEDULE K)		\$ _____
<b>TOTAL LIABILITIES</b>		\$ _____

**NOTE: ADDITIONAL FINANCIAL INFORMATION MAY BE REQUIRED BY THE BUREAU OF GAMBLING CONTROL.**

**SECTION 13: SUPPORTING DOCUMENTATION CHECKLIST**

KEY EMPLOYEE APPLICANTS MUST INCLUDE THE FOLLOWING ADDITIONAL DOCUMENTS WITH THIS APPLICATION. ONLY DOCUMENTS THAT ARE DATED AND SIGNED BY ALL PARTIES WILL BE ACCEPTED. FAILURE TO PROVIDE COMPLETED DOCUMENTS MAY RESULT IN A DENIAL OF YOUR LICENSE REQUEST.

The following items must be submitted with this completed form, as applicable. Original documents are required unless otherwise stated. Only documents that are dated and signed by all parties will be accepted. Failure to provide required items may result in denial of your application. This application will not be deemed complete until all required items have been received.

Mark the box next to each enclosed item.

- Authorization to Release Information form (BGC-APP-006-[Rev. 04/08])
- Request for Live Scan Service (BCII 8016, Rev. 03/07)
- Military Form DD-214 (A complete "undeleted" copy with no information blacked out)
- Resident Card, Employment Authorization Card (front and back copy) or Certificate of Naturalization (front copy)
- Any active cardroom license, work permit, badge, etc., issued by a California city or county (front and back copy)
- Employment Agreement or Duty Statement for the position for which you are applying (copy)
- Federal Individual and Business Tax Returns – signed copies of state and federal, both individual and business for the past three years, including all statements/schedules and attachments for the last three years (copy)
- Monthly Bank Statements – copies of for all personal and business accounts corresponding only to the most recent tax return for the last 12 months (copy)
- Monthly/Quarterly Investment account Statements – copies for all personal and business accounts corresponding only to the most recent tax return for the last 12 months (copy)
- Loan Agreements (copy)
- Naturalization certificate – if a naturalized citizen, a copy of your naturalization certificate
- Request for Live Scan Service (BCII 8016, Rev. 04/04)
- Employment contract – copy
- Local cardroom employee license, permit, badge, etc. – copy
- Military form DD214, if applicable – copy
- Alien registration, if applicable – copy
- Bankruptcy Court Petition and Order records, if applicable (copy)

Additional documentation may be required by the Bureau of Gambling Control.



**ADDITIONAL SPACE**

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., residences, employers, explanations to questions, etc.).
- Identify the corresponding question and specific item being referenced.

A large rectangular area with a red border and a large red 'X' drawn across it, indicating that this space is unused or reserved for additional information.



Key Employee Supplemental Background Investigation Information

**SCHEDULE A – ASSETS**  
**Gross Annual Household Income**

<u>Type of Income</u>	<u>Applicant</u>	<u>Spouse/Other</u>
<u>Current Gross Annual Income</u>	\$	\$
<u>Business Income (Explain Type of Business)</u>	\$	\$
<u>Interest Income</u>	\$	\$
<u>Dividend Income</u>	\$	\$
<u>Rental Income</u>	\$	\$
<u>Child Support</u>	\$	\$
<u>Gifts</u>	\$	\$
<u>Spousal Support/Alimony</u>	\$	\$
<u>Other (Specify)</u>	\$	\$
<u>Total Gross Income</u>	\$	\$
<u>DO YOU RECEIVE BONUSES OR PROFIT SHARING BASED ON A PERCENTAGE OF REVENUE GENERATED FROM A GAMING ACTIVITY?</u>		<input type="checkbox"/> YES <input type="checkbox"/> NO

Signature of Preparer \_\_\_\_\_

Date \_\_\_\_\_

**SCHEDULE AB - ASSETS**

**Cash**

List all cash and where it is located, (e.g., financial institutions (foreign and domestic), safe deposit boxes, house/office safe, etc.).

Name & Address of Bank or Investment Account Where the Funds are Held	Type of Account	Last 6 Digits of Account Number	Date Opened	Names of Persons Who Have Signature Authority on Account	Balance
					\$
					\$
					\$
					\$
					\$
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
<b>TOTAL*:</b>					\$

\*This total should match the corresponding total reported on page 7.

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

**SCHEDULE BC - ASSETS**

**Stocks and Bonds**

List all stocks, bonds, mutual funds, or other similar investments held or controlled.

Issuer	Registered Owner	<u>Last 6 Digits of Account Number</u>	Type (Note if stocks, bonds, mutual funds, etc.)	Number of Shares or Units	Current Market Value
					\$
					\$
					\$
					\$
					\$
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
				TOTAL*:	\$

\*This total should match the corresponding total reported on page 7.

Signature of Preparer \_\_\_\_\_

Date \_\_\_\_\_

**SCHEDULE ~~C~~D - ASSETS**  
**Accounts and Notes Receivable**

List all loans, accounts, and notes receivable (monies owed to you). Please submit copies of loan agreements for any loans between private parties not secured through a financial institution.

Name <del>&amp;</del> <u>and</u> Address of Debtor	Date Acquired	Maturity Date ( <del>#</del> Notes <del>#</del> Receivable)	Payment Amount and Payment Period (e.g. Weekly, Monthly)	Interest Rate	Original Amount	<del>Unpaid</del> -Balance
					\$	\$ <u>AS OF DATE</u>
					\$	\$ <u>AS OF DATE</u>
					\$	\$ <u>AS OF DATE</u>
_____	_____	_____	_____	_____	<del>\$\$</del> _____	<del>\$\$</del> _____
_____	_____	_____	_____	_____	<del>\$\$</del> _____	<del>\$\$</del> _____
_____	_____	_____	_____	_____	<del>\$\$</del> _____	<del>\$\$</del> _____
_____	_____	_____	_____	_____	<del>\$\$</del> _____	<del>\$\$</del> _____
_____	_____	_____	_____	_____	<del>\$\$</del> _____	<del>\$\$</del> _____
					TOTAL*:	\$

~~\*This total should match the corresponding total reported on page 7.~~

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

**SCHEDULE D - ASSETS**

**Business Investments**

List any business investments in which any direct, indirect, or vested interest is held, along with the names of all individuals or entities who share a direct, indirect, or vested interest. This should include, but not be limited to, joint ventures, partnerships, limited liabilities companies, and corporations.

Entity Name	Type of Entity	Number of Shares or Units	Name in which held	Percent of Ownership	Individuals or Entities Sharing Interest & Percentage Ownership	Date of Purchase	Purchase Price	Current Market Value
_____	_____	_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____	\$ _____
							TOTAL*:	\$ _____

\*This total should match the corresponding total reported on page 7.

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

**SCHEDULE E - ASSETS**

**Real Estate**

List any direct or indirect interest held in real property by yourself, your spouse, or your dependent children.

Address or Parcel Number & <u>and</u> Location	Type (Residential <u>or</u> Commercial)	Percentage of Ownership	Date of Purchase	Current Income (Rent/Lease) ( <del>indicate</del> per month, <del>year, etc.</del> )	<u>Down Payment</u>	Purchase Price	Current Market Value
					Ⓢ	\$	\$
<u>Identify the source of funds for the down payment:</u>							
					Ⓢ	\$	\$
<u>Identify the source of funds for the down payment:</u>							
					Ⓢ	\$	\$
<u>Identify the source of funds for the down payment:</u>							
_____	_____	_____	_____	_____		\$ _____	\$ _____
_____	_____	_____	_____	_____		\$ _____	\$ _____
						TOTAL*:	\$

~~\*This total should match the corresponding total reported on page 7.~~

Signature of Preparer \_\_\_\_\_

Date \_\_\_\_\_

**SCHEDULE F - ASSETS**

**Other Assets**

List all other assets (e.g., art collections, coin collections, antiques, automobiles, etc.)

Type of Asset	Description	Date of Purchase	Purchase Price	Current Market Value
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			TOTAL*:	\$

~~\*This total should match the corresponding total reported on page 7.~~

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

**SCHEDULE G - LIABILITIES**  
**Accounts Payable**

List all accounts payable (e.g., revolving accounts, credit cards, ~~leases~~, lines of credit, etc.).

Name and Address of Creditor	<u>Last 6 Digits of Account Number</u>	Collateral	Date Incurred	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	<del>Interest Rates</del>	Unpaid Balance
					_____	\$
					_____	\$
					_____	\$
					_____	\$
					_____	\$
					_____	\$
					_____	\$
_____	_____	_____	_____	_____	_____	<del>\$</del> _____
<b>TOTAL*:</b>						\$

~~\*This total should match the corresponding total reported on page 7.~~

Signature of Preparer \_\_\_\_\_

Date \_\_\_\_\_



**SCHEDULE I - LIABILITIES**

**Notes Payable**

List all [loans, leases, accounts, and](#) notes payable [\(loans owed by you\)](#).

Name and Address of Creditor	Date Incurred	<b>Collateral</b>	Maturity Date	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Original Note Amount	Interest Rate	Unpaid Balance
		_____			\$		\$
		_____			\$		\$
		_____			\$		\$
		_____			\$		\$
		_____			\$		\$
		_____			\$		\$
		_____			\$		\$
		_____			\$		\$
						<b>TOTAL*:</b>	\$

~~\*This total should match the corresponding total reported on page 7.~~

Signature of Preparer \_\_\_\_\_

Date \_\_\_\_\_

**SCHEDULE J - LIABILITIES**  
**Mortgages Payable**

List all mortgages or liens on real estate.

Name and Address of Creditor Account Number	Address or Parcel Number and Location of Real Estate	Date Incurred	<del>Interest Rate</del>	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Original Loan Amount	Unpaid Balance
			<del>_____</del>		\$	\$
			<del>_____</del>		\$	\$
			<del>_____</del>		\$	\$
			<del>_____</del>		\$	\$
			<del>_____</del>		\$	\$
			<del>_____</del>		\$	\$
			<del>_____</del>		\$	\$
			<del>_____</del>		\$	\$
					<b>TOTAL*</b>	\$

~~\*This total should match the corresponding total reported on page 7.~~

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

**SCHEDULE K - LIABILITIES**  
**Contingent and Other Liabilities**

List any other indebtedness or liability; (e.g., co-signer on a loan, pending litigation, child support, alimony, etc.).

Name and Address of Creditor	Date Incurred	Collateral	Description of Liability and <u>Last 6 Digits of Account Number</u>	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Interest Rate	Original Amount	Unpaid Balance
					_____	\$	\$
					_____	\$	\$
					_____	\$	\$
					_____	\$	\$
					_____	\$	\$
					_____	\$	\$
					_____	\$	\$
					_____	\$	\$
						<b>TOTAL*:</b>	\$

~~\*This total should match the corresponding total reported on page 7.~~

Signature of Preparer \_\_\_\_\_

Date \_\_\_\_\_