

Gambling Establishment Supplemental Information for State Gambling License

DGC-APP-015C (New 09/04 Rev. 08/07/03/08)



CALIFORNIA DEPARTMENT OF JUSTICE
DIVISION OF GAMBLING CONTROL
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GAMBLING ESTABLISHMENT SUPPLEMENTAL INFORMATION

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE YOU COMPLETE THIS FORM

Instructions: Type or print legibly in ink an answer to every question. If a question does not apply to you, indicate with "N/A" (Not Applicable). If the space available is insufficient, use a separate sheet and precede each answer with the applicable section and question number. Do not misstate or omit any material fact(s) information as each statement made herein is subject to verification. Any corrections, changes or other alterations must be initialed and dated by the applicant.

~~PLEASE SEND THE COMPLETED SUPPLEMENTAL INFORMATION ALONG WITH THE APPROPRIATE CARDROOM APPLICANT SUPPLEMENTAL FORM (DGC-APP-015A OR DGC-APP-015B) TO: California Gambling Control Commission, P.O. Box 526013, Sacramento, CA 95852-6013.~~

~~MUST BE COMPLETED BY THE OWNER ENTITY OF THE GAMBLING ESTABLISHMENT (SOLE PROPRIETOR, PARTNERSHIP, CORPORATION, ETC.) _____~~

This Supplemental Form must be completed on behalf of the gambling establishment.

SECTION 1: BUSINESS INFORMATION	
4. NAME OF GAMBLING ESTABLISHMENT APPLICANT	2. TRADE NAME TO BE USED (IF APPLICABLE) 1. YOUR FULL NAME

3. Type of Business: Corporation Partnership Limited Liability Co. Jt. Venture Sole Proprietor

4. Gambling Establishment mailing address: _____

5. Main office (if different than above): _____

6. Address where Gambling Establishment records are maintained (if different than above): _____

Gambling Establishment Phone: (____) _____ Gambling Establishment Fax: (____) _____

7. IF APPLICANT HAS EVER CONDUCTED BUSINESS UNDER ANOTHER NAME IN ANY JURISDICTION OR STATE, PROVIDE NAME AND JURISDICTION OR STATE: HAS THIS GAMBLING ESTABLISHMENT EVER OPERATED UNDER ANOTHER NAME IN ANY JURISDICTION (INCLUDING INTERNATIONAL JURISDICTIONS)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES TO THE ABOVE, PROVIDE THE FOLLOWING DETAILS.		
A) BUSINESS NAME	LOCATION	DATES OF OPERATION
B) BUSINESS NAME	LOCATION	DATES OF OPERATION

Federal tax ID number: _____ State Tax ID number: _____

SSN (if sole proprietorship): _____

8. DOES THIS BUSINESS GAMBLING ESTABLISHMENT HAVE PARENT COMPANIES, SUBSIDIARIES OR AFFILIATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES PLEASE DESCRIBE: TO THE ABOVE, PROVIDE THE FOLLOWING DETAILS.		
A) BUSINESS NAME	PARENT/SUBSIDIARY/AFFILIATE	RELATIONSHIP TO GAMBLING ESTABLISHMENT
B) BUSINESS NAME	PARENT/SUBSIDIARY/AFFILIATE	RELATIONSHIP TO GAMBLING ESTABLISHMENT

SECTION 2: GAMBLING ESTABLISHMENT OPERATIONS

9. OPERATIONAL HOURS OF OPERATIONS: 24 HOURS/365 DAYS, OR:

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
OPENING TIME							
CLOSING TIME							

10. BUSINESS OFFICE HOURS: SAME AS HOURS OF OPERATION, OR:

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
OPENING TIME							
CLOSING TIME							

11. PROPOSED NUMBER OF TABLES ~~NUMBER OF PERMANENT TABLES OPERATING OR TO BE OPERATED~~ IN THE GAMBLING ESTABLISHMENT:

12. Name(s) of Proposed Game(s): [Name\(s\) of Proposed Game\(s\)](#):

13. List all individuals with a financial interest in the gambling establishment. Each of the persons named is required to submit a separate application.

Name	Investment Amount
TOTAL (MUST EQUAL 100%)	

14. List all other individuals, not listed, with a financial interest in the gambling establishment, including, but not limited to, percentage lease landlords and percentage game inventors.

Name	Nature of Interest

SECTION 3: GAMING

LIST ANY THIRD PARTY PROVIDERS OF ~~PROPOSITION~~ [PROPOSITION](#) PLAYER SERVICES OR OTHER GAMBLING BUSINESSES OPERATING IN THIS GAMBLING ESTABLISHMENT AS OF THE DATE OF THIS APPLICATION.

NAME	ADDRESS	PHONE
		()
NAME	ADDRESS	PHONE
		()
NAME	ADDRESS	PHONE
		()

CHIPS IN USE: THE CALIFORNIA CODE OF REGULATIONS REQUIRES GAMBLING ESTABLISHMENTS TO MAINTAIN A SEPARATE, SPECIFICALLY DESIGNATED, INSURED ACCOUNT WITH A LICENSED FINANCIAL INSTITUTION IN AN AMOUNT NOT LESS THAN THE TOTAL VALUE OF THE CHIPS IN USE BY THE GAMBLING ESTABLISHMENT. PROVIDE THE TOTAL VALUE OF THE CHIPS OUTSTANDING AT ANY GIVEN TIME AT THIS GAMBLING ESTABLISHMENT AND A COPY OF THE MOST RECENT STATEMENT ON THIS ACCOUNT.

AMOUNT OF CHIPS IN USE AT THIS GAMBLING ESTABLISHMENT	FINANCIAL INSTITUTION WHERE CHIPS IN USE ACCOUNT IS MAINTAINED	CURRENT BALANCE

PLAYERS' BANK: THE CALIFORNIA CODE OF REGULATIONS REQUIRES GAMBLING ESTABLISHMENTS TO MAINTAIN A SEPARATE, SPECIFICALLY DESIGNATED, INSURED ACCOUNT WITH A LICENSED FINANCIAL INSTITUTION IN AN AMOUNT NOT LESS THAN THE TOTAL AMOUNT OF THE MONIES THAT PATRONS HAVE ON DEPOSIT WITH THE GAMBLING ESTABLISHMENT.

Gambling Establishment Supplemental ~~Background Investigation~~ Information [for State Gambling License](#)

DOES THIS GAMBLING ESTABLISHMENT OFFER PLAYERS' BANKS?..... <input type="checkbox"/> YES <input type="checkbox"/> NO
ENTER THE AMOUNT OF MONEY YOUR BUSINESS RECORDS SHOW AS BEING DEPOSITED BY PLAYERS:.....\$ _____
ATTACH A COPY OF THE MOST RECENT STATEMENT OF THE FINANCIAL INSTITUTION'S ACCOUNT COVERING THE PLAYERS' BANK FUNDS.
<i>THE DIVISION OF GAMBLING CONTROL MAY ALLOW THE GAMBLING ESTABLISHMENT TO PROVIDE SOME OTHER FORM OF SECURITY IN LIEU OF MAINTAINING THE REQUIRED CHIPS IN USE OR PLAYERS' BANK FINANCIAL INSTITUTION ACCOUNT(S). IF THIS GAMBLING ESTABLISHMENT WISHES TO SEEK APPROVAL, OR HAS ALREADY OBTAINED APPROVAL, FOR THIS ALTERNATE FORM OF SECURITY, PLEASE PROVIDE A DETAILED EXPLANATION AND COPIES OF ANY WRITTEN APPROVAL RECEIVED FROM THE DIVISION.</i>

SECTION 4: LITIGATION HISTORY

HAS THIS GAMBLING ESTABLISHMENT BEEN PARTY TO A LAWSUIT OR ARBITRATION WITHIN THE LAST 10 YEARS?..... YES NO

IF YES, EXPLAIN EACH INCIDENT.

A) NAME OF PLAINTIFF(S) AND DEFENDANT(S)

NAME OF CLAIMANT(S) AND RESPONDENT(S)		
DATE FILED (MM/DD/YYYY)	STATE OR FEDERAL COURT	CASE NUMBER
CITY/COUNTY/STATE	DATE OF DISPOSITION	DISPOSITION
BRIEF EXPLANATION OF ISSUES		

B) NAME OF PLAINTIFF(S) AND DEFENDANT(S)

NAME OF CLAIMANT(S) AND RESPONDENT(S)		
DATE FILED (MM/DD/YYYY)	STATE OR FEDERAL COURT	CASE NUMBER
CITY/COUNTY/STATE	DATE OF DISPOSITION	DISPOSITION
BRIEF EXPLANATION OF ISSUES		

C) NAME OF PLAINTIFF(S) AND DEFENDANT(S)

NAME OF CLAIMANT(S) AND RESPONDENT(S)		
DATE FILED (MM/DD/YYYY)	STATE OR FEDERAL COURT	CASE NUMBER
CITY/COUNTY/STATE	DATE OF DISPOSITION	DISPOSITION
BRIEF EXPLANATION OF ISSUES		

SECTION 5: FINANCIAL INFORMATION

HAS ANY INTEREST IN THIS GAMBLING ESTABLISHMENT BEEN ASSIGNED, PLEDGED OR HYPOTHECATED TO ANY INDIVIDUAL OR ENTITY OR HAS ANY AGREEMENT OR CONTRACT BEEN ENTERED INTO WHEREBY ANY INTEREST IS TO BE ASSIGNED, PLEDGED OR HYPOTHECATED EITHER IN PART OR IN WHOLE?..... YES NO

IF YES, EXPLAIN BELOW.

Gambling Establishment Supplemental ~~Background Investigation~~ Information for State Gambling License

HAVE ANY INDIVIDUALS, BUSINESSES OR GOVERNMENTAL AGENCIES FILED LIENS OR JUDGEMENTS AGAINST THIS GAMBLING ESTABLISHMENT WITHIN THE LAST 10 YEARS?.....				<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PROVIDE DETAILS HERE.					
<input type="checkbox"/> LIEN <input type="checkbox"/> JUDGEMENT	DATE FILED (MM/DD/YYYY)	NAME OF PERSON/ENTITY THAT FILED THE LIEN OR JUDGEMENT	EXPLANATION/STATUS		
EXPLANATION AND STATUS					
<input type="checkbox"/> LIEN <input type="checkbox"/> JUDGEMENT	DATE FILED (MM/DD/YYYY)	NAME OF PERSON/ENTITY THAT FILED THE LIEN OR JUDGEMENT	EXPLANATION/STATUS		
EXPLANATION AND STATUS					
IS THIS GAMBLING ESTABLISHMENT, OR ANY INTEREST IN THIS GAMBLING ESTABLISHMENT HELD BY A TRUST?..... <input type="checkbox"/> YES <input type="checkbox"/> NO					
<small>IF YES, YOU MUST ALSO COMPLETE AND SUBMIT AN APPLICATION FOR STATE GAMBLING LICENSE (CGCC-030) FOR THE TRUST AND A TRUST SUPPLEMENTAL BACKGROUND INVESTIGATION INFORMATION FORM (DGC-APP. 143). WHEN A FINANCIAL INTEREST IS HELD BY A TRUST, ANY CURRENT TRUSTOR(S), TRUSTEE(S), AND BENEFICIARIES (WHO ARE NOT CONTINGENT ON A FUTURE EVENT) MUST ALSO APPLY FOR A STATE GAMBLING LICENSE.</small>					
ARE THERE ANY GAME INVENTORS WHO HAVE A FINANCIAL INTEREST IN THIS GAMBLING ESTABLISHMENT (I.E., RECEIVING COMPENSATION THAT IS BASED ON CARDROOM REVENUE, ETC.)?					<input type="checkbox"/> YES <input type="checkbox"/> NO
<small>EACH PERSON WHO RECEIVES A PERCENTAGE OF REVENUES FROM THE GAMBLING ESTABLISHMENT IS REQUIRED TO SUBMIT A SEPARATE APPLICATION AS AN OWNER (CGCC-030, DGC-APP 015A OR 015B, AND SUPPORTING DOCUMENTS).</small>					
IF YES, PROVIDE DETAILS HERE					
NAME	ADDRESS	GAME INVENTED/BEING PLAYED	COMPENSATION ARRANGEMENTS/ % OF REVENUE		
ARE THERE ANY EMPLOYEES WHO PARTICIPATE IN PROFIT SHARING PLANS OR TO WHOM BONUSES ARE PAID THAT ARE BASED ON GAMBLING ESTABLISHMENT REVENUE?					<input type="checkbox"/> YES <input type="checkbox"/> NO
<small>EACH PERSON WHO RECEIVES A PERCENTAGE OF REVENUES FROM THE GAMBLING ESTABLISHMENT IS REQUIRED TO SUBMIT A SEPARATE APPLICATION AS AN OWNER (CGCC-030, DGC-APP 015A OR 015B, AND SUPPORTING DOCUMENTS).</small>					
IF YES, PROVIDE DETAILS HERE					
NAME	TITLE	BONUS/PROFIT SHARING	COMPENSATION ARRANGEMENTS/ % OF REVENUE		
45. SECTION 6: RENT/LEASE INFORMATION:					
NAME OF PROPERTY OWNER			NAME OF LEASING AGENT/LANDLORD. YOUR FULL NAME		
ADDRESS (NUMBER / STREET)		CITY	STATE	ZIP	
TELEPHONE NUMBER-PHONE ()		MONTHLY RENT/LEASE PAYMENT:			
IS ANY PORTION OF THE RENT/LEASE PAYMENT BASED ON GAMBLING ESTABLISHMENT REVENUES? <small>EACH PERSON WHO RECEIVES A PERCENTAGE OF REVENUES FROM THE GAMBLING ESTABLISHMENT IS REQUIRED TO SUBMIT A SEPARATE APPLICATION AS AN OWNER (CGCC-030, DGC-APP 015A OR 015B, AND SUPPORTING DOCUMENTS).</small>					<input type="checkbox"/> YES <input type="checkbox"/> NO
DO ANY PERSONS WHO OWN THE BUILDING IN WHICH THIS GAMBLING ESTABLISHMENT OPERATES OR THE LAND UPON WHICH THIS GAMBLING ESTABLISHMENT SITS, OR ANY PERSONS EMPLOYED BY THE LESSOR, HAVE A FINANCIAL INTEREST IN THIS GAMBLING ESTABLISHMENT?					<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PROVIDE DETAILS HERE					
NAME OF PERSON WITH INTEREST	ADDRESS	DESCRIPTION OF THEIR FINANCIAL INTEREST IN THIS GAMBLING ESTABLISHMENT			

SECTION 7: REMUNERATIONS

LIST ANY REMUNERATION EXCEEDING ~~\$200,000~~ \$50,000 PAID ANNUALLY BY THE GAMBLING ESTABLISHMENT TO PERSONS OTHER THAN THE LICENSED OWNERS OF THIS GAMBLING ESTABLISHMENT.

NAME OF PAYEE	ADDRESS OF PAYEE	REASON FOR PAYMENT	ANNUAL AMOUNT
			\$
NAME OF PAYEE	ADDRESS OF PAYEE	REASON FOR PAYMENT	ANNUAL AMOUNT
			\$
NAME OF PAYEE	ADDRESS OF PAYEE	REASON FOR PAYMENT	ANNUAL AMOUNT
			\$
NAME OF PAYEE	ADDRESS OF PAYEE	REASON FOR PAYMENT	ANNUAL AMOUNT
			\$

16. GROSS ANNUAL INCOME

Source: _____ ANNUAL AMOUNT: \$ _____

Source: _____ ANNUAL AMOUNT: \$ _____

Source: _____ ANNUAL AMOUNT: \$ _____

TOTAL GROSS ANNUAL INCOME: \$ _____

THE ASSET AND LIABILITY FIGURES SHOWN BELOW ARE AS _____, 20____.
OF _____

17. SECTION 8: STATEMENT OF ASSETS—AS OF: _____ 20____.

From the following Statement of Assets, list the total value of all assets, both tangible and intangible. All assets must be listed and described fully on the corresponding schedule. LIST THE VALUE OF ALL ASSETS, BOTH TANGIBLE AND INTANGIBLE, ASSOCIATED WITH THIS GAMBLING ESTABLISHMENT. ALL ASSETS MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES. If applicable, the business' gambling establishment's investment(s) should be reflected on Schedule "D."

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

18. SECTION 9: STATEMENT OF LIABILITIES AS OF: _____ 20____.		
From the following Statement of Liabilities, list the total of all liabilities. All liabilities must be listed and described fully on the corresponding schedule. If applicable, any debt incurred to finance the total invested in the gambling establishment should be reflected on one of the schedules listed below. LIST THE VALUE OF ALL LIABILITIES ASSOCIATED WITH THIS GAMBLING ESTABLISHMENT. ALL LIABILITIES MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES.		
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)		\$
TOTAL LIABILITIES		\$

19. OWNER'S EQUITY (ASSETS MINUS LIABILITIES) _____ \$ _____

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

SECTION 10: SUPPORTING DOCUMENTATION CHECKLIST	
<p>The following items must be submitted in conjunction with an Application for a State Gambling License (CGCC-030) and this Gambling Establishment Supplemental Background Investigation Information form (DGC-APP 015C). Originals are required unless otherwise stated. Only documents that are dated and signed by all parties will be accepted. Failure to provide complete documents may result in denial of a license/denial of suitability. Pursuant to Business and Professions Code section 19868(a), an official filing date will not be established until all required forms, documentation and fees have been received by the State.</p>	
<input type="checkbox"/>	Background Investigation Deposit required in CCR, Title 11, Division 3, Chapter 1, Article 4, Section 2037
<input type="checkbox"/>	Owner Supplemental Information form (DGC-APP 015A and/or 015B)
<input type="checkbox"/>	Application for State Gambling License (CGCC-030) and a Trust Supplemental Background Investigation Information form (DGC-APP. 143) if this gambling establishment is held by a trust.
<input type="checkbox"/>	Declaration of Full Disclosure (DGC-APP. 005 [Rev. 06/06 09/04])
<input type="checkbox"/>	Authorization to Release Information (DGC-APP. 006 [Rev. 08/07 03/08])
<input type="checkbox"/>	Appointment of Designated Agent (DGC-APP. 008 (Rev. 05/05 09/03)) (initial applications only)
<input type="checkbox"/>	Organizational Chart - Show Names, Job Titles and Lines of Accountability
<input type="checkbox"/>	Identification of Key Employees and a full and complete description of duties performed by persons occupying each key employee position (document must be signed by designated agent/owner licensee)
<input type="checkbox"/>	Current Conditional Use Permit, if applicable - copy
<input type="checkbox"/>	Current Local Gambling Establishment Business License or Permit - copy
<input type="checkbox"/>	Chips In Use Account - a copy of the most recent statement of the financial institution account covering the chips in use (initial and renewal applications)
<input type="checkbox"/>	Players' Bank Account - a copy of the most recent statement of the financial institution account covering the players' bank funds, if applicable
<input type="checkbox"/>	Cardroom Security Plan/Cardroom Floor & Gambling Table Layout (see B&P Code section 19924) - copy
<input type="checkbox"/>	Emergency Preparedness and Evacuation Plan (see CCR, Title 4, Section 12370) - copy
<input type="checkbox"/>	Rules for all games and gaming activities, including a description of the event that determines the winner of the game or gaming activity, the wagering conventions, and the fee collection and assessment methods (see CCR, Title 11, Section 2071)
<input type="checkbox"/>	Tax Returns - Signed and dated copies of the gambling establishment's state and federal tax returns for the past three years, including all schedules and attachments
<input type="checkbox"/>	Current Balance Sheet and Income Statement
<input type="checkbox"/>	Investment Account Statements – Copies of all monthly statements for all accounts corresponding to the same period of time reflected in the balance sheet and income statement

Pursuant to Business and Professions Code section 19867, an applicant is responsible for all costs incurred by the Division while conducting a background investigation for gambling license suitability. At the conclusion of the investigation, the applicant will receive an itemized accounting of all such costs. Monies received in excess of the actual costs incurred will be refunded. A license will not be issued until all outstanding background investigation and issuance fees are received.

SECTION 16: DECLARATION

I, _____, declare that I, the authorized representative or designated agent, have read the foregoing Gambling Establishment Supplemental Information and understand its contents. My statements are true and correct and contain a full and true account of the information requested. I execute this declaration with the knowledge that any misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial of an application or revocation of a state license, finding or permit. I have familiarized myself with the contents of the California Gambling Control Act (Business and Professions Code section 19800 et seq.), the Regulations of the California Gambling Control Commission (California Code of Regulations, Title 4), and the Regulations of the Division of Gambling Control (California Code of Regulations, Title 11) as adopted and agree to abide by them.

_____ I expressly waive, release, and forever discharge the State of California and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors, can, shall, or may have against the State of California and its agents, relating to this Application Package for Licensure.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true, correct, and complete. I declare under penalty of perjury of the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate and complete, and that this declaration is executed by me at _____ on _____.

<i>City and State</i>	<i>Date</i>
PRINTED FULL NAME /TITLE	SIGNATURE
	DATE

Gambling Establishment Name: _____

STATEMENT OF ASSETS
SCHEDULE "A" - ASSETS
Cash

List all cash the gambling establishment has and where it is located, e.g. bank accounts, financial institutions (foreign and domestic), safe deposit boxes, office safes, etc.

LOCATION OF CASH (e.g. Name & Address of Bank) Name & Address of Bank or Investment Account	Type of Account	Account No. Number	Date Opened	Names of Persons Who Have Signature Authority on Account	Date of Balance	Balance
						\$
						\$
						\$
						\$
						\$
						\$
						\$
					TOTAL \$ *:	\$

*This total should match the corresponding total reported on page 5.

Signature of Preparer _____ Date _____

STATEMENT OF ASSETS
SCHEDULE B "C" - ASSETS
Stocks and Bonds

List all stocks, bonds, mutual funds, commodity accounts, options, warrants, etc or other similar investments held or controlled by the gambling establishment.

Issuer	Registered Owners	Account Number	Type (Note if stocks, bonds, mutual funds, etc.)	Date of Current Market Value	No. Number of Shares or Units	Current Market Value
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
					TOTAL \$ *:	\$

*This total should match the corresponding total reported on page 5.

Signature of Preparer _____ Date _____

STATEMENT OF ASSETS
SCHEDULE C "B" - ASSETS
Accounts and Notes Receivable

List all loans, accounts, and notes receivable held by the gambling establishment.

Name & Address of Debtor	Date Acquired	Maturity Date (notes receivable)	Payment Amount & and Payment Period (e.g. Weekly, Monthly)	Interest Rate (%)	Original Amount	Date of Unpaid Balance	Unpaid Balance
					1\$		1\$
					1\$		1\$
					1\$		1\$
					1\$		1\$
					1\$		1\$
					1\$		1\$
					1\$		1\$
					1\$		1\$
					1\$		1\$
						TOTAL \$ *:	1\$

*This total should match the corresponding total reported on page 5.

Signature of Preparer _____ Date _____

STATEMENT OF ASSETS
SCHEDULE "D" - ASSETS
Business Investments

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

Entity Name	Type of Entity	No. Number of Shares or Units	Name in which held	Percent of Ownership	Individuals or Entities Sharing Interest & Percentage Ownership	Date of Purchase	Purchase Price	Date of Current Market Value	Current Market Value
							\$		\$
							\$		\$
							\$		\$
							\$		\$
							\$		\$
							\$		\$
							\$		\$
							\$		\$
								TOTAL \$*:	\$

*This total should match the corresponding total reported on page 5.

Signature of Preparer _____ Date _____

STATEMENT OF ASSETS
SCHEDULE "E" - ASSETS
Real Estate

List any real property in which the gambling establishment holds any direct, indirect, vested, or contingent interest. direct or indirect interest held in real property by yourself, your spouse, or your dependent children.

<u>Address/Location/Parcel Number</u> <u>Address or Parcel Number & Location</u>	<u>Type</u> <u>(Residential/Commercial)</u>	<u>Percentage of</u> <u>Ownership</u>	<u>Date of</u> <u>Purchase</u>	<u>Income (Rent/Lease) Current</u> <u>Income (Rent/Lease) (indicate</u> <u>per month, year, etc.)</u>	<u>Purchase</u> <u>Price</u>	<u>Date of Current</u> <u>Market Value</u>	<u>Current Market</u> <u>Value</u>
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
						TOTAL \$ *:	\$

*This total should match the corresponding total reported on page 5.

Signature of Preparer _____ Date _____

STATEMENT OF ASSETS
SCHEDULE "F" - ASSETS
Other Assets

List all other assets the gambling establishment holds (e.g., art collections, coin collections, antiques, automobiles, etc.) held by the gambling establishment

Type of Asset	Description Account Number Description (e.g., serial numbers, VIN numbers)	Date of Purchase	Purchase Price	Date of Current Market Value	Current Market Value
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
				TOTAL \$	\$

*This total should match the corresponding total reported on page 5.

Signature of Preparer _____

Date _____

STATEMENT OF LIABILITIES
SCHEDULE "G" - LIABILITIES
Accounts Payable

List all accounts payable for the gambling establishment (e.g. revolving accounts, credit cards, leases, lines of credit).

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

*This total should match the corresponding total reported on page 5.

Signature of Preparer _____ Date _____

STATEMENT OF LIABILITIES
SCHEDULE "H" - LIABILITIES
Taxes Payable

List all unpaid and estimated taxes.

Taxing Authority (e.g., State Franchise Tax Board/Internal Revenue Service/Board of Equalization, etc.)	Related Tax Period	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Original Amount	Fines, Penalties & Interest	Date of Unpaid Balance	Unpaid Balance
						\$
						\$
						\$
						\$
						\$
						\$
						\$
					TOTAL \$	\$

*This total should match the corresponding total reported on page 5.

Signature of Preparer _____ Date _____

**STATEMENT OF LIABILITIES
SCHEDULE "I" - LIABILITIES
Notes Payable**

List all notes payable.

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

*This total should match the corresponding total reported on page 5.

Signature of Preparer _____ Date _____

STATEMENT OF LIABILITIES
SCHEDULE "J" - LIABILITIES
Mortgages Payable

List all mortgages or liens on real estate.

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

*This total should match the corresponding total reported on page 5.

Signature of Preparer _____ Date _____

STATEMENT OF LIABILITIES
SCHEDULE "K" - LIABILITIES
Contingent and Other Liabilities

List any other indebtedness or contingent liability, e.g., co-signer on a loan, pending litigation, etc.

Name & <u>and</u> Address of Creditor	Date Incurred	Collateral	Description of Liability & <u>and</u> Account Number	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Interest Rate (%)	Original Amount	Date of Unpaid Balance	Unpaid Balance
						1\$		1\$
						1\$		1\$
						1\$		1\$
						1\$		1\$
						1\$		1\$
						1\$		1\$
						1\$		1\$
						1\$		1\$
							TOTAL \$ *:	1\$

*This total should match the corresponding total reported on page 5.

Signature of Preparer _____ Date _____