

~~Cardroom Key Employee Supplemental Information for State Gambling License~~
Gambling Establishment Key Employee Supplemental Background Investigation Information

DGC-APP-016A (Rev 09/04 ~~08/07~~03/08)



DEPARTMENT OF JUSTICE
DIVISION OF GAMBLING CONTROL
P.O. Box 168024
Sacramento, CA 95816-8024
(916) 263-3408
Fax (916) 263-3403 ~~facsimile~~

CARDROOM KEY EMPLOYEE
SUPPLEMENTAL INFORMATION FOR STATE GAMBLING LICENSE

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE YOU COMPLETE THIS FORM

~~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) 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 BACKGROUND INFORMATION, ALONG WITH THE APPLICATION FOR A STATE GAMBLING LICENSE, A \$500 NON-REFUNDABLE APPLICATION FEE AND A \$1,200 DEPOSIT TO PAY THE ANTICIPATED INVESTIGATION AND PROCESSING COSTS, IN ACCORDANCE WITH BUSINESS AND PROFESSIONS CODE SECTION 19867 TO: California Gambling Control Commission, P.O. Box 526013, Sacramento, CA 95852-6013.~~

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 19851(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). Applications not fully and accurately completed will be returned to the sender for completion.

Please send your completed Gambling Establishment Key Employee Supplemental Background Investigation Information form and Application (CGCC-031) to the California Gambling Control Commission at 2399 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833-4231. Include a background deposit fee as required in Title 11, California Code of Regulations, section 2037.

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

Applicant's Full Name

Date 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.

PART I - PERSONAL HISTORY INFORMATION

A. SECTION 1 PERSONAL INFORMATION

1. Full Name:

____ Last _____ First _____ Middle _____

2. Alias(es), Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise:

3. Date of Birth:

4. Place of Birth:

____ City _____ County _____ State _____ Country _____

5. Residence Address:

____ Street _____ City _____ County _____ State _____ Zip _____

6. Telephone: Residence: (____) _____ Business: (____) _____

7. Social Security Number*:

8. Driver License or Identification Card No./State Issued:

9. Eye Color: _____ Hair Color: _____ Weight: _____ Height: _____

10. Distinguishing marks (scars, tattoos, etc.). Describe and indicate location:

11. Gender: Male Female

*Applicants are required to provide their social security number. This requirement is authorized by Business and Professions Code section 19841(a)(2), 19864(b)(6), and 19865. This information is used to obtain records relevant to background investigation.

B. CITIZENSHIP (provide copy of resident alien card (front and back) or certificate of naturalization)

Are you a United States citizen? Yes No

If alien, Alien No.:

If naturalized, Certificate No.:

Alien No.:

Date Naturalized

Gambling Establishment Key Employee Supplemental Background Investigation Information

<u>YOUR FULL NAME</u>					
<u>LAST</u>		<u>FIRST</u>		<u>MIDDLE</u>	
<u>YOUR RESIDENCE ADDRESS</u>					
<u>STREET</u>		<u>CITY & COUNTY</u>		<u>STATE & ZIP</u>	
<u>BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)</u>			<u>DRIVER'S LICENSE/IDENTIFICATION CARD NUMBER</u>		
			<u>NO.</u>	<u>STATE</u>	<u>EXP</u>
<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>					
<u>ARE YOU A UNITED STATES CITIZEN.....</u> <input type="checkbox"/> YES <input type="checkbox"/> NO			<u>IF NO. OF WHAT COUNTRY ARE YOU A CITIZEN?</u>		
<u>ALIEN REGISTRATION NUMBER</u>			<u>IF NATURALIZED, CERTIFICATE NUMBER</u>		
<u>DATE NATURALIZED (MM/DD/YYYY)</u>			<u>PLACE</u>		
<u>DO YOU HAVE ANY FAMILY MEMBERS CURRENTLY WORKING IN ANY POSITION IN ANY GAMING FACILITY IN CALIFORNIA?.....</u> <input type="checkbox"/> YES <input type="checkbox"/> NO					
<u>IF YES, COMPLETE INFORMATION BELOW.</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>		
	<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>		

C. SECTION 2: MARITAL STATUS INFORMATION

1. Current Marital Status:

Single Married Separated Divorced Widowed

2. Current Spouse Information:

Full Name:

Last _____ First _____ Middle _____ Maiden _____

Date of Birth: _____ Place of Birth: _____

Date of Marriage: _____

Residence Address (if different from applicant): _____

Telephone: Residence: (_____) _____ Business: (_____) _____

Employer: _____

Occupation: _____

Address of Employer: Street _____ City _____ State _____ Zip _____

3. Former Marriage(s):

Name of Former Spouse(s) (Last, First, Middle, Maiden)	Dates of Marriage	Telephone
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Gambling Establishment Key Employee Supplemental Background Investigation Information

	(From - To)	Number

SINGLE
 MARRIED
 SEPARATED
 DIVORCED
 WIDOWED

CURRENT SPOUSE

NAME	DATE OF BIRTH	YEARS OF MARRIAGE

N/A **FORMER SPOUSE**

NAME	DATE OF BIRTH	YEARS OF MARRIAGE

D. FAMILY

1. Children and Dependents:

Provide the following information for each of your children (including birth, step, adopted, and foster children) and other dependents.

Name (Last, First, Middle, Maiden)	Date of Birth	Residence Address	Relationship	Occupation

2. Co-habitants and Roommates:

Provide the following information for any adults, not disclosed in question D1, with whom you reside.

Name (Last, First, Middle, Maiden)	Date of Birth	Employer/Occupation	Employer Address & Telephone	Relationship

Gambling Establishment Key Employee Supplemental Background Investigation Information

E. EDUCATION

Name of School	Location (City/State)	Dates of Attendance	Degree/Certificate Obtained
High School			
College/University			
Other			

G. SECTION 3: RESIDENCES

Beginning with your current residence, list all residences you have had for the last 10 years. List all residences during the last five years (most recent first, excluding current). Provide complete addresses (include markers such as Street, Drive, Road, East, West, Etc. and Unit or Apartment Number). Do not use P.O. Boxes.

Month and Year (From To)	Street	City	State	Zip	Rent/Own (check one)
					Own _____ Rent _____
					Own _____ Rent _____
					Own _____ Rent _____
					Own _____ Rent _____
					Own _____ Rent _____
					Own _____ Rent _____
					Own _____ Rent _____
					Own _____ Rent _____

Gambling Establishment Key Employee Supplemental Background Investigation Information

		Own _____ Rent _____

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

H. SECTION 4: EXPERIENCE AND EMPLOYMENT

Beginning with your current employment, list your work history, including all periods of unemployment for the past 10 years. Beginning with your most current employment, list all jobs you have had including part-time, temporary, self-employment, and volunteer activities, during the previous 10 years. Include periods of unemployment and in the DUTIES/ASSIGNMENTS section, explain how you supported yourself while unemployed.

Gambling Establishment Key Employee Supplemental Background Investigation Information

Month and Year (From-To)	Name/Mailing Address/Telephone Number of Employer /Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	Gambling Related? Yes ___ No ___

Month and Year (From-To)	Name/Mailing Address/Telephone Number of Employer /Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	Gambling Related? Yes ___ No ___

Month and Year (From-To)	Name/Mailing Address/Telephone Number of Employer /Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	Gambling Related? Yes ___ No ___

Month and Year (From-To)	Name/Mailing Address/Telephone Number of Employer /Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	Gambling Related? Yes ___ No ___

Month and Year (From-To)	Name/Mailing Address/Telephone Number of Employer /Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	Gambling Related? Yes ___

Gambling Establishment Key Employee Supplemental Background Investigation Information

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

Gambling Establishment Key Employee Supplemental Background Investigation Information

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					

F. SECTION 5: MILITARY EXPERIENCE (include copy of DD214)

1. Have you ever served in any armed forces: Yes No

If Yes, Country Served: _____ Branch: _____

Dates of Service (From-To): _____ Type of Discharge: _____

Rank/Rating at Separation: _____ Serial Number: _____

2. While in the military service, were you ever convicted of any offense or formally disciplined: Yes No

If Yes, provide complete details: _____

HAVE YOU EVER SERVED IN ANY BRANCH OF THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, ATTACH A COPY OF YOUR DD-214				
BRANCH OF SERVICE		DATES OF SERVICE FROM		TO
COUNTRY OF SERVICE	RANK AT SEPARATION	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				
HAVE YOU EVER BEEN DISCIPLINED WHILE IN THE MILITARY..... <input type="checkbox"/> YES <input type="checkbox"/> NO				
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)		

J. SECTION 6: CRIMINAL HISTORY INFORMATION **CONVICTION, LITIGATION, AND ARBITRATION**

1. Have you ~~ever~~ been convicted of a felony? (Convictions dismissed under Penal Code section 1203.4 must be disclosed, unless an order sealing records under Penal Code section 1203.45 relating to persons under 18 years of age has been issued). HAVE YOU EVER BEEN CONVICTED OF A CRIME, PLED GUILTY OR PLED NOLO CONTENDERE (NO CONTEST) TO A CRIME (OTHER THAN A VEHICLE CODE INFRACTION)? INCLUDE ANY CONVICTIONS REDUCED OR EXPUNGED. UNLESS THE RECORDS HAVE BEEN SEALED PURSUANT TO A COURT ORDER. Yes No

If yes, explain each incident

A) Approximate Date (MM/DD/YYYY)	Court Location (City & State) and Arresting Agency (City and State)
What crime(s) were you convicted of?	

Gambling Establishment Key Employee Supplemental Background Investigation Information

<u>B) Approximate Date (MM/DD/YYYY)</u>		<u>Court Location (City & State) and Arresting Agency (City and State)</u>
<u>What crime(s) were you convicted of?</u>		
<u>C) Approximate Date (MM/DD/YYYY)</u>		<u>Court Location (City & State) and Arresting Agency (City and State)</u>
<u>What crime(s) were you convicted of?</u>		
<u>D) Approximate Date (MM/DD/YYYY)</u>		<u>Court Location (City & State) and Arresting Agency (City and State)</u>
<u>What crime(s) were you convicted of?</u>		

- ~~2. Have you been convicted of a misdemeanor within the last 10 years? (Convictions dismissed under Penal Code section 1203.4 must be disclosed unless an order sealing records under Penal Code section 1203.45 relating to persons under 18 years of age, has been issued). Yes No~~
- ~~3. Are you currently on probation? Yes No~~
- ~~4. Have you **ever** engaged in bookmaking or other illegal gambling activities? Yes No~~
- ~~5. Have you **ever** been found guilty of (criminal or administrative) violating any campaign law(s)? Yes No~~

If your answer to J1-5 was yes, provide the following details.

Date	Arresting Agency City & State	Original Charge	Final Charge (if amended or reduced)	Disposition

- ~~6. Has a criminal indictment, information, or complaint ever been returned against you which you have not included in J1-5 above? Yes No
If Yes, provide complete details: _____~~
- ~~7. Have you received a pardon for any criminal offense? Yes No
If Yes, provide complete details: _____~~
- ~~8. Have you, as an individual, member of a partnership, shareholder, director, or officer of a corporation, been party to a lawsuit or arbitration within the last 10 years? Yes No~~

Gambling Establishment Key Employee Supplemental Background Investigation Information

If your answer to J8 was yes, provide the following details:

Name(s) of Plaintiff(s) & Defendant(s) Name(s) of Claimant(s) & Respondent(s)	Date Filed	State or Federal Court & Case Number	City, County & State	Disposition/Date
Brief Explanation of Issues:				
Brief Explanation of Issues:				
Brief Explanation of Issues:				

K. CHARACTER REFERENCES

List five individuals who you have known for at least five years. Do not include relatives, present employer, or other gambling establishment employees.

Name & Where Employed	Street City State Zip Telephone	Years Known
Name	Home	
Occupation/Employer	Business Telephone Number	
Name	Home	
Occupation/Employer	Business Telephone Number	
Name	Home	
Occupation/Employer	Business Telephone Number	
Name	Home	
Occupation/Employer	Business Telephone Number	
Name	Home	
Occupation/Employer	Business Telephone Number	
Name	Home	
Occupation/Employer	Business Telephone Number	

L. LICENSING SECTION 7: OTHER LICENSING INFORMATION

1. Have you ever been granted, denied, or revoked a gambling registration, license, or related finding of suitability, or been a participant in any group which has been issued a gambling registration, license, or related finding of suitability in any state or a permit, badge, or license to own, operate, or work in a gambling establishment?

Yes No

Gambling Establishment Key Employee Supplemental Background Investigation Information

If your answer to L1 was yes, provide the following details:

Government Agency	Type of Application	Permit/Badge/License Number	Approved/Denied Revoked	Dates Held or Denied or Revoked

If denied or revoked, provide reasons for denial or revocation: _____

2. Have you **ever** withdrawn or surrendered an application for a gambling registration, license, or related finding of suitability or been a participant in any group which has withdrawn or surrendered an application for a gambling registration, license, or related finding of suitability in any state? Yes No

If your answer to L2 was yes, provide the following details:

Gambling Establishment Name & Address	Licensing Agency	Date & Reason(s) for Withdrawal

3. Have you **ever** held a financial interest in a gambling venture, including, but not limited to: gambling establishment (cardroom), race track, race horse/dog, lottery, casino, bookmaking operation, pari-mutuel operation, or bingo parlor? Yes No

If your answer to L3 was yes, provide the following details:

Name & Location of Business	Type of Venture	Dates of Involvement	Names of All Partners

4. Have you **ever** applied for a privileged registration, professional license, certificate, or credential (other than gambling) in any state, including, but not limited to, the following:

- | | | | |
|-----------------------------|-----------------|----------------------|-------------------|
| Alcoholic Beverage License | Lawyer | Race Horse/Dog Owner | Securities Dealer |
| Real Estate Broker or Sales | Doctor | Notary Public | Contractor |
| Accountant | Boxing Promoter | Trainer or Manager | Pilot |

Yes No

Gambling Establishment Key Employee Supplemental Background Investigation Information

If your answer to L4 was yes, provide the following details:

Type of License	Licensing Agency	License Number	Approved/Denied	Dates Held or Reasons for Denial

5. Have any disciplinary or revocation actions ~~ever~~ been taken, or are any actions pending, against the aforementioned registration(s), license(s), certificate(s), credential(s) and/or any gambling related permit(s), badge(s), registration(s), or license(s)? Yes No

If your answer to L5 was yes, provide the following details:

Licensing Agency	License Number	Date of Action	Nature of Action (e.g., revocation, denial)	Disposition (e.g., revoked, fined, probation)

Gambling Establishment Key Employee Supplemental Background Investigation Information

HAVE YOU EVER HELD OR APPLIED FOR A PERMIT, LICENSE, OR CERTIFICATE RELATED TO GAMING?..... YES NO

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 #	TYPE OF APPLICATION	DATES HELD (MM/YYYY)		ISSUING AGENCY
		FROM: _____	TO: _____	
	CITY, COUNTY, STATE	ACTION TAKEN		GAMING ESTABLISHMENT/TRIBE/THIRD PARTY PROVIDER
B) LICENSE/PERMIT/CERTIFICATE #	TYPE OF APPLICATION	DATES HELD (MM/YYYY)		ISSUING AGENCY
		FROM: _____	TO: _____	
	CITY, COUNTY, STATE	ACTION TAKEN		GAMING ESTABLISHMENT/TRIBE/THIRD PARTY PROVIDER

HAVE YOU EVER HELD OR APPLIED FOR A PRIVILEGED REGISTRATION, PROFESSIONAL LICENSE, CERTIFICATE OR CREDENTIAL NOT RELATED TO GAMING? YES NO

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: _____

I- SECTION 8: BUSINESS INTERESTS

List all businesses, corporations, and partnerships with which you are currently or have been associated as an owner, officer, director, active shareholder, partner or other related capacity for the past 10 years. List all businesses entities, such as corporations and partnerships with which you are currently associated as an owner, officer, director, active shareholder, partner or other similar capacity.

List all gambling related businesses with which you 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.

Dates of Involvement (From-To)	Name/Mailing Address/Telephone Number of Business			Name of Corporation/Partnership
	Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned
				Gambling Related? Yes _____ No _____

Dates of Involvement (From-To)	Name/Mailing Address/Telephone Number of Business			Name of Corporation/Partnership

Gambling Establishment Key Employee Supplemental Background Investigation Information

Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned	Gambling Related? Yes _____ No _____

Dates of Involvement (From To)	Name/Mailing Address/Telephone Number of Business	Name of Corporation/Partnership
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Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned	Gambling Related? Yes _____ No _____
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Dates of Involvement (From To)	Name/Mailing Address/Telephone Number of Business	Name of Corporation/Partnership
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Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned	Gambling Related? Yes _____ No _____
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Dates of Involvement (From To)	Name/Mailing Address/Telephone Number of Business	Name of Corporation/Partnership
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Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned	Gambling Related? Yes _____ No _____
----------------	-----------------	----------------------	----------------------------	--

DATES OF INVOLVEMENT FROM TO		NAME OF CORPORATION/PARTNERSHIP BUSINESS ENTITY		CORPORATION/PARTNERSHIP BUSINESS ENTITY MAILING ADDRESS	
		BUSINESS TELEPHONE NUMBER ()			
YOUR CAPACITY/TITLE	PRIMARY PURPOSE OF BUSINESS	AMOUNT OF INVESTMENT	% OF OWNERSHIP/# OF SHARES OWNED	GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Gambling Establishment Key Employee Supplemental Background Investigation Information

<u>DATES OF INVOLVEMENT</u> <u>FROM</u> <u>TO</u>		<u>NAME OF BUSINESS ENTITY</u>		<u>BUSINESS ENTITY MAILING ADDRESS</u>	
		<u>BUSINESS TELEPHONE NUMBER</u> (____)			
<u>YOUR CAPACITY/TITLE</u>		<u>PRIMARY PURPOSE OF BUSINESS</u>	<u>AMOUNT OF INVESTMENT</u>	<u>% OF OWNERSHIP/# OF SHARES OWNED</u>	<u>GAMBLING RELATED?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO

<u>DATES OF INVOLVEMENT</u> <u>FROM</u> <u>TO</u>		<u>NAME OF BUSINESS ENTITY</u>		<u>BUSINESS ENTITY MAILING ADDRESS</u>	
		<u>BUSINESS TELEPHONE NUMBER</u> (____)			
<u>YOUR CAPACITY/TITLE</u>		<u>PRIMARY PURPOSE OF BUSINESS</u>	<u>AMOUNT OF INVESTMENT</u>	<u>% OF OWNERSHIP/# OF SHARES OWNED</u>	<u>GAMBLING RELATED?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO

<u>DATES OF INVOLVEMENT</u> <u>FROM</u> <u>TO</u>		<u>NAME OF BUSINESS ENTITY</u>		<u>BUSINESS ENTITY MAILING ADDRESS</u>	
		<u>BUSINESS TELEPHONE NUMBER</u> (____)			
<u>YOUR CAPACITY/TITLE</u>		<u>PRIMARY PURPOSE OF BUSINESS</u>	<u>AMOUNT OF INVESTMENT</u>	<u>% OF OWNERSHIP/# OF SHARES OWNED</u>	<u>GAMBLING RELATED?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO

<u>DATES OF INVOLVEMENT</u> <u>FROM</u> <u>TO</u>		<u>NAME OF BUSINESS ENTITY</u>		<u>BUSINESS ENTITY MAILING ADDRESS</u>	
		<u>BUSINESS TELEPHONE NUMBER</u> (____)			
<u>YOUR CAPACITY/TITLE</u>		<u>PRIMARY PURPOSE OF BUSINESS</u>	<u>AMOUNT OF INVESTMENT</u>	<u>% OF OWNERSHIP/# OF SHARES OWNED</u>	<u>GAMBLING RELATED?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO

PART II – PERSONAL FINANCIAL INFORMATION

SECTION 9: FINANCIAL HISTORY INFORMATION

A. Have you filed for bankruptcy **within the last 10 years?** Yes No

If Yes, explain below: identify the Federal District Court where the bankruptcy was filed, case number, date filed, and describe the circumstances which resulted in this action. Provide copies of your bankruptcy petition and order which lists all creditors and discharged debt.

Date Filed (MM/DD/YYYY) Date Discharged (MM/DD/YYYY) Where Filed

B. Have any individuals or governmental agencies filed liens against you as an individual, sole proprietor, member of a partnership, or owner of a corporation **within the last 10 years?** Have you had a judgment or lien filed against you in the last 10 years? Yes No

Gambling Establishment Key Employee Supplemental Background Investigation Information

If Yes, explain each incident and give court name and address provide complete details:

~~C. Have you had any purchase repossessed or debt turned over to collection for any reason within the last 10 years? Have you every been a party to any litigation or arbitration? Yes No~~

If Yes, provide the names of those involved, the dates filed, the court case number and location, and the disposition date complete details:

~~D. Do you own or control any assets or liabilities located outside the United States? Yes No~~

If Yes, provide complete details below:

~~E. Has your state or federal income tax return ever been audited or adjusted? Yes No~~

If Yes, provide complete details:

~~F. Last federal tax return was filed on _____ for the
Month/Year
 tax year 20____ at _____
City State~~

~~G. Last state income tax return was filed on _____ for the
Month/Year
 tax year 20____ at _____
City State~~

H. SECTION 10: GROSS ANNUAL INCOME

Type of Income	Amount
Current Annual Gross Income	\$
Business Income (<u>explain type of business</u>)	\$
Interest Income	\$
Dividend Income	\$
Rental Income	\$
Child Support	\$
Gifts	\$
Spousal Support/Alimony	\$
Other (Specify, i.e. Spousal Income)	\$
Other (Specify)	\$
TOTAL GROSS INCOME	\$

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_____.

I. SECTION 11: STATEMENT OF ASSETS As of: _____ 20_____.

From the following schedules 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. ALL ASSETS MUST BE FULLY DESCRIBED ON THE ~~CORRESPONDENCE~~ CORRESPONDING SCHEDULES.

Assets	*Purchase Price	Current Market Value
Cash (Total From Schedule "A")		\$
Accounts and Notes Receivable <u>Stocks and Bonds</u> (Total From Schedule "B")		\$
Stocks and Bonds <u>Accounts and Notes Receivable</u> (Total From Schedule "C")		\$
Business Investments* (Total From Schedule "D")	\$	\$
Real Estate* (Total From Schedule "E")	\$	\$
Other Assets (Total From Schedule "F")		\$
TOTAL ASSETS		\$

J. SECTION 12: STATEMENT OF LIABILITIES As of: _____ 20_____.

From the following schedules of Liabilities, list the total of all liabilities. All liabilities must be listed and described fully on the corresponding schedule. 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")	\$	\$
Mortgages Payable* (Total From Schedule "J")	\$	\$
Contingent and Other Liabilities (Total From Schedule "K")		\$
TOTAL LIABILITIES		\$

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

STATEMENT OF ASSETS
SCHEDULE "A" - ASSETS
Cash

List all cash you have and where it is located, e.g. ~~bank accounts~~ financial institutions (foreign and domestic), safe deposit boxes, ~~home and 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	Balance
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
				TOTAL \$ *:	\$

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

Signature of Preparer _____ Date _____

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

List all stocks and bonds held or controlled by you. Whenever interest exists through a mutual fund or holding company, the stocks held by such mutual fund or holding company need not be listed. Whenever interest exists through a beneficial interest in a trust, the stocks and bonds held in such trust must be listed. List all stocks, bonds, mutual funds, or other similar investments held or controlled.

Issuer	Name(s) in Which Held Registered Owner	Account Number	Type (Note if stocks, bonds, mutual funds, etc.)	No. Number of Shares or Units	Current Market Value
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
				TOTAL \$ *	\$

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

Signature of Preparer _____ Date _____

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

List all loans, accounts, and notes receivable held by you.

Name & Address of Debtor	Date Acquired	Maturity Date (notes receivable)	Payment Amount & <u>and</u> Payment Period (e.g. Weekly, Monthly)	Interest Rate	Collateral	Original Amount	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 7.

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 you, along with the names of all individuals or entities who share a direct, indirect, ~~vested or contingent~~ or vested interest therein. This should include, but not be limited to, joint ventures, partnerships, ~~sole proprietorships, limited liabilities companies,~~ and corporations.

Entity Name	Type of Equity 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	Current Market Value
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							TOTAL \$ *	\$

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

Signature of Preparer _____ Date _____

STATEMENT OF ASSETS
SCHEDULE "E" - ASSETS
Real Estate

List any real property in which you hold 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>	Type (Residential/Commercial)	Percentage of Ownership	Date of Purchase	<u>Current Income (Rent/Lease)</u> <u>(indicate per month, year, etc.)</u>	Purchase Price	Current Market Value
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					TOTAL \$	\$

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

Signature of Preparer _____ Date _____

STATEMENT OF ASSETS
SCHEDULE "F" - ASSETS
Other Assets

List all other assets you hold (e.g., automobiles, jewelry, artwork, household furnishings, cash surrender value of life insurance policies, pension plans, etc.). (e.g., art collections, coin collections, antiques, automobiles, etc.)

Type of Asset	Other Information (e.g. Year/Make/Model) 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 _____

STATEMENT OF LIABILITIES
SCHEDULE "G" - LIABILITIES
Accounts Payable
 (Revolving Accounts/Credit Cards)

List all open-accounts payable for which you are obligated (e.g. revolving accounts, credit cards, leases, lines of credit).

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

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

Signature of Preparer _____ Date _____

STATEMENT OF LIABILITIES
SCHEDULE "H" - LIABILITIES

Taxes Payable

List all unpaid and estimated taxes for which you are obligated.

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

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

Signature of Preparer _____ Date _____

STATEMENT OF LIABILITIES
SCHEDULE "I" - LIABILITIES
Notes Payable

List all notes payable for which you are obligated.

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

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

Signature of Preparer _____ Date _____

STATEMENT OF LIABILITIES
SCHEDULE "J" - LIABILITIES
Mortgages Payable

List all mortgages or liens on real estate for which you are obliged.

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

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

Signature of Preparer _____ Date _____

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

List any other indebtedness or contingent liability for which you are obligated (e.g., spousal support, alimony, child support, co-signer on a loan, pending litigation, etc.) liability, e.g., co-signer on a loan, pending litigation, child support, alimony, 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.)	<u>Interest Rate</u>	Original Amount	Unpaid Balance
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						TOTAL \$ *:	\$

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

Signature of Preparer _____ Date _____

DECLARATION

I, _____, declare that I have read the foregoing Cardroom Key Employee Supplemental Information for State Gambling License and understand its contents. My statements are true and correct and contain a full and true account of the information requested. I executed 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 key employee 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.), and 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 Cardroom Key Employee Supplemental Information for State Gambling License.

I declare under penalty of perjury under the laws of the State of California, that the foregoing is true, correct, and complete.

Date: _____, 20____

Printed Name

Signature