

**Level II Supplemental Information**

DGC BGC-APP--033 (New-08/04 Rev. 11/07)

**DEPARTMENT OF JUSTICE**  
**DIVISION BUREAU OF GAMBLING CONTROL**  
**LEVEL II SUPPLEMENTAL INFORMATION**

**INSTRUCTIONS**

Each supervisor as defined in Title 4, California Code of Regulations, Chapters 2.1 and 2.2, for Third-Party Providers of Proposition Player Services and Gambling Businesses must complete the Level II Supplemental Information and submit all required forms, documentation, and deposits. Originals are required unless otherwise stated. Any corrections or alterations must be initialed and dated by the applicant.

Regular Mail Delivery

California Gambling Control Commission  
P.O. Box 526013  
Sacramento, CA 95852-6013

Commercial/Personal Delivery

California Gambling Control Commission  
2399 Gateway Oaks, Suite 100  
Sacramento, CA 95833-4231

**Pursuant to Business and Professions Code section 19868, subd. (a), the supplemental information package will not be deemed complete until all required forms, documentation, and deposits have been received by the **Division Bureau**.**

Forms/Documentation	Submitted
Level II Supplemental Information (DGC BGC-APP--033 <del>(New-08/04)</del> (Rev. 11/07)) (includes Instructions)	
Authorization to Release Information (DGC BGC-APP--006 <del>(Rev. 03/08)</del> (04/08))	
Appointment of Designated Agent For Owners and Proposition Players (DGC BGC-APP--031 <del>(Rev. 08/04)</del> (11/07))	
<del>Internal Revenue Service Tax Information Authorization (IRS 8821 (Rev. 4-04))</del> <a href="#">Request for Transcript of Tax Return (IRS 4506-T, (Rev. April 2006))</a>	
Signed copies of Federal tax returns for the past three years, including all schedules and attachments.	
Bank Statements - Copies for any and all personal and business accounts for past 18 months.	
Investment Account Statements - Copies for any and all accounts for the past 18 months.	
Employment Contract - Copy	
Current Local License, Permit, Badge, etc. - Copy	
Naturalization Certificate - If naturalized citizen, copy of your naturalization certificate	
Deposit of \$1,200 for Level II Supplemental Information Investigation and Processing	

Applicant is responsible for all investigative costs incurred by the **Division Bureau**. At the conclusion of the investigation, an itemized accounting will be provided. Monies received in excess of the actual costs incurred will be refunded.

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California Department of Justice  
**Division Bureau of Gambling Control**  
1425 River Park Drive, Suite 400  
Sacramento, CA 95815  
(916) 263-3408

**LEVEL II SUPPLEMENTAL INFORMATION**

**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) as each statement made is subject to verification. Any corrections, changes or other alterations must be initialed and dated by the applicant.**

Type of Employer:  TPPPPS  Funding Source for TPPPPS  
 Gambling Business  Funding Source for Gambling Business

**1. California Gambling Control Commission (CGCC) Registration Category:**

Primary Owner  Owner  Supervisor  Player  Other Employee

CGCC Badge Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Function/Position in business: \_\_\_\_\_

**2. Name of individual applicant:** \_\_\_\_\_  
LAST FIRST MIDDLE

**3. Business name of TPPPPS or Gambling Business:** \_\_\_\_\_

**4. Mailing address of TPPPPS or Gambling Business:** \_\_\_\_\_

**5. If applicant for a Funding Source, business name of Funding Source** \_\_\_\_\_

**6. Mailing address of Funding Source:** \_\_\_\_\_



Date of photograph: \_\_\_\_\_

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**Section 1. Personal History Information**

**(A) PERSONAL INFORMATION:**

Last name		First name	Middle name (if no middle name, indicate "NMN")
Alias(es), nicknames, maiden name, other name changes, legal or otherwise			
Present residence address		City, county, state, zip code	
Mailing address (if different from above)		City, county, state, zip code	
Present employer business address		City, county, state, zip code	
Current occupation		Phone: Residence ( ) Business ( ) Fax ( )	
Date of birth		Place of birth (city, county, state, and country)	
Age	Social security number* _____-_____-_____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Drivers license/identification card number: State issued:
Eye color	Hair color	Weight	Height
Distinguishing marks (scars, tattoos, etc.). Describe and indicate location.			

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

Do you have any family members who work in the gaming industry?  Yes  No

If Yes, complete the following. If more space is needed, attach a separate sheet:

Name	Address	Relationship	Position Held	Business Name

Are you a United States citizen?  Yes  No

If NO, what country \_\_\_\_\_

Alien registration number: \_\_\_\_\_

If naturalized: Certificate Number: \_\_\_\_\_

Alien Number: \_\_\_\_\_



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(2) Co-habitants and/or Roommates

List any adults, not disclosed above, with whom you reside.

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

Attach an additional sheet if necessary.

(3) Parents and/or Stepparents

List name, date of birth, place of birth, residence address, and most recent occupation of parents and/or stepparents. If retired or deceased, list last address and occupation.

Name (Last, First, Middle, Maiden)	Date of Birth	Place of Birth	Address	Telephone No.	Occupation
				( )	
				( )	
				( )	
				( )	

Attach an additional sheet if necessary.

(4) Brothers and Sisters

List name, date of birth, place of birth, residence address, and most recent occupation of brothers and sisters. If retired or deceased, list last address and occupation.

Name (Last, First, Middle, Maiden)	Date of Birth	Place of Birth	Address	Telephone No.	Occupation
				( )	
				( )	
				( )	
				( )	
				( )	

Attach an additional sheet if necessary.

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**(C) EDUCATIONAL BACKGROUND: List below your formal education, and include any schools or training programs attended.**

	Name of School	Location (City/State)	Dates of Attendance	Graduate
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach an additional sheet if necessary.

**(D) MILITARY INFORMATION:**

Have you ever served in the United States armed forces?  Yes  No (If Yes, attach a copy of your DD214)

Branch of service: \_\_\_\_\_ Dates of service: From \_\_\_\_\_ To \_\_\_\_\_

Rank/Rating at Separation: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Type of discharge: \_\_\_\_\_

If less than honorable discharge, please explain. Attach additional sheets as necessary.

While in the service, were you ever convicted of any offense or formally disciplined?  Yes  No

**(E) EMPLOYMENT HISTORY: Beginning with your current employment, list your employers and periods of unemployment during the last 10 years.**

Month and Year (From-To)	Name/Mailing Address/Employer Telephone Number	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year (From-To)	Name/Mailing Address/Employer Telephone Number	Reason for Leaving

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Title	Description of Duties	Name of Supervisor
Month and Year (From-To)	Name/Mailing Address/Employer Telephone Number	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year (From-To)	Name/Mailing Address/Employer Telephone Number	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year (From-To)	Name/Mailing Address/Employer Telephone Number	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Attach an additional sheet if necessary.

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**(F) RESIDENCES:** Please list all your residences (most recent first) for the past 10 years.

Month and Year (From-To)	Street and Number	City	County and State	Rent/Own (Check One)
				Rent  Own

Attach an additional sheet if necessary.

**(G) REFERENCES:** List the name, address, and telephone number of three personal references who are not related to you. Do not include relatives, present employer, or your employees.

Name and Occupation	Address (Street, City, State, Zip)	Telephone	Years Known
Name	Home	Home ( )	
Occupation	Mailing Address	Work ( )	
Name	Home	Home ( )	
Occupation	Mailing Address	Work ( )	

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Name and Occupation	Address (Street, City, State, Zip)	Telephone	Years Known
Name	Home	Home ( )	
Occupation	Mailing Address	Work ( )	

Attach an additional sheet if necessary.

**(H) NON-GAMING RELATED BUSINESS INTERESTS: List all business ventures, limited liability companies, corporations, partnerships, and sole proprietorships with which you are or have been associated with in the past 10 years as an owner, officer, director, shareholder, partner, member, or other related capacity.**

Dates of Involvement (From-To)	Name/Mailing Address/Business Telephone Number	Name of Corporation/Partnership	
Capacity/Title	Primary Purpose/Type of Venture	Amount of Investment	% Financial Interest/ # Shares/ Units Owned
Dates of Involvement (From-To)	Name/Mailing Address/Business Telephone Number	Name of Corporation/Partnership	
Capacity/Title	Primary Purpose/Type of Venture	Amount of Investment	% Financial Interest/ # Shares/ Units Owned
Dates of Involvement (From-To)	Name/Mailing Address/Business Telephone Number	Name of Corporation/Partnership	
Capacity/Title	Primary Purpose/Type of Venture	Amount of Investment	% Financial Interest/ # Shares/ Units Owned
Dates of Involvement (From-To)	Name/Mailing Address/Business Telephone Number	Name of Corporation/Partnership	
Capacity/Title	Primary Purpose/Type of Venture	Amount of Investment	% Financial Interest/ # Shares/ Units Owned

Attach an additional sheet if necessary.

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**(I) GAMING RELATED BUSINESS INTERESTS: List all business ventures, limited liability companies, corporations, and partnerships with which you are or have been associated with in the past ten years as an owner, officer, director, shareholder, partner, member, or other related capacity.**

Dates of Involvement (From-To)	Name/Mailing Address/Business Telephone Number	Name of Corporation/Partnership	
Capacity/Title	Primary Purpose/Type of Venture	Amount of Investment	% Financial Interest/ # Shares/ Units Owned
Dates of Involvement (From-To)	Name/Mailing Address/Business Telephone Number	Name of Corporation/Partnership	
Capacity/Title	Primary Purpose/Type of Venture	Amount of Investment	% Financial Interest/ # Shares/ Units Owned
Dates of Involvement (From-To)	Name/Mailing Address/Business Telephone Number	Name of Corporation/Partnership	
Capacity/Title	Primary Purpose/Type of Venture	Amount of Investment	% Financial Interest/ # Shares/ Units Owned
Dates of Involvement (From-To)	Name/Mailing Address/Business Telephone Number	Name of Corporation/Partnership	
Capacity/Title	Primary Purpose/Type of Venture	Amount of Investment	% Financial Interest/ # Shares/ Units Owned

Attach an additional sheet if necessary.

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**Section 2. Other Licensing Information**

- (A) Have you ever applied to any licensing or regulatory agency for a license, permit, badge, certificate, registration, finding of suitability, or authorization in any state related to gaming, whether or not such license, permit, badge, certificate, registration, finding of suitability, or authorization was granted?  Yes  No

If Yes, provide the following details:

Licensing/Regulatory Agency	Name & Address of Gaming Business	Type of Application	Registration/Permit/ Badge/License/ Certificate Number	Dates Held

Attach an additional sheet if necessary.

- (B) Have you ever applied for a privileged or professional license, permit, certificate or authorization in any state, whether or not such license, permit, badge, certificate, finding of suitability, or authorization was granted, including, but not limited to, the following: Accountant, CPA, real-estate broker, liquor, medical, securities dealer, lawyer, contractor, etc.?  Yes  No

If Yes, provide the following details:

Type of Registration/Permit/ Badge/License/ Certificate	Registration/Permit / Badge/License/ Certificate Number	Name & Address of Licensing/Regulatory Agency	Action Taken	Dates Held

Attach an additional sheet if necessary.

- (C) Have you ever had any disciplinary, administrative, or regulatory actions taken against the aforementioned application(s) for a license, permit, badge, certificate, registration, finding of suitability, or authorization (e.g., withdrawal, denial, suspension, revocation, or surrender)?  Yes  No

If Yes, provide the following details:

Type of Registration/Permit / Badge/License/ Certificate	Registration/ Permit/ Badge/License/ Certificate Number	Name & Address of Licensing/Regulatory Agency	Action Taken	Reason for Action

Attach an additional sheet if necessary.

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- (D) Have you ever appeared before any licensing agency or similar authority either inside or outside the state of California for any reason whatsoever?  Yes  No

If Yes, provide complete details and dates: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section 3. Criminal/Litigation History Information**

- (A) 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.)  Yes  No
- (B) 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
- (C) Are you currently on probation?  Yes  No
- (D) Have you **ever** engaged in any act involving dishonesty or moral turpitude charged or chargeable as a criminal offense?  Yes  No
- (E) Have you **ever** been convicted of an offense involving dishonesty or moral turpitude?  Yes  No
- (F) Have you **ever** engaged in bookmaking or other illegal gambling activities?  Yes  No
- (G) Have you **ever** received a pardon or expungement of any criminal offense?  Yes  No

If Yes to "A - G," provide the following details, even if a resulting conviction has been expunged or set aside.

Date	Arresting Agency Location - City & State	Original Charge	Final Charge (If amended or reduced)	Court Location-City, County & State	Case Number	Disposition

Attach an additional sheet if necessary.

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(H) Has a criminal indictment, information, or complaint ever been returned against you which you have not included in "A - G" above?  Yes  No

If Yes, provide complete details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(I) Have you ever been subpoenaed or ordered to appear or testify before a county, state, or federal grand jury, government board or commission?  Yes  No

If Yes, provide complete details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(J) Have you **ever** been involved in a legal dispute with, or excluded from a gambling establishment, been removed from a gambling establishment by a peace officer or the house, or involved in a patron dispute regarding your activities in a gambling establishment that were subject of a report to a peace officer and resulted in your removal?  Yes  No

(K) Have any incidents of cheating been reported against you to a gambling establishment?  Yes  No

(L) Have you, as an individual, member of a partnership, or shareholder, director, or officer of a corporation, been party to a lawsuit or arbitration within the last ten years?  Yes  No

If Yes, provide the following details:

Name(s) of Plaintiff(s) & Defendant(s) Name(s) of Claimant(s) & Respondent(s)	Date Filed	Court & Case Number	City, County & State	Disposition/Date
Brief explanation of issues:				
Brief explanation of issues:				

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Name(s) of Plaintiff(s) & Defendant(s) Name(s) of Claimant(s) & Respondent(s)	Date Filed	Court & Case Number	City, County & State	Disposition/Date
Brief explanation of issues:				
Brief explanation of issues:				
Brief explanation of issues:				
Brief explanation of issues:				

Attach an additional sheet if necessary.

(M) Have you ever been charged with a violation of any campaign law(s)?  Yes  No

If Yes, provide the following details:

Date	Charging Agency	City & State	Charge	Disposition/Date
Brief explanation of charges:				
Brief explanation of charges:				
Brief explanation of charges:				

Attach an additional sheet if necessary.

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**Section 4. Financial History Information**

- (A) Have you, or any company in which you were a member, officer, or shareholder filed bankruptcy within the last 10 years?  Yes  No

If Yes, identify the 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 listing all creditors and the order discharging debts.

- (B) Have any individuals, businesses, 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?  Yes  No

If Yes, provide complete details and dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (C) Have you had any purchase repossessed or debt turned over to collection for any reason within the last ten years?  Yes  No

If Yes, provide complete details and dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (D) Do you own or control any assets or liabilities located outside the United States?  Yes  No

If Yes, provide complete details and dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (E) Do you control or manage any assets or liabilities for another person, business, or trust?  Yes  No

If Yes, provide complete details and dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (F) Do you hold in trust any assets for another person or business?  Yes  No

If Yes, provide complete details and dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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(G) Have you ever had your State or Federal personal income tax return audited or adjusted?  Yes  No

If Yes, provide complete details and dates: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(H) Last Federal income tax return was filed on \_\_\_\_\_ for tax year  
 MONTH/YEAR

at \_\_\_\_\_  
 CITY STATE

(I) Last State income tax return was filed on \_\_\_\_\_ for tax year  
 MONTH/YEAR

at \_\_\_\_\_  
 CITY STATE

(J) Do you have a safe deposit box or other such depository, access to any depository, or do you use any other person's depository?  
 Yes  No

If Yes, provide the following details:

Name of Box Owner	Box Number or Type of Depository	Location	City & State

(K) GROSS ANNUAL INCOME (FOR HOUSEHOLD):

Type of Income	Applicant	Other
Income/Wages/Salary		
Interest Income		
Dividend Income		
Rental Income		
Child Support		
Gifts		
Spousal Support/Alimony		
Other (Specify)		
TOTALS	\$	\$

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(L) STATEMENT OF ASSETS (FOR HOUSEHOLD):

List the total value of all assets held, both tangible and intangible, on the appropriate line below. Enter the amounts as of the date of this application. If applicable, your investment in any gambling or related business should be reflected on Schedule D.

Assets	Original Cost/Investment	Current Market Value
Cash (Total From Schedule "A")		
Accounts & Notes Receivable (Total From Schedule "B")		
Stocks and Bonds (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>	\$	\$

(M) STATEMENT OF LIABILITIES (FOR HOUSEHOLD):

List all liabilities owed on the appropriate line below. Enter the amount as of the date of this application.

Liabilities	Monthly Payment	Current 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")		
<b>TOTAL LIABILITIES</b>	\$	\$

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



**STATEMENT OF ASSETS**

**SCHEDULE "B"  
Accounts and Notes Receivable**

List all loans, accounts and notes receivable.

Name & Address of Debtor	Date Acquired	Maturity Date	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Interest Rate (%)	Original Amount	Date of Unpaid Balance	Unpaid Balance
<b>TOTAL \$</b>							











**STATEMENT OF LIABILITIES**

**SCHEDULE "H"  
Taxes Payable**

List all unpaid and estimated taxes.

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

**STATEMENT OF LIABILITIES**

**SCHEDULE "I"  
Notes Payable**

List all notes payable.

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



**STATEMENT OF LIABILITIES**

**SCHEDULE "K"  
Contingent and Other Liabilities**

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

Name & Address of Creditor	Description of Liability & Account Number	Collateral	Date Incurred	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Interest Rate (%)	Original Amount	Date of Unpaid Balance	Unpaid Balance	
							TOTAL \$		

