# FORMS INCORPORATED BY REFERENCE

KEY EMPLOYEE SUPPLEMENTAL BACKGROUND INVESTIGATION INFORMATION
BGC-APP. 016A (Rev. 08/09)

AMENDED

State of California DEPARTMENT OF JUSTICE

# Key Employee
# Supplemental Background Investigation Information

**BGC-APP. 016A (Rev. 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 key employee to apply for and obtain a key employee license issued by the California Gambling Control Commission. The purpose of this 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.

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

**California Gambling Control Commission**
**2399 Gateway Oaks Drive, Suite 220**
**Sacramento, CA 95833-4231**

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

**PLEASE PRINT NAME ON BACK OF PHOTOGRAPH**

_____
Your Full Name

_____
Name of Employer

_____
Job Title of Key Employee Position

_____
Date of Photograph

## SECTION 1: PERSONAL INFORMATION

| FULL NAME LAST | FIRST | MIDDLE |
|---|---|---|
| | | |

ALIAS(ES), NICKNAME, MAIDEN NAME, OTHER NAME CHANGES, LEGAL OR OTHERWISE

| CURRENT ADDRESS (NUMBER/STREET/APT) | CITY | STATE | ZIP |
|---|---|---|---|
| MAILING ADDRESS (NUMBER/STREET/APT) (IF DIFFERENT THAN CURRENT RESIDENCE) | CITY | STATE | ZIP |

| HOME PHONE NUMBER | WORK PHONE NUMBER | E-MAIL ADDRESS |
|---|---|---|

| BIRTH PLACE (CITY, COUNTY, STATE, COUNTRY) | DRIVER'S LICENSE/IDENTIFICATION CARD NUMBER | STATE | EXPIRATION DATE |
|---|---|---|---|

| DATE OF BIRTH | SOCIAL SECURITY NUMBER* | GENDER ☐ MALE ☐ FEMALE |
|---|---|---|

| HEIGHT | WEIGHT | HAIR COLOR | EYE COLOR |
|---|---|---|---|

DISTINGUISHING MARKS (SCARS, TATTOOS, ETC.) DESCRIBE AND INDICATE LOCATION

| ARE YOU A U.S. CITIZEN ☐ YES ☐ NO | IF RESIDENT ALIEN OR NATURALIZED CITIZEN, PROVIDE I.N.S. REGISTRATION NUMBER, I.N.S. A-NUMBER OR USCIS A-NUMBER |
|---|---|

* 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.

## SECTION 2: FAMILY/COHABITANTS INFORMATION

☐ SINGLE ☐ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED

CURRENT SPOUSE

| FULL NAME LAST | FIRST | MIDDLE | MAIDEN |
|---|---|---|---|
| | | | |

| DATE OF BIRTH | DATE OF MARRIAGE |
|---|---|

FORMER SPOUSE

| FULL NAME LAST | FIRST | MIDDLE | MAIDEN |
|---|---|---|---|
| | | | |

| DATE OF BIRTH | DATES OF MARRIAGE (FROM AND TO) | STATE DIVORCE FILED |
|---|---|---|

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? ☐ YES ☐ NO

IF YES, PROVIDE THE FOLLOWING DETAILS.

| A) FULL NAME LAST | FIRST | MIDDLE | RELATIONSHIP |
|---|---|---|---|

| PERCENTAGE OWNED AND/OR POSITION HELD | NAME OF BUSINESS |
|---|---|

| B) FULL NAME LAST | FIRST | MIDDLE | RELATIONSHIP |
|---|---|---|---|

| PERCENTAGE OWNED AND/OR POSITION HELD | NAME OF BUSINESS |
|---|---|

| C) FULL NAME LAST | FIRST | MIDDLE | RELATIONSHIP |
|---|---|---|---|

| PERCENTAGE OWNED AND/OR POSITION HELD | NAME OF BUSINESS |
|---|---|

**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 |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## SECTION 3: RESIDENCES

LIST ALL RESIDENCES DURING THE LAST 10 YEARS (*MOST RECENT FIRST, EXCLUDING YOUR CURRENT RESIDENCE*). PROVIDE COMPLETE ADDRESSES AND MARKERS SUCH AS STREET, DRIVE, 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 | | STATE | COUNTRY, IF OUTSIDE OF U.S. | ZIP | ☐ OWN ☐ RENT |
| B) FORMER ADDRESS (NUMBER-/-STREET-/-APT) | | | | FROM (MM/YYYY) | TO (MM/YYYY) |
| CITY | | STATE | COUNTRY, IF OUTSIDE OF U.S. | ZIP | ☐ OWN ☐ RENT |
| C) FORMER ADDRESS (NUMBER-/-STREET-/-APT) | | | | FROM (MM/YYYY) | TO (MM/YYYY) |
| CITY | | STATE | COUNTRY, IF OUTSIDE OF U.S. | ZIP | ☐ OWN ☐ RENT |

## SECTION 4: EXPERIENCE AND EMPLOYMENT

BEGINNING WITH YOUR CURRENT EMPLOYMENT, LIST YOUR WORK HISTORY AND PERIODS OF UNEMPLOYMENT (INCLUDING EDUCATION) FOR THE PAST 10 YEARS. LIST ALL JOBS, INCLUDING PART-TIME, TEMPORARY, AND SELF-EMPLOYMENT. FOR UNEMPLOYED PERIODS, IN THE DUTIES/ASSIGNMENTS SECTION, EXPLAIN HOW YOU SUPPORTED YOURSELF.

| A) NAME OF EMPLOYER | | | FROM (MM/YYYY) | TO (MM/YYYY) |
|---|---|---|---|---|
| JOB TITLE / DUTIES | | | GAMING RELATED? ☐ YES ☐ NO | |
| ADDRESS | | | SUPERVISOR | |
| CITY | STATE | ZIP | CONTACT NUMBER ( ) | EXT |
| B) NAME OF EMPLOYER | | | FROM (MM/YYYY) | TO (MM/YYYY) |
| JOB TITLE / DUTIES | | | GAMING RELATED? ☐ YES ☐ NO | |
| ADDRESS | | | SUPERVISOR | |
| CITY | STATE | ZIP | CONTACT NUMBER ( ) | EXT |
| REASON FOR LEAVING, IF TERMINATED, EXPLAIN THE CIRCUMSTANCES | | | | |

| C) NAME OF EMPLOYER | | | FROM (MM/YYYY) | TO (MM/YYYY) |
|---|---|---|---|---|
| JOB TITLE / DUTIES | | | GAMING RELATED? ☐ YES ☐ NO | |
| ADDRESS | | | SUPERVISOR | |
| CITY | STATE | ZIP | CONTACT NUMBER ( ) | EXT |
| REASON FOR LEAVING, IF TERMINATED, EXPLAIN THE CIRCUMSTANCES | | | | |

| D) NAME OF EMPLOYER | | | FROM (MM/YYYY) | TO (MM/YYYY) |
|---|---|---|---|---|
| JOB TITLE / DUTIES | | | GAMING RELATED? ☐ YES ☐ NO | |
| ADDRESS | | | SUPERVISOR | |
| CITY | STATE | ZIP | CONTACT NUMBER ( ) | EXT |
| REASON FOR LEAVING, IF TERMINATED, EXPLAIN THE CIRCUMSTANCES | | | | |

## SECTION 5: MILITARY EXPERIENCE

| HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES?<br>IF YES, PROVIDE DETAILS BELOW AND ATTACH A COPY OF YOUR "UNDELETED" MILITARY FORM DD-214. (i.e. a complete copy of the form with no information blacked out) | ☐ YES ☐ NO |
|---|---|
| BRANCH OF SERVICE | DATES OF SERVICE (MM/YYYY)<br>FROM TO |
| RANK AT SEPARATION | SSN / SERVICE NUMBER |
| TYPE OF DISCHARGE: ☐ ENTRY LEVEL ☐ HONORABLE ☐ GENERAL ☐ OTHER THAN HONORABLE ☐ BAD CONDUCT ☐ DISHONORABLE<br>☐ OTHER: _____ | |
| HAVE YOU EVER BEEN CONVICTED IN A COURT-MARTIAL?<br>IF YES, EXPLAIN THE CIRCUMSTANCES. | ☐ YES ☐ NO |

## SECTION 6: CRIMINAL CONVICTIONS, LITIGATION, AND ARBITRATION

| HAVE YOU EVER BEEN **CONVICTED** OF A CRIME OR PLED GUILTY, OR PLED NOLO CONTENDERE (NO CONTEST) TO A CRIME? INCLUDE ANY CONVICTIONS REDUCED OR EXPUNGED, **UNLESS** THE RECORDS HAVE BEEN SEALED PURSUANT TO A COURT ORDER. (DO NOT INCLUDE VEHICLE CODE INFRACTIONS).<br>IF YES, PROVIDE DETAILS FOR EACH INCIDENT BELOW. | ☐ YES ☐ NO |
|---|---|

| A) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY) | ARRESTING AGENCY | COURT LOCATION (CITY AND STATE) |
|---|---|---|
| IDENTIFY CRIME(S), INDICATE MISDEMEANOR OR FELONY | | |

| B) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY) | ARRESTING AGENCY | COURT LOCATION (CITY AND STATE) |
|---|---|---|
| IDENTIFY CRIME(S), INDICATE MISDEMEANOR OR FELONY | | |

| C) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY) | ARRESTING AGENCY | COURT LOCATION (CITY AND STATE) |
|---|---|---|
| IDENTIFY CRIME(S), INDICATE MISDEMEANOR OR FELONY | | |

| | |
|---|---|
| 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? | ☐ YES ☐ NO |
| HAVE YOU EVER ENGAGED IN BOOKMAKING OR OTHER ILLEGAL GAMBLING ACTIVITIES? | ☐ YES ☐ NO |
| HAVE YOU EVER BEEN FOUND IN VIOLATION OF ANY CAMPAIGN LAWS? | ☐ YES ☐ NO |
| IF YES TO ANY OF THE ABOVE, PROVIDE DETAILS BELOW. | |
| | |
| HAVE YOU EVER BEEN A PARTY TO ANY LITIGATION OR ARBITRATION?<br>IF YES, PROVIDE THE FOLLOWING DETAILS. YOU ARE NOT OBLIGATED TO REVEAL DETAILS OF ANY CONFIDENTIAL ARBITRATION. | ☐ YES ☐ 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, CERTIFICATE, REGISTRATION OR FINDING OF SUITABILITY RELATED TO GAMING? INCLUDE ANY ACTIONS BY THE CALIFORNIA GAMBLING CONTROL COMMISSION.<br>IF YES, PROVIDE THE FOLLOWING DETAILS. | ☐ YES ☐ NO |

| A) LICENSE/PERMIT/CERTIFICATE -NUMBER | TYPE OF APPLICATION | DATES HELD FROM (MM/YYYY) TO (MM/YYYY) | GAMBLING 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/CERTIFICATE -NUMBER | TYPE OF APPLICATION | DATES HELD FROM (MM/YYYY) TO (MM/YYYY) | GAMBLING AGENCY |
|---|---|---|---|
| | | | |

| CITY, COUNTY, STATE, COUNTRY | ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER) |
|---|---|
| | |

| IF DENIED, SUSPENDED, WITHDRAWN, OR REVOKED, EXPLAIN THE CIRCUMSTANCES. |
|---|
| |

| | |
|---|---|
| HAVE YOU EVER HELD OR APPLIED FOR A LICENSE, PERMIT, CERTIFICATE, REGISTRATION OR AUTHORIZATION NOT RELATED TO GAMING?<br>IF YES, PROVIDE THE FOLLOWING DETAILS | ☐ YES ☐ NO |

| 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. |
|---|
| |

## SECTION 8: BUSINESS INTEREST – GAMING RELATED

HAVE YOU HELD A FINANCIAL INTEREST OR STOCK IN ANY GAMING RELATED VENTURE OR BUSINESS WITHIN THE LAST 10 YEARS? ☐ YES ☐ NO

IF YES, PROVIDE THE FOLLOWING DETAILS AND ATTACH A SEPARATE SHEET OF PAPER INDENTIFYING THE INDIVIDUALS SHARING INTEREST IN THE BUSINESS/VENTURE AND THEIR RESPECTIVE PERCENT OF OWNERSHIP.

| 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 |
|---|---|---|
| | | |

## SECTION 9: BUSINESS INTEREST – NON-GAMING RELATED

LIST ALL BUSINESSES, CORPORATIONS, PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES IN WHICH YOU HAVE HAD A FINANCIAL INTEREST AS AN OWNER, OFFICER, DIRECTOR, ACTIVE SHAREHOLDER, PARTNER, MEMBER, OR OTHER SIMILAR CAPACITY WITHIN THE LAST 10 YEARS.

| A) NAME OF BUSINESS CORPORATION/PARTNERSHIP | DATES INVOLVED FROM (MM/YYYY) TO (MM/YYYY) | BUSINESS 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 | % OF OWNERSHIP/# NUMBER OF SHARES OWNED |
|---|---|---|
| | | |

| B) NAME OF BUSINESS CORPORATION/PARTNERSHIP | DATES INVOLVED FROM (MM/YYYY) TO (MM/YYYY) | BUSINESS 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 | % OF OWNERSHIP/# NUMBER OF SHARES OWNED |
|---|---|---|
| | | |

## SECTION 10: PERSONAL FINANCIAL HISTORY

HAVE YOU FILED FOR BANKRUPTCY WITHIN THE LAST 10 YEARS? ☐ YES ☐ NO

IF YES, PROVIDE A COPY OF THE BANKRUPTCY PETITION/ORDER AND DETAILS BELOW.

| DATE FILED (MM/DD/YYYY) | CASE NUMBER, IF KNOWN | |
|---|---|---|
| FEDERAL DISTRICT COURT WHERE FILED | DATE OF DISCHARGE (MM/YYYY) | AMOUNT DISCHARGED, IF APPLICABLE |
| EXPLAIN THE CIRCUMSTANCES THAT LED TO THE BANKRUPTCY FILING, INCLUDE THE NATURE OF THE DEBT. | | |

| HAVE YOU BEEN A PARTY TO A FORECLOSURE WITHIN THE LAST 10 YEARS?<br>IF YES, PROVIDE DETAILS BELOW. | ☐ YES ☐ NO |
|---|---|

| ADDRESS OF FORECLOSED PROPERTY | DATE OF FORECLOSURE (MM/YYYY) | NAME OF LENDER | BALANCE OWED |
|---|---|---|---|
| | | | |

EXPLAIN THE CIRCUMSTANCES THAT LED TO THE FORECLOSURE.

| HAVE YOU HAD A JUDGMENT OR LIEN FILED AGAINST YOU WITHIN THE LAST 10 YEARS?<br>IF YES, PROVIDE THE DETAILS BELOW. | ☐ YES ☐ NO |
|---|---|

| | DATE FILED (MM/YYYY) | NAME OF PERSON/ENTITY THAT FILED THE LIEN/JUDGMENT |
|---|---|---|
| ☐ LIEN<br>☐ JUDGMENT | | |

EXPLAIN THE REASON FOR THE LIEN/JUDGMENT. IF LIEN/JUDGMENT HAS NOT BEEN SATISFIED, AND YOU ARE MAKING PAYMENTS, ATTACH A COPY OF THE PAYMENT PLAN/AGREEMENT PROVIDED BY THE COURT OR CREDITOR. IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YOU PLAN TO SATISFY THE LIEN/JUDGMENT.

| | DATE FILED (MM/YYYY) | NAME OF PERSON/ENTITY THAT FILED THE LIEN/JUDGMENT |
|---|---|---|
| ☐ LIEN<br>☐ JUDGMENT | | |

EXPLAIN THE REASON FOR THE LIEN/JUDGMENT. IF LIEN/JUDGMENT HAS NOT BEEN SATISFIED, AND YOU ARE MAKING PAYMENTS, ATTACH A COPY OF THE PAYMENT PLAN/AGREEMENT PROVIDED BY THE COURT OR CREDITOR. IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YOU PLAN TO SATISFY THE LIEN/JUDGMENT.

| HAVE YOU HAD ANY PURCHASE REPOSSESSED OR HAD AN UNPAID DEBT/LOAN TURNED OVER TO A COLLECTION AGENCY OR DEEMED UNCOLLECTABLE (CHARGED-OFF) FOR ANY REASON WITHIN THE LAST 10 YEARS?<br>IF YES, PROVIDE DETAILS BELOW. | ☐ YES ☐ NO |
|---|---|

| NAME OF CREDITOR | ACTION TAKEN (REPO/COLLECTION/CHARGE-OFF) | DATE OF ACTION (MM/YYYY) | CURRENT AMOUNT OWED |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

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, CONTROL, OR MANAGE ANY ASSETS OR LIABILITIES OUTSIDE THE UNITED STATES?<br>IF YES, PROVIDE THE FOLLOWING DETAILS BELOW. | ☐ YES ☐ NO |
|---|---|

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

## SECTION 11: SUPPORTING DOCUMENTATION CHECKLIST

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 (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 – Including all schedules and attachments for the last three years (copy)
- ☐ Monthly Bank Statements for all personal and business accounts for the last 12 months (copy)
- ☐ Monthly/Quarterly Investment Statements for all personal and business accounts for the last 12 months (copy)
- ☐ Loan Agreements (copy)
- ☐ Bankruptcy Court Petition and Order (copy)

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

Pursuant to Business and Professions Code section 19867, you are responsible for all costs incurred by the Bureau related to its background investigation. At the conclusion of the investigation, an itemized accounting of all such costs will be provided. Monies received in excess of the actual costs incurred will be refunded. A license will not be issued until the required background investigation deposit(s) and application fee are received.

## SECTION 12: DECLARATION

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_____.

*City and State* *Date*

| SIGNATURE | PRINT FULL NAME | DATE |
|---|---|---|
| | | |

## SCHEDULE A – ASSETS

### Gross Annual Household Income

| Type of Income | Applicant | Spouse/Other |
|---|---|---|
| Current Gross Annual Income | $ | $ |
| Business Income (Explain Type of Business) | $ | $ |
| Interest Income | $ | $ |
| Dividend Income | $ | $ |
| Rental Income | $ | $ |
| Child Support | $ | $ |
| Gifts | $ | $ |
| Spousal Support/Alimony | $ | $ |
| Other (Specify) | $ | $ |
| Total Gross Income | $ | $ |
| DO YOU RECEIVE BONUSES OR PROFIT SHARING BASED ON A PERCENTAGE OF REVENUE GENERATED FROM A GAMING ACTIVITY? | | ☐ YES ☐ NO |

Signature of Preparer _____ Date _____

## SCHEDULE B - 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 and Address 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 |
|---|---|---|---|---|---|
| | | | | | $ |
| | | | | | $ |
| | | | | | $ |
| | | | | | $ |
| | | | | | $ |
| | | | | TOTAL: | $ |

## SCHEDULE C - ASSETS
### Stocks and Bonds

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

| Issuer | Registered Owner | Last 6 Digits of Account Number | Type (Note if stocks, bonds, mutual funds, etc.) | Number of Shares or Units | Current Market Value |
|---|---|---|---|---|---|
| | | | | | $ |
| | | | | | $ |
| | | | | | $ |
| | | | | | $ |
| | | | | | $ |
| | | | | TOTAL: | $ |

Signature of Preparer _____ Date _____

## SCHEDULE 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 and Address of Debtor | Date Acquired | Maturity Date (Notes Receivable) | Payment Amount and Payment Period (e.g. Weekly, Monthly) | Interest Rate | Original Amount | Balance |
|---|---|---|---|---|---|---|
| | | | | | $ | $<br>AS OF DATE |
| | | | | | $ | $<br>ASOF DATE |
| | | | | | $ | $<br>AS OF DATE |
| | | | | | TOTAL*: | $ |

## 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 and Location | Type (Residential or Commercial) | Percentage of Ownership | Date of Purchase | Current Income (Rent/Lease) per month | Down Payment | Purchase Price | Current Market Value |
|---|---|---|---|---|---|---|---|
| | | | | | $ | $ | $ |
| Identify the source of funds for the down payment: | | | | | | | |
| | | | | | $ | $ | $ |
| Identify the source of funds for the down payment: | | | | | | | |
| | | | | | $ | $ | $ |
| Identify the source of funds for the down payment: | | | | | | | |
| | | | | | | TOTAL: | $ |

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: | $ |

## SCHEDULE G - LIABILITIES
### Accounts Payable

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

| Name and Address of Creditor | Last 6 Digits of Account Number | Collateral | Date Incurred | Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.) | Unpaid Balance |
|---|---|---|---|---|---|
| | | | | | $ |
| | | | | | $ |
| | | | | | $ |
| | | | | | $ |
| | | | | | $ |
| | | | | | $ |
| | | | | | $ |
| | | | | TOTAL: | $ |

Signature of Preparer _____ Date _____

## SCHEDULE H - LIABILITIES
### Taxes Payable

List all unpaid and estimated taxes.

| Taxing Authority (e.g., 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, and Interest | Unpaid Balance |
|---|---|---|---|---|---|
| | | | | | $ |
| | | | | | $ |
| | | | | | $ |
| | | | | | $ |
| | | | | | $ |
| | | | | | $ |
| | | | | | $ |
| | | | | TOTAL: | $ |

## SCHEDULE I - LIABILITIES
### Notes Payable

List all loans, leases, accounts, and notes payable (loans owed by you).

| Name and Address of Creditor | Date Incurred | Maturity Date | Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.) | Original Note Amount | Interest Rate | Unpaid Balance |
|---|---|---|---|---|---|---|
| | | | | $ | | $ |
| | | | | $ | | $ |
| | | | | $ | | $ |
| | | | | $ | | $ |
| | | | | $ | | $ |
| | | | | $ | | $ |
| | | | | $ | | $ |
| | | | | TOTAL: | | $ |

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 | Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.) | Original Loan Amount | Unpaid Balance |
|---|---|---|---|---|---|
| | | | | $ | $ |
| | | | | $ | $ |
| | | | | $ | $ |
| | | | | $ | $ |
| | | | | $ | $ |
| | | | | $ | $ |
| | | | | $ | $ |
| | | | | $ | $ |
| | | | | TOTAL: | $ |

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

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

| Name and Address of Creditor | Date Incurred | Collateral | Description of Liability and Last 6 Digits of Account Number | Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.) | Original Amount | Unpaid Balance |
|---|---|---|---|---|---|---|
| | | | | | $ | $ |
| | | | | | $ | $ |
| | | | | | $ | $ |
| | | | | | $ | $ |
| | | | | | $ | $ |
| | | | | | $ | $ |
| | | | | | $ | $ |
| | | | | | TOTAL: | $ |

Signature of Preparer _____ Date _____