

1 CALIFORNIA CODE OF REGULATIONS
2 Title 4. Business Regulations.

3
4 DIVISION 18. CALIFORNIA GAMBLING CONTROL COMMISSION.
5 (AMENDED REGULATIONS EFFECTIVE AUGUST 21, 2020)
6

7 CHAPTER 2.1. THIRD-PARTY PROVIDERS OF PROPOSITION PLAYER SERVICES:
8 REGISTRATION; LICENSING

9 ARTICLE 1. DEFINITIONS AND GENERAL PROVISIONS.

10 § 12200. Definitions.

11 ...

12 (b) ...

13 ...

14 (25) ...

15 (A) Owners, as defined in Section 12200, that are a natural person shall complete the form Level III
16 Supplemental Information-Individual (BGC-APP-034A (Rev. 08/20) for a level III investigation.

17 (B) Owners, as defined in Section 12200, that are not a natural person shall complete the form Level
18 III Supplemental Information-Business (BGC-APP-034B (Rev. 08/20) for a level III investigation.

19 ...

20 Note: Authority cited: Sections 19840, 19841 and 19984, Business and Professions Code. Reference: Sections
21 19805 and 19984, Business and Professions Code.
22

23
24 CHAPTER 3. CONDITIONS OF OPERATION FOR PROVIDERS OF PROPOSITION PLAYER SERVICES
25 AND GAMBLING BUSINESSES

26 ARTICLE 5. COMPLIANCE.

27 § 12292. Emergency Planning and Preparedness – Sanitation Plan.

28 (a) A primary owner under Chapter 2.1 or 2.2 must prepare and maintain an emergency sanitation
29 plan. The emergency sanitation plan must be activated if the primary owner under Chapter 2.1 or 2.2
30 participates in the play of any controlled game where the operating gambling establishment is subject to a
31 state of emergency or other order and that state of emergency or other order is associated with a virus and
32 includes an isolation, stay-at-home, telework, teleconferencing, or physical distancing order(s). An
33 emergency sanitation plan must include:
34

35 (1) General Information.
36

1 (A) Identify the job title(s) (including contact information such as phone number) of the person(s)
2 responsible for:

- 3 1. Maintaining the emergency sanitation plan;
- 4 2. Implementing the emergency sanitation plan;
- 5 3. Coordinating training and documenting all required training related to the emergency sanitation
6 plan; and
- 7 4. Conducting regular evaluations of the primary owner's operations for compliance with the
8 emergency sanitation plan while the plan is activated.

9 (B) Identify contact information for the local health department for the jurisdiction in which the
10 gambling establishment is located.

11 (C) Identify all contact information necessary for communicating information related to any outbreak
12 among employees.

13 (2) Employee and Public Health.

14 (A) Provide that each employee must wear a face covering, in the manner prescribed by the
15 manufacturer, while at the gambling establishment as well as all personal protective equipment in
16 accordance with the emergency sanitation plan.

17 (B) Provide that each employee must wash their hands, or use hand sanitizer if unable to access a sink
18 or handwashing station, at least once every 60 minutes.

19 (C) Provide that all shared equipment must be sanitized prior to being used by a different employee.

20 (D) Provide that upon return to a floor bank under the control of the TPPPS, as identified in
21 subsection (c) of Section 12387, all chips must be sanitized or kept out of rotation for a time period
22 sufficiently long to ensure that no viral threat remains (based upon the most current information available
23 regarding the virus for which the state of emergency or other order was issued).

24 (E) Provide that the Bureau, all of the TPPPS' contracted gambling enterprises, and the local health
25 department(s) with jurisdiction over the contracted gambling enterprises must be notified of any presence
26 of the virus associated with the state of emergency or other order identified in connection with an
27 employee or owner of the primary owner within 24 hours, or a shorter timeframe if required by a local
28 entity with jurisdiction.

29 (3) Sanitation Practices.

30 (A) All reusable face coverings or gloves must be properly cleaned, decontaminated, and maintained
31 after and between uses.

32 (B) The sanitization of shared equipment must include the use of a disinfectant that is on the
33 appropriate United States Environmental Protection Agency's list of registered disinfectants, a diluted
34 household bleach solution at a ratio of five tablespoons (75 milliliters) of bleach per gallon (3.78 liters) of

1 water, or an alcohol solution containing at least 70 percent alcohol that is appropriate for the surface being
2 cleaned.

3 (C) For any shared equipment that requires sanitization but is not recorded by the gambling
4 establishment's surveillance system, the primary owner must maintain a record of all sanitizations
5 performed. This record must include the date and time of each sanitization and the name of the employee
6 who performed it.

7 (4) Training Requirements.

8 (A) Include procedures for providing all new employees and existing employees with orientation or
9 reorientation training, as applicable, concerning the emergency sanitation plan.

10 (B) The orientation and reorientation training must include the following topics:

11 1. When a state of emergency or other order is active, information related to the virus for which the
12 current state of emergency or other order was issued, including how to prevent the virus from spreading
13 and which underlying health conditions, as identified in any guidelines, requirements, or instructions
14 provided by any federal agency (e.g., the Centers for Disease Control and Prevention or the Occupational
15 Safety and Health Administration), any other state agency (e.g., the California Department of Public
16 Health), or the local jurisdiction, may make certain individuals more susceptible to contracting the virus;

17 2. When a state of emergency or other order is active, the importance of not coming to work if the
18 employee or someone with whom the employee lives has been diagnosed with the virus for which the
19 current state of emergency or other order was issued, or the employee is exhibiting symptoms of the virus
20 for which the current state of emergency or other order was issued;

21 3. When a state of emergency or other order is active, information on employer- or government-
22 sponsored leave benefits that the employee may be entitled to receive related to the virus for which the
23 current state of emergency or other order was issued;

24 4. How to self-screen at home, including temperature and/or symptom checks;

25 5. The importance of proper hygiene, including frequent handwashing with soap and water or using
26 hand sanitizer containing at least 60 percent ethanol or 70 percent isopropanol when unable to access a
27 sink or handwashing station;

28 6. The importance of physical distancing, both at work and outside of work; and

29 7. The purpose and proper use of face coverings, including the following information and
30 instructions:

31 a. Face coverings do not protect the wearer and are not personal protective equipment;

32 b. Face coverings can help protect people near the wearer, but do not replace the need for physical
33 distancing and frequent handwashing;

34 c. Face coverings must cover the nose and mouth;

- 1 d. Employees must wash or sanitize hands before and after using or adjusting face coverings;
- 2 e. Employees must avoid touching their eyes, nose, and mouth; and
- 3 f. Reusable face coverings must be washed after each shift.

4 (b) Emergency sanitation plan orientation and reorientation training must be conducted according to
5 the following timelines:

6 (1) New employee orientation training must be completed within 60 days of the issuance of a license
7 or work permit, or the employee's start date, whichever is later. New employee orientation training may
8 be conducted via an internal training program, an external training program, or by providing printed or
9 electronic training materials.

10 (2) Each employee must receive reorientation training during their first work shift following
11 activation of the emergency sanitation plan. Reorientation training must be presented in-person, via
12 simultaneous video teleconference, or via previously video-recorded material. Employees who received
13 orientation or reorientation training in-person, via simultaneous video teleconference, or via previously
14 video-recorded material within three months immediately prior to activation of the emergency sanitation
15 plan are exempt from this requirement.

16 (c) Records of employee completion of emergency sanitation plan orientation and reorientation
17 training must be maintained in accordance with Section 12003, and must include the date of the training,
18 the topics covered, the name of the employee receiving the training, and the name of the employee
19 responsible for coordinating training. Training records may include, but need not be limited to, sign-in
20 sheets, email records of material being provided, and training certificates.

21 (d) Each registered or licensed primary owner must submit one copy of its current emergency
22 sanitation plan to the Bureau within 30 calendar days after the effective date of this section.

23 (e) When applying as a primary owner, each applicant must submit to the Bureau one copy of a
24 current emergency sanitation plan together with those application documents required by either Section
25 12202 or 12222, as applicable.

26 (f) If a primary owner's emergency sanitation plan is revised, then the primary owner must submit
27 one copy of its revised emergency sanitation plan to the Bureau within seven calendar days after the
28 revision.

29 (g) Compliance with the requirements of this section does not exempt a primary owner from any
30 other federal, state, or local laws or other requirements imposed by entities with jurisdiction over the
31 primary owner.

32 Note: Authority cited: Sections 19811, 19824, 19840 and 19841, Business and Professions Code. Reference:
33 Sections 19801, 19823, 19920 and 19984, Business and Professions Code.

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1 Note: Authority cited: Section 19811, 19823, 19824, 19840, 19841, 19853(a)(3), 19860, 19862 and 19864, Business
2 and Professions Code. Reference: Sections 19811, 19824, 19826, 19860, 19862 and 19868, Business and
3 Professions Code.
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5 **ARTICLE 2. EMERGENCY PREPAREDNESS, SECURITY AND SURVEILLANCE PLANS.**
6

7 **§ 12370. Emergency Planning and Preparedness – Fire Safety and Evacuation Plan.**

8 (a) As required by California Code of Regulations Title 24, Part 9, Chapter 4 (commencing with
9 Section 401), and Title 19, Section 3.09, a gambling enterprise must prepare and maintain a fire safety
10 and evacuation plan, conduct emergency evacuation drills and conduct employee training on the content
11 of their fire safety and evacuation plan. Fire safety and evacuation plans, emergency evacuation drills and
12 employee training procedures adopted pursuant to this section must comply with, as applicable, California
13 Code of Regulations Title 24, Part 9, Chapter 4 (commencing with Section 401) and Title 19, Section
14 3.09, or those standards adopted by local ordinance pursuant to Health and Safety Code section 13143.5.

15 ...

16 Note: Authority cited: Sections 19811, 19824 and 19840, Business and Professions Code. Reference: Sections
17 19801, 19823, 19841, 19860, 19920 and 19924, Business and Professions Code.
18

19 **§ 12371. Emergency Planning and Preparedness – Sanitation Plan.**

20 (a) A gambling enterprise must prepare and maintain an emergency sanitation plan. The emergency
21 sanitation plan must be activated if the operating gambling establishment is subject to a state of
22 emergency or other order and that state of emergency or other order is associated with a virus and
23 includes an isolation, stay-at-home, telework, teleconferencing, or physical distancing order(s). An
24 emergency sanitation plan must include:

25 (1) General Information.

26 (A) Identify the job title(s) (including contact information such as phone number) of the person(s)
27 responsible for:

28 1. Maintaining the emergency sanitation plan;

29 2. Implementing the emergency sanitation plan;

30 3. Coordinating training and documenting all required training related to the emergency sanitation
31 plan; and

32 4. Conducting regular evaluations of the gambling establishment for compliance with the emergency
33 sanitation plan while the plan is activated.

34 (B) Identify contact information for the local health department for the jurisdiction in which the
35 gambling establishment is located.

36 (C) Identify all contact information necessary for communicating information related to any outbreak
37 among employees.

1 (D) Establish procedures to ensure completion of the following tasks in the event that the gambling
2 establishment is required by the state and/or public health officials to close:

- 3 1. Notify the Chief of the Bureau and Executive Director by email within 24 hours of closing; and
- 4 2. Conduct an outstanding gaming chip liability count within 24 hours of closure and notify the
5 Bureau of the results within 24 hours of completion of the count.

6 (2) Employee and Public Health.

7 (A) Provide an entering process to ensure that no person is allowed to stay in the gambling
8 establishment if they are displaying a temperature of 100.4 degrees Fahrenheit or greater. This
9 requirement does not apply to employees unless employer screening has been identified in any guidelines,
10 requirements, or instructions provided by any federal agency (e.g., the Centers for Disease Control and
11 Prevention, the United States Equal Employment Opportunity Commission, or the Occupational Safety
12 and Health Administration), any other state agency (e.g., the California Department of Public Health or
13 the California Department of Fair Employment and Housing), or the local jurisdiction.

14 (B) Provide a process to ensure that every member of the public, upon entry, is directed to practice a
15 physical distancing standard consistent with applicable physical distancing guidelines provided by any
16 federal agency (e.g., the Centers for Disease Control and Prevention or the Occupational Safety and
17 Health Administration), any other state agency (e.g., the Department of Public Health), or the local
18 jurisdiction, to not touch their face, to frequently wash their hands with soap for at least 20 seconds, and
19 how to properly use, handle and dispose of face coverings and gloves.

20 (C) Clearly designate separate entrance(s) and exit(s) to help maintain physical distancing, wherever
21 possible.

22 (D) Ensure that employees and members of the public have sufficient accessibility to hand sanitizer
23 dispensers - touchless whenever possible - at all entrances and at high contact areas such as reception
24 areas, lobbies, gaming tables, restaurant entrances, meeting and convention spaces, elevator lobbies,
25 employee break rooms, employee time clock locations, cages (both interior and exterior), count rooms,
26 locations where floor banks are maintained, and ATMs. Ensure that all sanitary facilities remain
27 operational and stocked at all times. Ensure that all persons (dealers and players) use hand sanitizer prior
28 to beginning play at each card table.

29 (E) Whenever practical and possible, install and encourage the use of hands-free devices including
30 motion-sensor lights, contactless payment systems, automatic soap and paper towel dispensers, and
31 touchless timecard systems.

32 (F) Provide that each employee must wear a face covering, in the manner prescribed by the
33 manufacturer, while at the gambling establishment as well as all personal protective equipment in
34 accordance with the emergency sanitation plan. Provide that employees, such as waiters, bussers, and

1 janitors, whose job duties involve contact with bodily fluids, such as saliva, must wear appropriate
2 protective gloves. Provide that each employee must wash their hands, or use hand sanitizer if unable to
3 access a sink or handwashing station, at least once every 60 minutes.

4 (G) Provide a list of areas and equipment to be sanitized. At a minimum, the following must be
5 included on the list:

6 1. Identify all common contact areas. Common contact areas must be sanitized at least once per hour.

7 2. All shared equipment must be sanitized prior to use by a different employee.

8 3. Player spaces at gaming tables, including but not limited to the immediate surface of the gaming
9 table, the player's chair, and any immediately adjacent barrier surface(s), must be sanitized before a
10 player is allowed to occupy the space.

11 (H) Implement measures to ensure appropriate physical distancing between all persons within the
12 gambling establishment including, but not limited to, clearly marking areas where employees or members
13 of the public should stand when waiting in a line. Where appropriate physical distancing cannot be
14 maintained, ensure that other protective measures are taken such as using non-permeable polymethyl
15 methacrylate barriers to separate player spaces.

16 (I) Provide a list of common areas where signage will be prominently posted. Additionally, ensure
17 that signage is prominently posted on the gambling establishment's website(s) and at all entrances to the
18 gambling establishment. Signage must indicate the following:

19 1. Individuals who are showing signs of illness are directed to leave the establishment;

20 2. Information provided to the public pursuant to subsection (a)(2)(B); and

21 3. Information regarding appropriate physical distancing.

22 (J) Inspect deliveries and take all necessary and feasible disinfection measures when receiving goods.

23 (K) Consider installing portable high-efficiency air cleaners, upgrading the building's air filters to the
24 highest efficiency possible, and making other modifications to increase the quantity of outside air and
25 ventilation in offices and other spaces, whenever practical and possible.

26 (L) Provide that the Bureau, all contracted primary owners, and the local health department(s) with
27 jurisdiction over the primary owners must be notified of any presence of the virus associated with the
28 state of emergency or other order identified in connection with an employee or owner, as defined in
29 Business and Professions Code section 19851, subdivision (b), of the gambling enterprise within 24
30 hours, or a shorter timeframe if required by a local entity with jurisdiction.

31 (M) Provide that upon return to a cage, all chips must be sanitized or kept out of rotation for a time
32 period sufficiently long to ensure that no viral threat remains (based upon the most current information
33 available regarding the virus for which the state of emergency or other order was issued).

34 (3) Operation of Gaming Tables.

1 (A) No gaming table is allowed to operate unless:

2 1. The gaming table is operating with no more than half of the number of players allowed in the
3 Bureau-approved game rules, with remaining spaces for players distributed on the table to ensure
4 maximum physical separation. Any play space that is to remain unused must be removed or covered in
5 such a way as to prohibit its use by a player; or,

6 2. The gaming table includes, between each available space designated for a player, a clear, non-
7 tinted, non-permeable barrier, such as polymethyl methacrylate, that is sufficiently sized to prevent two
8 players from coming into direct physical contact during the play of any controlled game.

9 (B) Participation in or observation of a controlled game by a member of the public will not be
10 allowed unless that person has a space designated for a player at the table or is at another designated
11 space that is positioned to allow for appropriate physical distancing and the gaming table includes a
12 vacant player space that has been designated for participants to approach the table space one at a time.

13 (C) If, after the reduction of spaces for players, the gaming table does not allow for appropriate
14 physical distancing, each player must wear a face covering in the manner prescribed by the manufacturer.
15 If players must wear face coverings, no activity may be conducted at the table that would require the
16 removal of face coverings, except during the actual consumption of a beverage.

17 (D) The gambling enterprise must provide frequent breaks in play in games where items are passed
18 back and forth for an extended period to allow employees and players to wash their hands or use hand
19 sanitizer.

20 (E) Cards must be replaced as follows:

21 1. If the game rules allow a player to touch the cards, all cards that have been dealt must be replaced
22 at least once every four hours.

23 2. If the game rules do not allow a player to touch the cards, all cards that have been dealt must be
24 replaced at least once every twelve hours.

25 3. Any card removed from the table must be disposed of, sanitized, or kept out of rotation for at least
26 seven days.

27 (4) Non-Gambling Areas within the Gambling Establishment.

28 (A) Any other facilities, such as office spaces, cages, security rooms, break rooms, supply rooms, and
29 meeting rooms, must be closed, have reduced capacity, be modified with the use of barriers, or be
30 otherwise reconfigured to ensure physical distancing between all persons, whenever possible.

31 (B) Self-service coffee, water, and snack areas must be closed unless they are capable of dispensing
32 without physical contact.

33 (5) Sanitation Practices.

1 (A) All reusable face coverings or gloves must be properly cleaned, decontaminated, and maintained
2 after and between uses.

3 (B) The sanitization of common contact areas and shared equipment must include the use of a
4 disinfectant that is on the appropriate United States Environmental Protection Agency's list of registered
5 disinfectants, a diluted household bleach solution at a ratio of five tablespoons (75 milliliters) of bleach
6 per gallon (3.78 liters) of water, or an alcohol solution containing at least 70 percent alcohol that is
7 appropriate for the surface being cleaned.

8 (C) For any common contact area or shared equipment that requires sanitization but is not recorded
9 by the gambling establishment's surveillance system, the gambling enterprise must maintain a record of
10 all sanitizations performed. This record must include the date and time of each sanitization and the name
11 of the employee who performed it.

12 (6) Training Requirements.

13 (A) Include procedures for providing all new employees and existing employees with orientation or
14 reorientation training, as applicable, concerning the emergency sanitation plan.

15 (B) The orientation and reorientation training must include the following topics:

16 1. When a state of emergency or other order is active, information related to the virus for which the
17 current state of emergency or other order was issued, including how to prevent the virus from spreading
18 and which underlying health conditions, as identified in any guidelines, requirements, or instructions
19 provided by any federal agency (e.g., the Centers for Disease Control and Prevention or the Occupational
20 Safety and Health Administration), any other state agency (e.g., the California Department of Public
21 Health), or the local jurisdiction, may make certain individuals more susceptible to contracting the virus;

22 2. When a state of emergency or other order is active, the importance of not coming to work if the
23 employee or someone with whom the employee lives has been diagnosed with a virus for which the
24 current state of emergency or other order was issued, or the employee is exhibiting symptoms of the virus
25 for which the current state of emergency or other order was issued;

26 3. When a state of emergency or other order is active, information on employer- or government-
27 sponsored leave benefits that the employee may be entitled to receive related to the virus for which the
28 current state of emergency or other order was issued;

29 4. How to self-screen at home, including temperature and/or symptom checks;

30 5. The importance of proper hygiene, including frequent handwashing with soap and water or using
31 hand sanitizer containing at least 60 percent ethanol or 70 percent isopropanol when unable to access a
32 sink or handwashing station;

33 6. The importance of physical distancing, both at work and outside of work; and

1 7. The purpose and proper use of face coverings, including the following information and
2 instructions:

- 3 a. Face coverings do not protect the wearer and are not personal protective equipment;
- 4 b. Face coverings can help protect people near the wearer, but do not replace the need for physical
5 distancing and frequent handwashing;
- 6 c. Face coverings must cover the nose and mouth;
- 7 d. Employees must wash or sanitize hands before and after using or adjusting face coverings;
- 8 e. Employees must avoid touching their eyes, nose, and mouth; and
- 9 f. Reusable face coverings must be washed after each shift.

10 (b) Emergency sanitation plan orientation and reorientation training must be conducted according to
11 the following timelines:

12 (1) New employee orientation training must be completed within 60 days of the issuance of a license
13 or work permit, or the employee's start date, whichever is later. New employee orientation training may
14 be conducted via an internal training program, an external training program, or by providing printed or
15 electronic training materials.

16 (2) Each employee must receive reorientation training during their first work shift following
17 activation of the emergency sanitation plan. Reorientation training must be presented in-person, via
18 simultaneous video teleconference, or via previously video-recorded material. Employees who received
19 orientation or reorientation training in-person, via simultaneous video teleconference, or via previously
20 video-recorded material within three months immediately prior to activation of the emergency sanitation
21 plan are exempt from this requirement.

22 (c) Records of employee completion of emergency sanitation plan orientation and reorientation
23 training must be maintained in accordance with Section 12003, and must include the date of the training,
24 the topics covered, the name of the employee receiving the training, and the name of the employee
25 responsible for coordinating training. Training records may include, but need not be limited to, sign-in
26 sheets, email records of material being provided, and training certificates.

27 (d) Each gambling enterprise must submit one copy of its current emergency sanitation plan to the
28 Bureau within 30 calendar days after the effective date of this section.

29 (e) Each applicant for an initial gambling enterprise license under Chapter 6 of this Division must
30 submit to the Bureau one copy of a current emergency sanitation plan together with those application
31 documents required by Section 12342.

32 (f) If a gambling enterprise's emergency sanitation plan is revised, then the gambling enterprise must
33 submit one copy of its revised emergency sanitation plan to the Bureau within seven calendar days after
34 the revision.

1 (g) Compliance with the requirements of this section does not exempt a gambling enterprise from any
2 other federal, state, or local laws or other requirements imposed by entities with jurisdiction over the
3 enterprise.

4 Note: Authority cited: Sections 19811, 19824, 19840 and 19841, Business and Professions Code. Reference:
5 Sections 19801, 19823 and 19920, Business and Professions Code.
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CHAPTER 2.1: FORM INCORPORATED BY REFERENCE

Level III Supplemental Information - Individual

BGC-APP-034A (Rev. 08/20)

**DEPARTMENT OF JUSTICE
BUREAU OF GAMBLING CONTROL
LEVEL III SUPPLEMENTAL INFORMATION - INDIVIDUAL**

INSTRUCTIONS

Each owner as defined in Title 4, California Code of Regulations, Chapters 2.1 and 2.2, who is a natural person must complete the Level III Supplemental Information - Individual and submit all required forms, documentation, and deposits. This includes, but is not limited to, officers, directors, partners, shareholders, members, and sole proprietors. Originals are required unless otherwise stated. Any corrections or alterations must be initialed and dated by the applicant.

Regular Mail and Commercial/Personal Delivery

Bureau of Gambling Control
2450 Del Paso Road, Suite 100
Sacramento, CA 95834
(916) 830-1700

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 Bureau.

Forms/Documentation	Submitted
Level III Supplemental Information - Individual (BGC-APP-034A (Rev. 08/20) (includes Instructions)	
Authorization to Release Information (BGC-APP-006 (Rev. 07/17)	
Appointment of Designated Agent For Owners and Proposition Players (BGC-APP-031 (Rev. 07/17)	
Request for Transcript of Tax Return (IRS 4506-T (Rev. April 2006)	
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.	
Trust Agreement pertaining to interest in Third-Party Provider of Proposition Player Services - Copy	
All Lease Agreements pertaining to gaming – Copy	
Emergency Sanitation Plan (primary owner only) – Copy	
Employment Contract – Copy	
Current Local License, Permit, Badge, etc. – Copy	
Naturalization Certificate - If naturalized citizen, copy of your naturalization certificate	
Deposit of \$6,000 for Level III Supplemental Information - Individual Investigation and Processing	

Applicant is responsible for all investigative costs incurred by the 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.

Level III Supplemental Information - Individual

BGC-APP-034A (Rev. 08/20)

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:

Level III Supplemental Information - Individual

BGC-APP-034A (Rev. 08/20)

(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.

Level III Supplemental Information - Individual

BGC-APP-034A (Rev. 08/20)

(D) 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.

(E) 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

(F) 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

Level III Supplemental Information - Individual

BGC-APP-034A (Rev. 08/20)

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.

Level III Supplemental Information - Individual

BGC-APP-034A (Rev. 08/20)

(G) 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.

(H) REFERENCES: List the name, address, and telephone number of three personal references who are not related to you. Include at least one reference you were acquainted with during each period of residence listed in Question (G) above. 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 ()	

Attach an additional sheet if necessary.

Level III Supplemental Information - Individual

BGC-APP-034A (Rev. 08/20)

(I) 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.

Level III Supplemental Information - Individual

BGC-APP-034A (Rev. 08/20)

(J) 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.

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, for example: 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.

- (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 & State	Case Number	Dispositio n

Attach an additional sheet if necessary.

(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 If YES, provide details on attached sheet.

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

If YES, provide details on attached sheet.

(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:				
Brief explanation of issues:				

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:				

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.

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: _____

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

If YES, provide complete details:

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

If YES, provide details and dates:

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

If YES, provide 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	\$	\$

(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")		
TOTAL ASSETS	\$	\$

(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")		
TOTAL LIABILITIES	\$	\$

NOTE: ADDITIONAL FINANCIAL INFORMATION MAY BE REQUIRED BY THE 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
						TOTAL \$	

**STATEMENT OF ASSETS
SCHEDULE "C"
Stocks and Bonds**

List all stocks, bonds or mutual funds held or controlled, including beneficial interest in a trust. The individual stocks held in a mutual fund need not be itemized.

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

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 \$						

DECLARATION

I, _____, declare that I have read the foregoing Level III Supplemental Information - Individual 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 Bureau 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 supplemental information package.

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

Date:

Signature

Printed Name/Title

Business Name

Level III Supplemental Information - Business

BGC-APP-034B (Rev. 08/20)

**DEPARTMENT OF JUSTICE
BUREAU OF GAMBLING CONTROL
LEVEL III SUPPLEMENTAL INFORMATION - BUSINESS
INSTRUCTIONS**

Each owner as defined by Title 4, California Code of Regulations, Chapters 2.1 and 2.2, who is **NOT** a natural person must complete the Level III Supplemental Information - Business and submit all required forms, documentation, and deposits.

Regular Mail and Commercial/Personal Delivery
Bureau of Gambling Control
2450 Del Paso Road, Suite 100
Sacramento, CA 95834
(916) 830-1700

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 Bureau.

Forms/Documentation	Submitted (if applicable)
Level III Supplemental Information–Business (BGC-APP-034B (Rev. 08/20) (includes Instructions)	
Gambling Business Playing Book Form – Copy	
Authorization to Release Information (BGC-APP-006 (Rev. 07/17)	
Appointment of Designated Agent For Owners and Proposition Players (BGC-APP-031 (Rev. 07/17)	
Request for Copy of Corporation, Exempt Organization, Partnership or Limited Liability Company Return (FTB 3516 C1 (Rev. 06-03, Side 2 - CORP)	
Request for Transcript of Tax Return (IRS 4506-T (Rev. April 2006)	
Signed copies of Federal tax returns for the past three years, including all schedules and attachments.	
Bank Statements - Copies for any and all business accounts for past 18 months.	
Investment Account Statements - Copies for any and all accounts for the past 18 months.	
Balance Sheets and Income Statements - Copies for last 3 fiscal years.	
Trust Agreement(s) pertaining to Third-Party Provider of Proposition Player Services - Copy	
All Lease Agreement(s) pertaining to Third-Party Provider of Proposition Player Services - Copy	
Emergency Sanitation Plan (primary owner only) – Copy	
Management Company Agreement – Copy	
Partnership Agreement – Copy	
Employment Contract – Copy	
Articles of Incorporation – Copy	
Current Local Business License, Permit, Badge, etc. – Copy	
Employee List	
Duty Statements for each Employee Classification	
Organizational Chart - Include Names, Job Titles and Lines of Accountability	
Deposit of \$11,500 for Level III Supplemental Information - Business Investigation and Processing	

Applicant is responsible for all investigative costs incurred by the 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.

Level III Supplemental Information - Business

BGC-APP-034B (Rev. 08/20)



California Department of Justice

Bureau of Gambling Control

Post Office Box 168024

Sacramento, CA 95816-8024

(916) 830-1700

LEVEL III SUPPLEMENTAL INFORMATION - BUSINESS

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 Applicant: T PPPPS *Funding Source for T PPPPS
 Gambling Business *Funding Source for Gambling Business
*If checked, provide description of financial arrangements and an explanation of origin of funds used for financing.

Type of License Applying for: Primary Owner Owner

California Gambling Control Commission (CGCC) Registration Category:

Primary Owner Owner Supervisor Player Other Employee

CGCC Badge Number: _____ Date Issued: _____ Expiration Date: _____

Section 1. Business History Information

1. Name of business applicant:
2. Trade name to be used (if applicable):
3. Type of Business: Corporation Partnership Limited Liability Co. Jt. Venture Sole Proprietor
4. Business mailing address:
5. Main office (if different than above):
6. Address where business records are maintained (if different than above):
Business Phone: (____) _____ Business Fax: (____) _____
7. If applicant has ever conducted business under another name in any jurisdiction or State, provide name and jurisdiction or state:

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

SSN* (if sole proprietorship):

[*Disclosure of your U.S. social security account number is mandatory. Section 30 of the Business and Professions Code, section 17520 of the Family Code, and Public Law 94-455 (42 USC § 405(c)(2)(C)) authorize collection of your social security account number. Your social security account number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for child or family support in accordance with section 17520 of the Family Law Code. If you fail to disclose your social security account number, your application will not be processed and you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.]

Level III Supplemental Information - Business

BGC-APP-034B (Rev. 08/20)

8. Does this business have parent companies, subsidiaries or affiliates? Yes No

If Yes, please describe:

9. List any current or previous business relationship(s) and/or agreements with the gaming industry, including Tribal Gaming.

Name of Business/Tribe	Address	Nature of Relationship	Dates of Relationship

Attach additional sheet if necessary.

Section 2. Other Licensing Information

(A) Has this business ever applied to any licensing or regulatory agency for a license, permit, certificate, registration, or authorization related to gaming, whether or not such license, permit, certificate, registration, or authorization was granted?

(H) Yes No

If Yes, provide the following details:

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

Level III Supplemental Information - Business

BGC-APP-034B (Rev. 08/20)

- (B) Has this business ever had any disciplinary, administrative, or regulatory actions taken against the aforementioned application(s) for a license, permit, certificate, registration, or authorization related to gaming (e.g., withdrawal, denial, suspension, revocation, surrender)? Yes No

If Yes, provide the following details:

Licensing/Regulatory Agency	Name & Address of Gaming Establishment	Type of Application	Registration/Permit/License/Certificate Number	Action Taken	Dates Denied or Revoked

- (C) Has this business ever applied to any licensing or regulatory agency for a license, permit, certificate, registration or authorization not related to gaming, whether or not such license, permit, certificate, registration, or authorization was granted? Yes No

If Yes, provide the following details:

Licensing/Regulatory Agency	Name Applied Under	Type of Application	License/Permit/Certificate/Registration/Authorization Certificate Number	Dates Held

- (D) Has this business ever had any disciplinary, administrative, or regulatory actions taken against the aforementioned application(s) for a license, permit, certificate, registration, or authorization not related to gaming (e.g., withdrawal, denial, suspension, revocation, surrender)? Yes No

If Yes, provide the following details:

Licensing/Regulatory Agency	Name Applied Under	Type of Application	Registration/Permit/License/Certificate Number	Action Taken	Dates Denied or Revoked

Level III Supplemental Information - Business

BGC-APP-034B (Rev. 08/20)

- (E) Has this business **ever** withdrawn or surrendered an application for registration, permit, badge, license, certificate, finding of suitability, or any other authorization related to gaming in any jurisdiction? Yes No

If Yes, provide the following details:

Licensing/Regulatory Agency	Name & Address of Business	Type of Application	Registration/Permit/Badge/License/Certificate Number	Action Taken	Date & Reason(s) for Withdrawal or Surrender

- (F) List all states or countries where incorporated, registered, or qualified to do business; also list or provide the corporation, registration, or license number and date qualified to do business:

- (G) List all individuals (owner, partner, officer, director, shareholder, or member) with an ownership/financial interest in this business.

Name	Title	Investment Amount	Percentage of Interest

- (H) List any remuneration exceeding \$100,000 paid annually to persons other than the directors and officers.

Level III Supplemental Information - Business

BGC-APP-034B (Rev. 08/20)

Section 3. Criminal/Litigation History Information

(A) Has this business been party to a lawsuit or arbitration within the last 10 years? Yes No

If Yes, provide details here:

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

Section 4. Financial History Information

(A) Has any interest in this business 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?

(I) Yes No

If Yes, provide complete details and dates:

(B) Has this business filed bankruptcy within the last 10 years? Yes No

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

(C) Has this business had a material reorganization within the last three years? Yes No

If Yes, provide complete details and dates:

Level III Supplemental Information - Business

BGC-APP-034B (Rev. 08/20)

(D) Have any individuals, businesses, or governmental agencies filed liens or judgments against this business?
 Yes No

If Yes, provide complete details and dates:

(E) Has this business had any assets repossessed, seized, or debt turned over to collections for any reason within the last seven years? Yes No

If Yes, provide complete details and dates:

(F) Does this business own or control any assets or liabilities located outside the United States? Yes No

If Yes, provide complete details:

(G) Does this business own, control, manage, or hold in trust any assets or liabilities for another individual or entity?
 Yes No

If Yes, provide complete details:

(H) Is this business negotiating or planning any acquisition(s), merge(s), or sale of this business, a subsidiary, or an affiliate in the near future? Yes No

If Yes, provide complete details:

(I) Has this business' income tax return(s) been audited or adjusted within the last 10 years? Yes No

If Yes, provide complete details:

(J) Business' last Federal income tax return was filed on _____,
Date
for tax year _____ at _____
City State

Business' last State income tax return was filed on _____,
Date
for tax year _____ at _____
City State

Level III Supplemental Information - Business

BGC-APP-034B (Rev. 08/20)

STATEMENT OF ASSETS

From the following Statement of Assets, list the total value of all assets, both tangible and intangible, as of the date of this supplemental. All assets must be listed and described fully on the corresponding schedule. If applicable, the business' investment(s) should be reflected on Schedule "D."

Assets	Current Market Value
Cash (Total From Schedule "A")	
Accounts and 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")	
TOTAL ASSETS	\$

STATEMENT OF LIABILITIES

From the following Statement of Liabilities, list the total of all liabilities as of the date of this supplemental. All liabilities must be listed and described fully on the corresponding schedule. If applicable, any debt incurred to finance the business's investment(s) should be reflected on one of the schedules listed below.

Liabilities	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 BUREAU OF GAMBLING CONTROL.

STATEMENT OF ASSETS

SCHEDULE "B"
Accounts and Notes Receivable

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

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
						TOTAL \$	

STATEMENT OF ASSETS

**SCHEDULE "D"
Business Investments**

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

Entity Name	Type of Equity	No. of Shares or Units	Percentage of Ownership	Individuals or Entities Sharing Interest & Percentage Ownership	Date of Purchase	Purchase Price	Date of Current Market Value	Current Market Value	
							TOTAL \$		

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 \$						

DECLARATION

I, _____, declare that I, the authorized representative or designated agent, have read the foregoing Level III Supplemental Information - Business 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 Bureau 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.

Signature

Date:

Printed Name/Title

Business Name

CHAPTER 6: FORM INCORPORATED BY REFERENCE

Gambling Establishment Supplemental Information for State Gambling License

BGC-APP-015C (Rev. 08/20)



BUREAU OF GAMBLING CONTROL
P.O. Box 168024
Sacramento, CA 95816-8024
(916) 830-1700

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

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

SECTION 1: BUSINESS INFORMATION

NAME OF GAMBLING ESTABLISHMENT		TRADE NAME TO BE USED (IF APPLICABLE)	
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	
DOES THIS GAMBLING ESTABLISHMENT HAVE PARENT COMPANIES, SUBSIDIARIES OR AFFILIATES?..... <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES 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

HOURS OF OPERATIONS: <input type="checkbox"/> 24HOURS/365 DAYS, OR:							
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
OPENING TIME							
CLOSING TIME							
BUSINESS OFFICE HOURS: <input type="checkbox"/> SAME AS HOURS OF OPERATION, OR:							
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
OPENING TIME							
CLOSING TIME							
NUMBER OF PERMANENT TABLES OPERATING OR TO BE OPERATED IN THE GAMBLING ESTABLISHMENT:							

Gambling Establishment Supplemental Information for State Gambling License

NAME(S) OF PROPOSED GAME(S):

SECTION 9: STATEMENT OF LIABILITIES

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)	\$	\$
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 BUREAU OF GAMBLING CONTROL.

SECTION 10: SUPPORTING DOCUMENTATION CHECKLIST

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 (BGC-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.

- Background Investigation Deposit required in CCR, Title 11, Division 3, Chapter 1, Article 4, Section 2037
- Owner Supplemental Information form (BGC-APP-015A and/or 015B)
- Application for State Gambling License (CGCC-030) and a Trust Supplemental Background Investigation Information form (BGC-APP-143) if this gambling establishment is held by a trust.
- Declaration of Full Disclosure (BGC-APP-005 (Rev. 11/07))
- Authorization to Release Information (BGC-APP-006 (Rev. 07/17))
- Appointment of Designated Agent (BGC-APP-008 (Rev. 07/17)) (initial applications only)
- Organizational Chart - Show Names, Job Titles and Lines of Accountability
- 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)
- Current Conditional Use Permit, if applicable - copy
- Current Local Gambling Establishment Business License or Permit - copy
- Chips In Use Account - a copy of the most recent statement of the financial institution account covering the chips in use
- Players' Bank Account - a copy of the most recent statement of the financial institution account covering the players' bank funds, if applicable
- Cardroom Security Plan/Cardroom Floor & Gambling Table Layout (see B&P Code section 19924) - copy
- Emergency Preparedness and Evacuation Plan (see CCR, Title 4, Section 12370) - copy
- Emergency Sanitation Plan (see CCR, Title 4, Section 12371) - copy
- 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)
- 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
- Current Balance Sheet and Income Statement
- 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 Bureau 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.

CHAPTER 7: APPENDIX A



State of California
California Gambling Control Commission
 2399 Gateway Oaks Drive, Suite 220
 Sacramento, CA 95833
 (916) 263-0700; Fax: (916) 263-0452
 www.cgcc.ca.gov

NOTICE OF RELOCATION

CGCC-050 (Rev. 08/20)

To notify the Bureau of Gambling Control (Bureau) of a change in the physical location of a gambling establishment (as required in Title 4, CCR, Section 12364), complete this form, attach the required information referenced in Sections 2 and 3, and submit to **Bureau of Gambling Control, Post Office Box 168024, Sacramento, CA 95816-8024.**

This form must be submitted at least **90 days** prior to the commencement of gambling operations at the new location of the gambling establishment. Failure to do so may result in disciplinary action.

Prior to conducting its site visit pursuant to Section 12364(d), the Bureau will request payment of a deposit of \$600 as provided in Title 11, CCR, Section 2037(a)(1)(J).

Type or print (in ink) all required information on this form.

SECTION 1 – INFORMATION	
Name of Owner-Licensee:	License Number:
Name of Gambling Establishment:	
Previous Address:	
NEW Address:	
NEW Phone Number (if applicable):	NEW Fax Number (if applicable):
Date of Commencement of Operations in New Location:	
Local Jurisdiction:	
The new address of the gambling establishment:	
<input type="checkbox"/> IS NOT within 1000 feet of the boundary line of the local jurisdiction. (Proceed to Sections 2 and 4) <input type="checkbox"/> IS within 1000 feet of the boundary line of the local jurisdiction. (Proceed to Sections 2, 3, and 4)	

SECTION 2 – REQUIRED DOCUMENTATION

A. The following information must be submitted to the Bureau with this form:

- A draft floor plan of the proposed gambling establishment depicting at a minimum, the location of the main cage, the count room, the surveillance room, and the gaming area(s).

B. The following information must be submitted to the Bureau 30 days prior the Bureau’s site visit:

- The fully executed lease agreement or evidence of the licensee’s ownership of the building.
- A copy of the licensee’s fire safety and evacuation plan for the new location, in compliance with California Code of Regulations, Title 4, Section 12370.
- A copy of the licensee’s emergency sanitation plan for the new location, in compliance with California Code of Regulations, Title 4, Section 12371.
- A copy of the licensee’s security and surveillance plan for the new location, in compliance with California Code of Regulations, Title 4, Section 12372.

C. The following information must be submitted to the Bureau with the information in item B, if available, or upon availability and prior to the commencement of gambling operations:

- All required approvals, licenses, and permits by any applicable local jurisdictional entity (e.g. local business license, conditional use permits, local gaming licenses, occupancy permits, zoning variances, etc.).

D. The following information must be submitted to the Bureau prior to the commencement of the related activity:

- Any required approvals, licenses, and permits by any applicable state or federal agency (e.g., liquor licenses, check cashing permits, etc.).

SECTION 3 – NEIGHBORING JURISDICTION DOCUMENTATION

- I have attached documentation from the neighboring jurisdiction pursuant to Section 12364(b)(2)(A).
- The appropriate individual has signed below confirming no objections to the proposed location pursuant to Section 12364(b)(2)(A).
- A notice has been provided to the neighboring jurisdiction pursuant to Section 12364(b)(2)(B). A copy of the notice and proof of receipt to the neighboring jurisdiction is attached to this application.
- The relocation is exempt pursuant to Section 12364(b)(2)(C).

Signature

Date

Printed Name

Title / Department

If the new location is within 1000 feet of multiple boundary lines, additional copies of this page may be attached for each additional neighboring jurisdiction.

SECTION 4 – DECLARATION

I declare under penalty of perjury under the laws of the State of California that the foregoing information, and all information submitted with this form is true, correct, and complete, and that I am authorized to submit this information to the Bureau.

Signature: _____ *Date:* _____

Printed Name and Title: _____