

**Title 4. Business Regulations.**  
**Division 18. California Gambling Control Commission.**

**§ 12004. Notification of Contact Information Change.**

A licensee or holder of a Commission work permit must report to the Bureau any change of contact information, whether residence address, address of record or mailing address, phone number or any other contact information, within ten days of that change on a form entitled “Notice of Contact Information Change,” CGCC-CH1-01 (Rev. 01/21), which is attached in Appendix A to this Chapter. This section does not apply to the physical relocation of a gambling establishment.

Note: Authority cited: Sections 19811, 19823, 19824, 19853(a)(3), 19864 and 19984, Business and Professions Code. Reference: Sections 19850 and 19852, Business and Professions Code.

**§ 12112. Initial License Applications; Required Forms.**

A person applying for Commission approval must submit the following to the Bureau:

(a) A completed Application for Employee Category License, CGCC-CH2-04 (New 05/20) or Application for Owner Category License, CGCC-CH2-05 (Rev. 01/21), which are attached in Appendix A to this chapter.

(b) Any applicable completed supplemental information forms, all of which are attached in Appendix A to this chapter:

(1) Business Entity: Supplemental Information, CGCC-CH2-06 (Rev. 01/21).

(2) Individual Owner/Principal: Supplemental Information, CGCC-CH2-07 (Rev. 01/21).

(3) [...]

Note: Authority cited: Sections 19811, 19824, 19840, 19841, 19850, 19912 and 19984, Business and Professions Code. Reference: Sections 19801, 19811, 19824, 19826, 19841, 19850, 19851, 19852, 19855, 19864, 19865, 19866, 19867, 19868, 19878, 19880(d), 19883, 19890(e), 19893, 19912, 19951, 19982 and 19984, Business and Professions Code.

**§ 12114. Renewal License Applications; Required Forms.**

(a) [...]

(c) For the purposes of this section, a “complete application” must consist of all of the following:

(1) A completed Application for Employee Category License, CGCC-CH2-04 (New 05/20) or Application for Owner Category License, CGCC-CH2-05 (Rev. 01/21), as referred to in paragraph (1) of subsection (a) of Section 12112;

(2) [...]

(5) If the application is an Application for Owner Category License, CGCC-CH2-05 (Rev. 01/21), then a completed copy of the Spousal Information, CGCC-CH2-12 (New 05/20).

1 (d) [...]

2 Note: Authority cited: Sections 19811, 19823, 19824, 19840, 19841, 19850, 19851, 19854, 19951 and 19984,  
3 Business and Professions Code. Reference: Sections 19811, 19823, 19824, 19826, 19841, 19850, 19851, 19852,  
4 19854, 19855, 19856, 19857, 19864, 19865, 19866, 19867, 19868, 19876, 19912, 19951, and 19984, Business and  
5 Professions Code.  
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8 **§ 12292. Emergency Planning and Preparedness – Sanitation Plan.**

9 (a) A TPPPS business licensee must prepare and maintain an emergency sanitation plan. The  
10 emergency sanitation plan must be activated if the TPPPS business licensee participates in the play of any  
11 controlled game where the operating gambling establishment is subject to a state of emergency or other  
12 order and that state of emergency or other order is associated with a virus and includes an isolation, stay-  
13 at-home, telework, teleconferencing, or physical distancing order(s). An emergency sanitation plan must  
14 include:

15 (1) General Information.

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

- 18 1. Maintaining the emergency sanitation plan;
- 19 2. Implementing the emergency sanitation plan;
- 20 3. Coordinating training and documenting all required training related to the emergency sanitation  
21 plan; and
- 22 4. Conducting regular evaluations of the TPPPS business licensee’s operations for compliance with  
23 the emergency sanitation plan while the plan is activated.

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

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

28 (2) Employee and Public Health.

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

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

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

35 ~~(D) Provide that upon return to a floor bank under the control of the TPPPS business licensee, as~~  
36 ~~identified in subsection (c) of Section 12387, all chips must be sanitized or kept out of rotation for a time~~

1 ~~period sufficiently long to ensure that no viral threat remains (based upon the most current information~~  
2 ~~available regarding the virus for which the state of emergency or other order was issued).~~

3 (EA) Provide that the Bureau, all of the TPPPS business licensee’s contracted cardroom business  
4 licensees, and the local health department(s) with jurisdiction over the contracted cardroom business  
5 licensee must be notified of any presence of the virus associated with the state of emergency or other  
6 order identified in connection with an employee or TPPPS endorsee licensee within 24 hours, or a shorter  
7 timeframe if required by a local entity with jurisdiction.

8 (3) Sanitation Practices.

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

11 ~~(B)~~ The sanitization of shared equipment must include the use of a disinfectant that is on the  
12 appropriate United States Environmental Protection Agency’s list of registered disinfectants, a diluted  
13 household bleach solution at a ratio of five tablespoons (75 milliliters) of bleach per gallon (3.78 liters) of  
14 water, or an alcohol solution containing at least 70 percent alcohol that is appropriate for the surface being  
15 cleaned.

16 (EB) For any shared equipment that requires sanitization, pursuant to the TPPPS business licensee’s  
17 sanitation plan, but is not recorded by the gambling establishment’s surveillance system, the TPPPS  
18 business licensee must maintain a record of all sanitizations performed. This record must include the date  
19 and time of each sanitization and the name of the employee who performed it.

20 (4) Training Requirements.

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

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

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

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

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

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

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

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

9 ~~7. The purpose and proper use of face coverings, including the following information and~~  
10 ~~instructions:~~

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

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

14 ~~c. Face coverings must cover the nose and mouth;~~

15 ~~d. Employees must wash or sanitize hands before and after using or adjusting face coverings;~~

16 ~~e. Employees must avoid touching their eyes, nose, and mouth; and~~

17 ~~f. Reusable face coverings must be washed after each shift.~~

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

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

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

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

1 (d) Each TPPPS business licensee must submit one copy of its current emergency sanitation plan to  
2 the Bureau within 30 calendar days after the effective date of this section.

3 (e) When applying as a TPPPS business licensee, each applicant must submit to the Bureau one copy  
4 of a current emergency sanitation plan together with those application documents required by Section  
5 12112.

6 (f) If a TPPPS business licensee's emergency sanitation plan is revised, then the TPPPS business  
7 licensee must submit one copy of its revised emergency sanitation plan to the Bureau within seven  
8 calendar days after the revision.

9 (g) Compliance with the requirements of this section does not exempt a TPPPS business licensee  
10 from any other federal, state, or local laws or other requirements imposed by entities with jurisdiction  
11 over the TPPPS business licensee.

12 Note: Authority cited: Sections 19811, 19824, 19840 and 19841, Business and Professions Code. Reference:  
13 Sections 19801, 19823, 19920 and 19984, Business and Professions Code.  
14

15  
16 **§ 12364. Relocation of Gambling Establishment.**

17 (a) [...]

18 (b) A cardroom business licensee must notify the Bureau of a planned relocation of a gambling  
19 establishment at least 90 days in advance of the intended commencement of gambling operations at the  
20 new location on the form Notice of Relocation, CGCC-CH7-02 (Rev. 01/21), which is attached in  
21 Appendix A to this Chapter. A draft floor plan of the proposed gambling establishment depicting, at a  
22 minimum, the location of the main cage, the count room, the surveillance room, and the gaming area(s)  
23 must accompany the notice to the Bureau.

24 (1) [...]

25 Note: Authority cited: Section 19811, 19823, 19824, 19840, 19841, 19853(a)(3), 19860, 19862 and 19864, Business  
26 and Professions Code. Reference: Sections 19811, 19824, 19826, 19860, 19862 and 19868, Business and  
27 Professions Code.  
28

29  
30 **§ 12371. Emergency Planning and Preparedness – Sanitation Plan.**

31 (a) A cardroom business licensee must prepare and maintain an emergency sanitation plan. The  
32 emergency sanitation plan must be activated if the operating gambling establishment is subject to a state  
33 of emergency or other order and that state of emergency or other order is associated with a virus and  
34 includes an isolation, stay-at-home, telework, teleconferencing, or physical distancing order(s). An  
35 emergency sanitation plan must include:

36 (1) General Information.

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 gambling establishment for compliance with the emergency  
8 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 (D) Establish procedures to ensure completion of the following tasks in the event that the gambling  
14 establishment is required by the state and/or public health officials to close:

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

18 (2) Employee and Public Health.

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

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

32 ~~(C) Clearly designate separate entrance(s) and exit(s) to help maintain physical distancing, wherever~~  
33 ~~possible.~~

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

8       (E) ~~Whenever practical and possible, install and encourage the use of hands free devices including~~  
9 ~~motion sensor lights, contactless payment systems, automatic soap and paper towel dispensers, and~~  
10 ~~touchless timecard systems.~~

11       (F) ~~Provide that each employee must wear a face covering, in the manner prescribed by the~~  
12 ~~manufacturer, while at the gambling establishment as well as all personal protective equipment in~~  
13 ~~accordance with the emergency sanitation plan. Provide that employees, such as waiters, bussers, and~~  
14 ~~janitors, whose job duties involve contact with bodily fluids, such as saliva, must wear appropriate~~  
15 ~~protective gloves. Provide that each employee must wash their hands, or use hand sanitizer if unable to~~  
16 ~~access a sink or handwashing station, at least once every 60 minutes.~~

17       (GA) ~~Provide a list of areas and equipment to be sanitized: At a minimum, the following must be~~  
18 ~~included on the list:~~

19       1. ~~Identify~~ that identifies all common contact areas and the frequency for sanitization. ~~Common~~  
20 ~~contact areas must be sanitized at least once per hour.~~

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

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

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

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

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

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

1 ~~3. Information regarding appropriate physical distancing.~~

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

3 ~~(KB)~~ Consider installing portable high-efficiency air cleaners, upgrading the building's air filters to  
4 the highest efficiency possible, and making other modifications to increase the quantity of outside air and  
5 ventilation in offices and other spaces, whenever practical and possible.

6 ~~(LC)~~ Provide that the Bureau, all contracted TPPPS business licensees, and the local health  
7 department(s), as required, with jurisdiction over the TPPPS business licensees must be notified of any  
8 presence of the virus associated with the state of emergency or other order identified in connection with  
9 an employee or owner, as defined in Business and Professions Code section 19851, subdivision (b), of the  
10 cardroom business licensee within 24 hours, or a shorter timeframe if required by a local entity with  
11 jurisdiction.

12 ~~(MD)~~ Provide that upon return to a cage, all chips ~~must~~ are strongly encouraged to be sanitized, or in  
13 the alternative, kept out of rotation for a time period sufficiently long compliant with all requirements of  
14 all federal, state, and local entities with jurisdiction, as applicable. ~~(based upon the most current~~  
15 ~~information available regarding the virus for which the state of emergency or other order was issued) to~~  
16 ~~ensure that no a viral threat remains.~~

17 (3) Operation of Gaming Tables.

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

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

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

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

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



1 ~~(D) The cardroom business licensee must provide frequent breaks in play in games where items are~~  
2 ~~passed back and forth for an extended period to allow employees and players to wash their hands or use~~  
3 ~~hand sanitizer.~~

4 ~~(E)~~ (A) Cards must be replaced as follows:

5 1. If the game rules allow a player to touch the cards, all cards that have been dealt must be replaced  
6 at least once every ~~four~~ twenty-four hours or an alternative timeframe if compliant with all requirements  
7 of all applicable federal, state, and local entities with jurisdiction.

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

10 3. ~~Any card removed from the table must be disposed of, sanitized, or kept out of rotation for at least~~  
11 ~~seven~~ twenty-four hours or an alternative timeframe if compliant with all requirements of all applicable  
12 federal, state, and local entities with jurisdiction ~~days.~~

13 ~~(4) Non-Gambling Areas within the Gambling Establishment.~~

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

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

19 ~~(5)~~ (4) Sanitation Practices.

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

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

27 ~~(C)~~ (B) For any common contact area or shared equipment that requires sanitization, pursuant to the  
28 cardroom business licensee's sanitation plan, but is not recorded by the gambling establishment's  
29 surveillance system, the cardroom business licensee must maintain a record of all sanitizations performed.  
30 This record must include the date and time of each sanitization and the name of the employee who  
31 performed it.

32 ~~(6)~~ (5) Training Requirements.

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

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

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

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

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

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

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

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

20 7. ~~The purpose and proper use of face coverings, including the following information and  
21 instructions:~~

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

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

25 c. ~~Face coverings must cover the nose and mouth;~~

26 d. ~~Employees must wash or sanitize hands before and after using or adjusting face coverings;~~

27 e. ~~Employees must avoid touching their eyes, nose, and mouth; and~~

28 f. ~~Reusable face coverings must be washed after each shift.~~

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

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

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

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

12 (d) Each cardroom business licensee must submit one copy of its current emergency sanitation plan to  
13 the Bureau within 30 calendar days after the effective date of this section.

14 (e) Each applicant for an initial cardroom business licensee under Chapter 6 of this Division must  
15 submit to the Bureau one copy of a current emergency sanitation plan together with those application  
16 documents required by Section 12112.

17 (f) If a cardroom business licensee's emergency sanitation plan is revised, then the cardroom business  
18 licensee must submit one copy of its revised emergency sanitation plan to the Bureau within seven  
19 calendar days after the revision.

20 (g) Compliance with the requirements of this section does not exempt a cardroom business licensee  
21 from any other federal, state, or local laws or other requirements imposed by entities with jurisdiction  
22 over the cardroom business licensee.

23 Note: Authority cited: Sections 19811, 19824, 19840 and 19841, Business and Professions Code. Reference:  
24 Sections 19801, 19823 and 19920, Business and Professions Code.

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**Chapter 1: Appendix A**

# Notice of Contact Information Change

CGCC-CH1-01 (Rev. 01/21)  
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BUREAU USE ONLY
BGC ID# _____



**MAIL COMPLETED FORM TO:**  
 BUREAU OF GAMBLING CONTROL  
 P.O. Box 168024  
 Sacramento, CA 95816-8024  
 (916) 830-1700

### PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU COMPLETE THIS FORM

Complete this form to notify the Bureau of Gambling Control (Bureau) of a change in contact information (as required in Title 4, CCR, Section 12004). To notify the Bureau of the physical relocation of a gambling establishment, please use form Notice of Relocation, CGCC-CH7-02 (Rev 01/21).

Please note: To change your name you must submit a Badge Replacement Request

All information must be typed or printed legibly in blue or black ink.

SECTION 1: INFORMATION	
NAME	LICENSE/PERMIT NUMBER, IF APPLICABLE
REQUESTOR	
<input type="checkbox"/> Cardroom Business Licensee	<input type="checkbox"/> Cardroom Endorsee Licensee
<input type="checkbox"/> TPPPS Business Licensee	<input type="checkbox"/> TPPPS Endorsee Licensee
<input type="checkbox"/> Manufacturer or Distributor	<input type="checkbox"/> Designated Agent
<input type="checkbox"/> Key Employee Licensee	<input type="checkbox"/> Commission Work Permittee
<input type="checkbox"/> TPPPS Supervisor Licensee	<input type="checkbox"/> TPPPS Worker Licensee
<input type="checkbox"/> Other: _____	

SECTION 2: CHANGE IN CONTACT INFORMATION		
Check each appropriate box and fill out all information as applicable.		
<input type="checkbox"/> NEW RESIDENCE/PHYSICAL OFFICE ADDRESS (STREET, CITY, STATE, ZIP CODE)		
<input type="checkbox"/> NEW MAILING ADDRESS IF DIFFERENT THAN NEW OR CURRENT RESIDENCE (STREET, CITY, STATE, ZIP CODE)		
<input type="checkbox"/> NEW PRIMARY NUMBER:	<input type="checkbox"/> NEW ALTERNATIVE PHONE NUMBER:	<input type="checkbox"/> NEW FAX NUMBER:
<input type="checkbox"/> NEW EMAIL ADDRESS:		

SECTION 3: DECLARATION		
I declare under penalty of perjury under the laws of the State of California that the information in this form is true, accurate, and complete, and that this declaration is executed by me at _____.		
City and State		
PRINTED NAME	SIGNATURE	DATE (MM/DD/YYYY)

- This form must be signed by the appropriate person identified below:*
- If applicant/licensee is a corporation, LLC, or joint venture then by an authorized officer.
  - If applicant/licensee is a general partnership or limited partnership then by an authorized partner.
  - If applicant/licensee is a sole proprietor then by the owner.
  - If applicant/licensee is a trust then by an authorized trustor or trustee.
  - If applicant/licensee is a natural person then by the applicant/licensee.

**Chapter 2: Appendix A**

# Application for Owner Category License

CGCC-CH2-05 (Rev. 01/21)

Page 1 of 4

<b>BUREAU USE ONLY</b> BGC ID# _____
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**MAIL COMPLETED FORM AND FEE/DEPOSIT TO:**  
 BUREAU OF GAMBLING CONTROL  
 P.O. Box 168024  
 Sacramento, CA 95816-8024  
 (916) 830-1700

## PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU COMPLETE THIS FORM

This form is used to provide information for individuals required to apply as an Owner Category Licensee as defined by the Gambling Control Act (Act) and/or implementing administrative regulations, as applicable.

All responses must be truthful and complete. All responses are subject to verification and will be used to determine suitability under gambling laws and regulations. Any misrepresentation or failure to disclose required information or documentation may constitute cause for denial of the application or discipline of the licensee. The burden of proving his/her qualifications to receive a license is on the applicant.

An applicant may be subject to administrative action for failing to provide all information, documentation, and assurances as required by the Act or requested by the California Gambling Control Commission (Commission) or the Bureau of Gambling Control (Bureau), or failing to reveal any material facts, or providing misleading or untrue information as to a material fact.

By filing an application, an applicant understands that pursuant to Business and Professions Code section 19828, the Bureau or Commission may make public any communication or publication from, or concerning an applicant's application or corresponding background investigation. By submitting this application, an applicant accepts any risks of adverse action, financial loss, or public notice which may result from any Commission or Bureau action taken with respect to the application, as the action is absolutely privileged and so shall not form a basis for imposing liability for defamation or constitute a ground for recovery in any civil action consistent with Business and Professions Code section 19828.

An applicant may request an application be withdrawn pursuant to Title 4, California Code of Regulations, Section 12015.

It is the responsibility of each applicant to obtain copies of, and be familiar with, the laws and regulations governing the applicant's license. As an applicant, it is your responsibility to ensure that you thoroughly understand the questions in this application. If you do not understand any question(s), it is your responsibility to obtain appropriate, competent assistance in order to fully and accurately complete the application.

All information must be typed or printed legibly in blue or black ink. Any questions that do not apply should be indicated with "N/A" (Not Applicable). If the space available is insufficient, attach a separate sheet of paper and precede each answer with the applicable section and question number. Any corrections, changes, or other alterations must be initialed and dated by the applicant.

\_\_\_\_\_  
 Applicant's Full Name

\_\_\_\_\_  
 Associated Owner Category Licensee

\_\_\_\_\_  
 Date of Photograph

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

**PLEASE PRINT NAME  
 ON BACK OF  
 PHOTOGRAPH**



**SECTION 1: APPLICATION**

**A) TYPE OF APPLICATION (CHECK APPROPRIATE BOX)**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>CARDROOM BUSINESS LICENSE</b><br>The sole proprietor, LLC, corporation, partnership, trust, or business entity that operates a gambling establishment   | <input type="checkbox"/> <b>TPPPS BUSINESS LICENSE</b><br>The sole proprietor, LLC, corporation, partnership, trust, or other business entity that proposes to provide third-party proposition services as an independent contractor in a gambling establishment.                            |
| <input type="checkbox"/> <b>CARDROOM ENDORSEE LICENSE</b><br>An endorsed licensee is any other type not covered above, such as: an officer in a corporation, a shareholder, a limited partner in a partnership, any person who receives any percentage share of the revenues earned, or any funding source. | <input type="checkbox"/> <b>TPPPS ENDORSEE LICENSE</b><br>An owner is any other type not covered above, such as: an officer in a corporation, a shareholder, a limited partner in a partnership, any person who receives any percentage share of the revenues earned, or any funding source. |

**B) SELECT IF THIS IS AN APPLICATION FOR AN INITIAL OR RENEWAL LICENSE (CHECK APPROPRIATE BOX)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b><u>INITIAL APPLICATION</u></b><br><ul style="list-style-type: none"> <li>• \$1000 Application Fee</li> <li>• <u>Cardroom business licensee</u>, an amount determined by the schedule in subdivision (c) of Business and Profession Code section 19951 unless the application is due to a change in the ownership structure of a currently licensed gambling establishment</li> </ul> | <input type="checkbox"/> <b><u>INITIAL APPLICATION WITH REQUEST FOR TEMPORARY LICENSE</u></b><br><ul style="list-style-type: none"> <li>• \$1000 Application Fee</li> <li>• <u>Cardroom business licensee</u>, an amount determined by the schedule in subdivision (c) of Business and Profession Code section 19951 unless the application is due to a change in the ownership structure of a currently licensed gambling establishment</li> <li>• Include additional temporary license fee of \$25.</li> </ul> | <input type="checkbox"/> <b><u>RENEWAL APPLICATION</u></b><br><ul style="list-style-type: none"> <li>• \$1000 Application Fee</li> <li>• <u>Cardroom business licensee, Cardroom endorsee licensee, Cardroom business licensee, or Cardroom endorsee licensee</u>, a delinquency fee of \$1000, if applicable</li> <li>• <u>Cardroom business licensee</u>, a background investigation deposit required in Title 11, Cal. Code Regs., Section 2037</li> </ul> |
| <input type="checkbox"/> <b><u>BADGE REQUIRED</u></b><br><ul style="list-style-type: none"> <li>• \$25 Application Fee</li> </ul>  | <input type="checkbox"/> <b><u>BADGE REQUIRED</u></b><br><ul style="list-style-type: none"> <li>• \$25 Application Fee</li> </ul>  | <input type="checkbox"/> <b><u>BADGE REQUIRED</u></b><br><ul style="list-style-type: none"> <li>• \$25 Application Fee</li> </ul>   |

**NOTE: INITIAL APPLICANTS AND INITIAL APPLICANTS WITH REQUEST FOR TEMPORARY LICENSE DO NOT COMPLETE SECTION 2.**

**SECTION 2: RENEWAL INFORMATION**

Complete this section only for a renewal application. If you answer "YES" to any of the questions below, please provide a detailed explanation for each item marked "YES" on a separate sheet of paper and attach to the application.

<b><u>ALL APPLICANTS</u></b>	
1. Have you been a party to any civil litigation since last filing a license application?	<input type="checkbox"/> YES <input type="checkbox"/> No
2. Have you been named in any administrative action affecting any license certification since last filing a license application?	<input type="checkbox"/> YES <input type="checkbox"/> No
3. Have you been convicted of any crime (misdemeanor or felony) since last filing a license or Commission work permit application? Note: It is your responsibility to verify the circumstances and status of all crimes and you should err on the side of disclosure as failing to disclose a conviction can weigh against your application being approved.	<input type="checkbox"/> YES <input type="checkbox"/> No
4. Have you acquired or increased your financial interest in a business that conducts lawful gambling outside the State since last filing a license application?	<input type="checkbox"/> YES <input type="checkbox"/> No
5. Have you transferred any ownership interest to any individual or into a Trust since last filing a license application?	<input type="checkbox"/> YES <input type="checkbox"/> No
6. Do you have a financial interest in the cannabis industry? If yes, answer question 7.	<input type="checkbox"/> YES <input type="checkbox"/> No
7. If the answer to Question 6 was yes, do you currently have or do you intend to acquire a license or permit in the cannabis industry?	<input type="checkbox"/> YES <input type="checkbox"/> No
<b><u>CARDROOM BUSINESS LICENSEE OR TPPPS BUSINESS LICENSEE</u></b>	
8. Have there been any changes affecting ownership or controlling interest in this business since last filing a license application?	<input type="checkbox"/> YES <input type="checkbox"/> No
9. Have there been any changes affecting ownership or controlling interest in any entity that is endorsed upon the license since last filing a license application?	<input type="checkbox"/> YES <input type="checkbox"/> No
10. Has there been any newly acquired or increase to any financial interest in a business that conducts lawful gambling outside the State since last filing a license application?	<input type="checkbox"/> YES <input type="checkbox"/> No
<b><u>CARDROOM BUSINESS LICENSEE</u></b>	
11. Has there been any change to the terms (financial or otherwise) of the business' lease or a change of landlord since last filing a license application?	<input type="checkbox"/> YES <input type="checkbox"/> No
<b><u>TRUST</u></b>	
12. Has there been any amendment to any trust documents or any changes to a beneficiary, trustee, or trust asset since last filing a license application?	<input type="checkbox"/> YES <input type="checkbox"/> No

**SECTION 3: CARDROOM BUSINESS LICENSE OPERATIONS**

Complete this section only for a cardroom business licensee.

<input type="checkbox"/>	GAMING HOURS 24 HOURS/365 DAYS OR:	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	OPENING TIME							
	CLOSING TIME							
<input type="checkbox"/>	BUSINESS OFFICE HOURS SAME AS GAMING HOURS 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:

NAME OF PROPOSED GAMES

**INDICATE ENDORSED OWNERS**

Identify all individual officers (President, Secretary, Treasurer, and Chief Financial Officer), directors, shareholders, partners, members, etc. of the entity. For Trusts, identify the Trustor and any Trustees. For officers and directors of corporations with no ownership interest, enter 0% in the ownership column. If a section does not apply, write "N/A" (not applicable). If additional space is needed, please use separate sheets of paper.

Entity /Individual's Name	Title	Ownership /Membership Interest Percentage	Compensation Arrangement (salary, hourly wage, incentives, bonuses, etc.)
		%	
		%	
		%	
		%	
		%	

**SECTION 4: ADDITIONAL REQUIRED ITEMS**

THE FOLLOWING ITEMS **MUST** BE SUBMITTED, AS APPLICABLE, WITH THIS COMPLETED FORM. PROVIDE COPIES OF DOCUMENTS UNLESS OTHERWISE STATED. ONLY DOCUMENTS THAT ARE DATED AND SIGNED BY THE APPLICANT WILL BE ACCEPTED. FAILURE TO PROVIDE REQUIRED ITEMS MAY RESULT IN DENIAL OF YOUR APPLICATION. PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 19868, SUBDIVISION (a), THE APPLICATION PACKAGE WILL NOT BE DEEMED COMPLETE UNTIL ALL REQUIRED FORMS, DOCUMENTATION, AND FEES HAVE BEEN COMPLETED AND RECEIVED BY THE STATE.

MARK THE BOX NEXT TO EACH ATTACHED ITEM.

COMPLETED REQUEST FOR LIVE SCAN SERVICE (BCIA 0816), INCLUDING THE ATI NUMBER

AUTHORIZATION TO RELEASE INFORMATION [CGCC-CH2-13 (NEW 05/20)] – **PROVIDE ORIGINAL**

NOTE: INITIAL APPLICANTS MUST ALSO ATTACH A COMPLETED SUPPLEMENTAL BACKGROUND INFORMATION FORM, AS INDICATED BELOW:  
Cardroom business licensee or TPPPS business licensee: Business Entity: Supplemental Information, CGCC-CH2-06 (Rev 01/21) in addition to any other form required below  
Individual Applicants: Individual Owner/Principal: Supplemental Information, CGCC-CH2-07 (Rev. 01/21)  
Entity Applicants: Business Entity: Supplemental Information, CGCC-CH2-06 (Rev. 01/21)  
\*Trust Applicants: Trust: Supplemental Information, CGCC-CH2-09 (Rev. 01/21)  
 \*Current beneficiaries do not need to submit an application if the beneficiary is less than 21 years of age. Contingent beneficiaries do not need to submit an application if benefits are contingent upon a specific future event or circumstance.

ADDITIONAL DOCUMENTATION MAY BE REQUIRED BY THE BUREAU OF GAMBLING CONTROL.

**SECTION 5: DECLARATION**

I declare under penalty of perjury under the laws of the State of California that the information in this form is true, accurate, and complete, and that this declaration is executed by me at \_\_\_\_\_.

City and State

PRINTED NAME

SIGNATURE

DATE (MM/DD/YYYY)

*This form must be signed by the appropriate person identified below:*

- *If applicant is a corporation, LLC, or joint venture then by an authorized officer.*
- *If applicant is a general partnership or limited partnership then by an authorized partner.*
- *If applicant is a sole proprietor then by the owner.*
- *If applicant is a trust then by an authorized trustor or trustee.*
- *If applicant is a natural person then by the applicant/.*

**Business Entity: Supplemental Information**

CGCC-CH2-06 (Rev. 01/21)

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BUREAU USE ONLY
BGC ID# _____



**MAIL COMPLETED FORM AND DEPOSIT TO:**

**BUREAU OF GAMBLING CONTROL**

P.O. Box 168024

Sacramento, CA 95816-8024

(916) 830-17003

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU COMPLETE THIS FORM**

This form is used to provide additional information for business entities required to be licensed by the California Gambling Control Commission (Commission). A business entity includes, but is not limited to, a corporation, limited liability company, partnership, sole proprietorship, joint venture, TPPPS entity, and gambling enterprise entity.

All responses must be truthful and complete. All responses and supplemental documentation are subject to verification and will be used to determine suitability under the Gambling Control Act and Commission regulations. Any misrepresentation or failure to disclose required information or documentation may constitute cause for denial of the application or discipline of the licensee.

All information must be typed or printed legibly in blue or black ink. Any questions that do not apply should be indicated with "N/A" (Not Applicable). If the space available is insufficient, attach a separate sheet of paper and precede each answer with the applicable section and question number. Any corrections, changes, or other alterations must be initialed and dated by the person completing this form on behalf of the business.

\_\_\_\_\_  
Applicant's Full Name

\_\_\_\_\_  
Associated Owner Category Licensee

TYPE OF OWNER BUSINESS (CHECK APPROPRIATE BOX):		
<input type="checkbox"/> TPPPS BUSINESS LICENSE	<input type="checkbox"/> TPPPS ENDORSEE LICENSE (ENTITY)	<input type="checkbox"/> TPPPS FUNDING SOURCE (ENTITY)
<input type="checkbox"/> CARDROOM BUSINESS LICENSE	<input type="checkbox"/> CARDROOM ENDORSEE LICENSE (ENTITY)	

SECTION 1: ENTITY STRUCTURE	
<input type="checkbox"/> General Partnership  <input type="checkbox"/> Limited Partnership  <input type="checkbox"/> Joint Venture  <input type="checkbox"/> Limited Liability Company  <input type="checkbox"/> Other: _____	<input type="checkbox"/> Corporation: <input type="checkbox"/> Publicly Traded <input type="checkbox"/> Private: <input type="checkbox"/> Sub-Chapter S <input type="checkbox"/> Sub-Chapter C

SECTION 2: BUSINESS ENTITY INFORMATION				
NAME OF APPLICANT (CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP, ETC.)		NAME USED FOR BUSINESS IF DIFFERENT FROM APPLICANT		
MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)				
PHYSICAL OFFICE ADDRESS IF DIFFERENT THAN ABOVE (STREET, CITY, STATE, ZIP CODE)				
ADDRESS WHERE BUSINESS RECORDS ARE MAINTAINED (STREET, CITY, STATE, ZIP CODE)				
TELEPHONE NUMBER	FAX NUMBER	FEDERAL TAX ID NUMBER		
EMAIL ADDRESS (IF APPLICABLE)		WEBSITE ADDRESS (IF APPLICABLE)		
<b>A) HAS THIS BUSINESS ENTITY EVER OPERATED USING A FICTITIOUS BUSINESS NAME, ASSUMED BUSINESS NAME, TRADE NAME, OR OTHER DOING BUSINESS AS, IN ANY JURISDICTION (INCLUDING INTERNATIONAL JURISDICTIONS)?</b> <small>IF YES, PROVIDE THE FOLLOWING DETAILS.</small>			<input type="checkbox"/> YES <input type="checkbox"/> NO	
1) BUSINESS NAME		STATE/PROVINCE, COUNTRY		
2) BUSINESS NAME		STATE/PROVINCE, COUNTRY		
<b>B) DOES THIS BUSINESS ENTITY HAVE PARENT COMPANIES, SUBSIDIARIES, OR AFFILIATES?</b> <small>IF YES, PROVIDE THE FOLLOWING DETAILS AND ATTACH ORGANIZATION CHART.</small>			<input type="checkbox"/> YES <input type="checkbox"/> NO	
1) BUSINESS NAME	STATE/PROVINCE, COUNTRY	<input type="checkbox"/> PARENT	<input type="checkbox"/> SUBSIDIARY	<input type="checkbox"/> AFFILIATE
2) BUSINESS NAME	STATE/PROVINCE, COUNTRY	<input type="checkbox"/> PARENT	<input type="checkbox"/> SUBSIDIARY	<input type="checkbox"/> AFFILIATE
<b>C) ARE THERE ANY EMPLOYEES WHO PARTICIPATE IN PROFIT SHARING PLANS OR TO WHOM BONUSES ARE PAID BASED ON CARDROOM BUSINESS LICENSE OR TPPPS BUSINESS LICENSE REVENUE?</b> <small>IF YES, PROVIDE THE FOLLOWING DETAILS. IN ADDITION, EACH PERSON WHO RECEIVES A PERCENTAGE OF REVENUES FROM THE CARDROOM BUSINESS LICENSE OR TPPPS BUSINESS LICENSE IS REQUIRED TO SUBMIT A SEPARATE APPLICATION AS AN "OWNER."</small>			<input type="checkbox"/> YES <input type="checkbox"/> NO	
1) NAME OF EMPLOYEE (LAST, FIRST, MIDDLE)		ADDRESS (STREET, CITY, STATE, ZIP CODE)		
BONUS/PROFIT SHARING	COMPENSATION ARRANGEMENT			
2) NAME OF EMPLOYEE (LAST, FIRST, MIDDLE)		ADDRESS (STREET, CITY, STATE, ZIP CODE)		
BONUS/PROFIT SHARING	COMPENSATION ARRANGEMENT			

**SECTION 3: LICENSING INFORMATION**

A) HAS THE BUSINESS ENTITY EVER APPLIED FOR OR BEEN ISSUED A LICENSE, PERMIT, CERTIFICATE, REGISTRATION, OR FINDING OF SUITABILITY **RELATED TO GAMING** IN ANY JURISDICTION?  
 IF YES, LIST BELOW ANY LICENSING OR REGULATORY AGENCY (TRIBAL, STATE, LOCAL, OR INTERNATIONAL), INCLUDING THE COMMISSION, TO WHICH THIS BUSINESS HAS APPLIED (INCLUDE ANY APPLICATIONS THAT WERE APPROVED, SURRENDERED, WITHDRAWN, DENIED, AND/OR ARE PENDING).  
 IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.

Yes  No

1) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER		TYPE OF APPLICATION		ISSUING AGENCY
DATE HELD FROM (MM/DD/YYYY)		DATE HELD TO (MM/DD/YYYY)		
CITY, COUNTY, STATE/PROVINCE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)		
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, BRIEFLY EXPLAIN THE CIRCUMSTANCES.				
2) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER		TYPE OF APPLICATION		ISSUING AGENCY
DATE HELD FROM (MM/DD/YYYY)		DATE HELD TO (MM/DD/YYYY)		
CITY, COUNTY, STATE/PROVINCE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)		
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, BRIEFLY EXPLAIN THE CIRCUMSTANCES.				
3) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER		TYPE OF APPLICATION		ISSUING AGENCY
DATE HELD FROM (MM/DD/YYYY)		DATE HELD TO (MM/DD/YYYY)		
CITY, COUNTY, STATE/PROVINCE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)		
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, BRIEFLY EXPLAIN THE CIRCUMSTANCES.				

<b>B) HAS THIS BUSINESS ENTITY BEEN DISCIPLINED, FINED, ETC. BY A GAMING REGULATORY AGENCY (LOCAL, STATE, TRIBAL, OR INTERNATIONAL)?</b> IF YES, PROVIDE THE FOLLOWING DETAILS.  IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.			<input type="checkbox"/> Yes <input type="checkbox"/> No
ISSUING AGENCY	DATE OF FINAL ACTION (MM/DD/YYYY)	ACTION TAKEN (SUSPENDED, REVOKED, ETC.)	CITY, COUNTY, STATE/PROVINCE, COUNTRY
BRIEFLY EXPLAIN THE CIRCUMSTANCES AND INCLUDE ANY AMOUNTS PAID.			
<b>C) HAS THE BUSINESS ENTITY EVER HELD OR APPLIED FOR A VOCATIONAL, PROFESSIONAL, OR OCCUPATIONAL LICENSE, PERMIT, CERTIFICATE, OR FINDING OF SUITABILITY <u>NOT</u> RELATED TO GAMING? HAS THE BUSINESS ENTITY EVER HAD <u>ANY</u> OTHER LICENSE PERMIT, CERTIFICATION, OR FINDING OF SUITABILITY <u>NOT</u> RELATED TO GAMING DENIED, SUSPENDED, OR REVOKED?</b> IF YES, PROVIDE THE FOLLOWING DETAILS.  IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.			<input type="checkbox"/> Yes <input type="checkbox"/> No
1) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER	TYPE OF APPLICATION		ISSUING AGENCY
DATE HELD FROM (MM/DD/YYYY)	DATE HELD TO (MM/DD/YYYY)		
CITY, COUNTY, STATE/PROVINCE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, BRIEFLY EXPLAIN THE CIRCUMSTANCES.			
2) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER	TYPE OF APPLICATION		ISSUING AGENCY
DATE HELD FROM (MM/DD/YYYY)	DATE HELD TO (MM/DD/YYYY)		
CITY, COUNTY, STATE/PROVINCE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, BRIEFLY EXPLAIN THE CIRCUMSTANCES.			
3) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER	TYPE OF APPLICATION		ISSUING AGENCY
DATE HELD FROM (MM/DD/YYYY)	DATE HELD TO (MM/DD/YYYY)		
CITY, COUNTY, STATE/PROVINCE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, BRIEFLY EXPLAIN THE CIRCUMSTANCES.			

D) IS THIS BUSINESS ENTITY INCORPORATED, REGISTERED, OR LICENSED TO DO BUSINESS IN ANY OTHER STATE OR COUNTRY? IF YES, PROVIDE THE FOLLOWING DETAILS.			<input type="checkbox"/> Yes <input type="checkbox"/> No
1) STATE/PROVINCE, COUNTRY	REGISTRATION OR LICENSE NUMBER	DATE HELD FROM (MM/DD/YYYY)	DATE HELD TO (MM/DD/YYYY)
2) STATE/PROVINCE, COUNTRY	REGISTRATION OR LICENSE NUMBER	DATE HELD FROM (MM/DD/YYYY)	DATE HELD TO (MM/DD/YYYY)
3) STATE/PROVINCE, COUNTRY	REGISTRATION OR LICENSE NUMBER	DATE HELD FROM (MM/DD/YYYY)	DATE HELD TO (MM/DD/YYYY)
4) STATE/PROVINCE, COUNTRY	REGISTRATION OR LICENSE NUMBER	DATE HELD FROM (MM/DD/YYYY)	DATE HELD TO (MM/DD/YYYY)

**SECTION 4: PENDING, CURRENT AND PAST LITIGATION AND ARBITRATION**

A) HAS THIS BUSINESS ENTITY BEEN PARTY TO A LAWSUIT OR ARBITRATION WITHIN THE LAST 10 YEARS?  
 IF YES, PROVIDE THE FOLLOWING DETAILS.

A LAWSUIT OR ARBITRATION THAT HAS BEEN SEALED OR ALLOWED TO PROCEED ANONYMOUSLY PURSUANT TO A COURT ORDER NEED NOT BE PROVIDED.

IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.

Yes     No

1) APPROXIMATE DATE FILED (MM/DD/YYYY)	PARTIES INVOLVED	CASE NUMBER
COURT LOCATION (CITY, STATE)	DISPOSITION DATE (MM/DD/YYYY)	FINAL DISPOSITION
BRIEFLY EXPLAIN THE GENERAL SUBJECT OF LITIGATION		

2) APPROXIMATE DATE FILED (MM/DD/YYYY)	PARTIES INVOLVED	CASE NUMBER
COURT LOCATION (CITY, STATE)	DISPOSITION DATE (MM/DD/YYYY)	FINAL DISPOSITION
BRIEFLY EXPLAIN THE GENERAL SUBJECT OF LITIGATION		

3) APPROXIMATE DATE FILED (MM/DD/YYYY)	PARTIES INVOLVED	CASE NUMBER
COURT LOCATION (CITY, STATE)	DISPOSITION DATE (MM/DD/YYYY)	FINAL DISPOSITION
BRIEFLY EXPLAIN THE GENERAL SUBJECT OF LITIGATION		

B) HAS THIS BUSINESS ENTITY EVER BEEN FOUND IN VIOLATION OF THE U.S. FOREIGN CORRUPT PRACTICES ACT OR THE EQUIVALENT IN ANOTHER COUNTRY?  
 IF YES, PROVIDE THE FOLLOWING DETAILS.

IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.

Yes     No

DATE (MM/DD/YYYY)	COUNTRY	PROVIDE DETAILS
-------------------	---------	-----------------



<b>SECTION 5: PAYMENTS EXCEEDING \$100,000</b>			
<b>DID THIS BUSINESS ENTITY MAKE PAYMENTS TO OR RECEIVE ANY PAYMENTS FROM ANY PERSON IN CONNECTION WITH GAMING ACTIVITY IN THE PREVIOUS CALENDAR YEAR THAT EXCEEDED \$100,000? (PLEASE EXCLUDE EMPLOYEES, SHAREHOLDERS, MEMBER DISTRIBUTIONS, OR PAYMENTS TO DIRECTORS OR OFFICERS OF THIS BUSINESS ENTITY)</b> IF YES, PROVIDE THE FOLLOWING DETAILS.			<input type="checkbox"/> YES <input type="checkbox"/> NO
1) NAME OF PAYEE	ADDRESS OF PAYEE (STREET, CITY, STATE, ZIP CODE)	REASON FOR PAYMENT	ANNUAL AMOUNT
2) NAME OF PAYEE	ADDRESS OF PAYEE (STREET, CITY, STATE, ZIP CODE)	REASON FOR PAYMENT	ANNUAL AMOUNT
3) NAME OF PAYEE	ADDRESS OF PAYEE (STREET, CITY, STATE, ZIP CODE)	REASON FOR PAYMENT	ANNUAL AMOUNT

<b>SECTION 6: FINANCIAL INFORMATION</b>			
<b>A) HAS ANY INTEREST IN THIS BUSINESS ENTITY BEEN ASSIGNED, PLEDGED, OR HYPOTHECATED TO ANY INDIVIDUAL OR OTHER ENTITY OR HAS ANY AGREEMENT BEEN ENTERED INTO WHEREBY ANY INTEREST IS TO BE ASSIGNED, PLEDGED OR SOLD EITHER IN WHOLE OR IN PART?</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO
BRIEFLY EXPLAIN THE CIRCUMSTANCES AND PROVIDE THE AMOUNTS.			
<b>B) HAS THIS BUSINESS ENTITY FILED FOR BANKRUPTCY WITHIN THE LAST 10 YEARS?</b> IF YES, PROVIDE A COPY OF THE BANKRUPTCY PETITION/ORDER AND THE FOLLOWING DETAILS.  IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.			<input type="checkbox"/> YES <input type="checkbox"/> NO
DATE FILED (MM/DD/YYYY)	CASE NUMBER (IF KNOWN)	DATE OF DISCHARGE (MM/DD/YYYY)	
FEDERAL DISTRICT COURT WHERE FILED		AMOUNT OF DISCHARGE, IF APPLICABLE	
BRIEFLY EXPLAIN THE CIRCUMSTANCES THAT LED TO THE BANKRUPTCY FILING, INCLUDING THE NATURE OF THE DEBT.			
<b>C) HAS THIS BUSINESS HAD A REORGANIZATION TO ITS OWNERSHIP AND/OR CONTROLLING INTEREST WITHIN THE LAST THREE YEARS?</b>  IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.			<input type="checkbox"/> YES <input type="checkbox"/> NO
BRIEFLY EXPLAIN THE CIRCUMSTANCES.			
<b>D) HAS THIS BUSINESS ENTITY BEEN AUDITED BY ANY TAXING AUTHORITY WITHIN THE LAST 10 YEARS?</b> IF YES, PROVIDE DETAILS AND DATES BELOW.  IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.			<input type="checkbox"/> YES <input type="checkbox"/> NO
AGENCY (STATE/FEDERAL/FOREIGN)	DATE AUDIT COMMENCED (MM/DD/YYYY)	TAX YEAR AUDITED (MM/DD/YYYY)	EXPLAIN FINDINGS

<p><b>E) HAS ANY JUDGMENT OR LIEN BEEN FILED AGAINST THE BUSINESS ENTITY WITHIN THE LAST 10 YEARS?</b>                  IF YES, PROVIDE THE FOLLOWING DETAILS.</p> <p>IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

<input type="checkbox"/> JUDGMENT <input type="checkbox"/> LIEN	DATE FILED (MM/DD/YYYY)	NAME OF PERSON/ENTITY THAT FILED THE JUDGMENT OR LIEN
EXPLAIN THE REASON FOR THE JUDGMENT/LIEN. IF SATISFIED, PROVIDE A COPY OF THE RELEASE. IF JUDGMENT/LIEN IS NOT 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 JUDGMENT/LIEN.		NAME OF PERSON ENTITY JUDGMENT OR LIEN WAS FILED AGAINST

<input type="checkbox"/> JUDGMENT <input type="checkbox"/> LIEN	DATE FILED (MM/DD/YYYY)	NAME OF PERSON/ENTITY THAT FILED THE JUDGMENT OR LIEN
EXPLAIN THE REASON FOR THE JUDGMENT/LIEN. IF SATISFIED, PROVIDE A COPY OF THE RELEASE. IF JUDGMENT/LIEN IS NOT 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 JUDGMENT/LIEN.		NAME OF PERSON ENTITY JUDGMENT OR LIEN WAS FILED AGAINST

<p><b>F) HAS THE BUSINESS ENTITY HAD ANY ASSETS REPOSSESSED OR HAD AN UNPAID DEBT/LOAN TURNED OVER TO A COLLECTION AGENCY OR DEEMED UNCOLLECTIBLE (CHARGE-OFF) FOR ANY REASON WITHIN THE LAST 10 YEARS?</b>                  IF YES, PROVIDE THE FOLLOWING DETAILS.</p> <p>IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

1) NAME OF CREDITOR	ACTION TAKEN (REPOSSESSION, COLLECTION, CHARGE-OFF)	DATE OF ACTION (MM/DD/YYYY)
EXPLAIN THE REASON FOR THIS ACTION. ATTACH A COPY OF THE PAYMENT PLAN OR OTHER DOCUMENT SHOWING HOW THE DEBT WILL BE SATISFIED. IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YOU PLAN TO REPAY THE DEBT(S).		

2) NAME OF CREDITOR	ACTION TAKEN (REPOSSESSION, COLLECTION, CHARGE-OFF)	DATE OF ACTION (MM/DD/YYYY)
EXPLAIN THE REASON FOR THIS ACTION. ATTACH A COPY OF THE PAYMENT PLAN OR OTHER DOCUMENT SHOWING HOW THE DEBT WILL BE SATISFIED. IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YOU PLAN TO REPAY THE DEBT(S).		

<b>G) HAS THIS BUSINESS ENTITY EVER HELD A FINANCIAL INTEREST (INCLUDING STOCK) IN A GAMING VENTURE, INCLUDING, BUT NOT LIMITED, TO A BINGO PARLOR, BOOKMAKING OPERATION, CARD GAME, CASINO, GAMBLING EQUIPMENT, GAMBLING ESTABLISHMENT (CARDROOM), LOTTERY, PARI-MUTUEL OPERATION, RACE HORSE/DOG, OR RACE TRACK?</b> IF YES, PROVIDE THE FOLLOWING DETAILS.				<input type="checkbox"/> YES <input type="checkbox"/> NO					
IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.									
1) NAME OF BUSINESS		LOCATION OF BUSINESS (CITY, STATE)		NAME OF PARTNERS		INTEREST/TYPE OF VENTURE			
DATE INVOLVED FROM (MM/DD/YYYY)		DATE INVOLVED TO (MM/DD/YYYY)		PERCENTAGE OF OWNERSHIP					
2) NAME OF BUSINESS		LOCATION OF BUSINESS (CITY, STATE)		NAME OF PARTNERS		INTEREST/TYPE OF VENTURE			
DATE INVOLVED FROM (MM/DD/YYYY)		DATE INVOLVED TO (MM/DD/YYYY)		PERCENTAGE OF OWNERSHIP					
<b>H) DOES THIS BUSINESS ENTITY OWN, CONTROL, OR MANAGE ANY ASSETS OUTSIDE THE U.S., OR HAVE ANY LIABILITIES OUTSIDE OF THE U.S.?</b> IF YES, PROVIDE THE FOLLOWING DETAILS.						<input type="checkbox"/> YES <input type="checkbox"/> NO			
1) DESCRIPTION OF ASSET/LIABILITY			DATE ACQUIRED (MM/DD/YYYY)			LOCATION (CITY, STATE/PROVINCE, COUNTRY)			
2) DESCRIPTION OF ASSET/LIABILITY			DATE ACQUIRED (MM/DD/YYYY)			LOCATION (CITY, STATE/PROVINCE, COUNTRY)			
<b>I) DOES THIS BUSINESS ENTITY CONTROL, MANAGE, OR HOLD ANY ASSETS OR LIABILITIES FOR ANOTHER INDIVIDUAL OR ENTITY?</b> PLEASE NOTE, THIS DOES NOT INCLUDE PLAYERS' BANKS. IF YES, PROVIDE THE FOLLOWING DETAILS.						<input type="checkbox"/> YES		<input type="checkbox"/> NO	
NAME OF PERSON			RELATIONSHIP			PURPOSE			
<b>J) IS THIS BUSINESS ENTITY, OR ANY INTEREST IN THIS BUSINESS, HELD BY A TRUST (ESTATE PLANNING OR OTHER)?</b> IF YES, YOU MUST ALSO COMPLETE AND SUBMIT THE APPROPRIATE APPLICATION AND A TRUST: SUPPLEMENTAL INFORMATION, CGCC-CH2-09 (NEW 05/20).						<input type="checkbox"/> YES		<input type="checkbox"/> NO	
NAME OF TRUST									

<b>K) DOES THIS BUSINESS ENTITY HAVE ANY AGREEMENTS OR CONTRACTS WITH ANY PARTY, OTHER THAN A BUREAU-APPROVED TPPPS CONTRACT?</b> IF YES, PROVIDE THE FOLLOWING DETAILS.		<input type="checkbox"/> YES <input type="checkbox"/> NO
1) NAMES OF THE PARTIES TO THE AGREEMENT/CONTRACT		NAMES OF THE OWNERS AND EXECUTIVES OF THE OTHER PARTY
TYPE OF AGREEMENT	AMOUNT PAID	FREQUENCY OF THE PAYMENT
TERMS OF THE AGREEMENT		
2) NAMES OF THE PARTIES TO THE AGREEMENT/CONTRACT		NAMES OF THE OWNERS AND EXECUTIVES OF THE OTHER PARTY
TYPE OF AGREEMENT	AMOUNT PAID	FREQUENCY OF THE PAYMENT
TERMS OF THE AGREEMENT		
3) NAMES OF THE PARTIES TO THE AGREEMENT/CONTRACT		NAMES OF THE OWNERS AND EXECUTIVES OF THE OTHER PARTY
TYPE OF AGREEMENT	AMOUNT PAID	FREQUENCY OF THE PAYMENT
TERMS OF THE AGREEMENT		
4) NAMES OF THE PARTIES TO THE AGREEMENT/CONTRACT		NAMES OF THE OWNERS AND EXECUTIVES OF THE OTHER PARTY
TYPE OF AGREEMENT	AMOUNT PAID	FREQUENCY OF THE PAYMENT
TERMS OF THE AGREEMENT		
5) NAMES OF THE PARTIES TO THE AGREEMENT/CONTRACT		NAMES OF THE OWNERS AND EXECUTIVES OF THE OTHER PARTY
TYPE OF AGREEMENT	AMOUNT PAID	FREQUENCY OF THE PAYMENT
TERMS OF THE AGREEMENT		
6) NAMES OF THE PARTIES TO THE AGREEMENT/CONTRACT		NAMES OF THE OWNERS AND EXECUTIVES OF THE OTHER PARTY
TYPE OF AGREEMENT	AMOUNT PAID	FREQUENCY OF THE PAYMENT
TERMS OF THE AGREEMENT		
7) NAMES OF THE PARTIES TO THE AGREEMENT/CONTRACT		NAMES OF THE OWNERS AND EXECUTIVES OF THE OTHER PARTY
TYPE OF AGREEMENT	AMOUNT PAID	FREQUENCY OF THE PAYMENT
TERMS OF THE AGREEMENT		
8) NAMES OF THE PARTIES TO THE AGREEMENT/CONTRACT		NAMES OF THE OWNERS AND EXECUTIVES OF THE OTHER PARTY
TYPE OF AGREEMENT	AMOUNT PAID	FREQUENCY OF THE PAYMENT
TERMS OF THE AGREEMENT		

**SECTION 7: BUILDING/LAND INFORMATION**

A) PROVIDE THE FOLLOWING INFORMATION REGARDING THE BUILDING/LAND ON WHICH THE CARDROOM BUSINESS LICENSE OR TPPPS BUSINESS LICENSE IS LOCATED (OFFICE SPACE).

NAME OF PROPERTY OWNER	NAME OF LEASING AGENT/LANDLORD, IF DIFFERENT	TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)	EMAIL ADDRESS	MONTHLY RENT/LEASE PAYMENT \$
IDENTIFY THE METHODOLOGY USED TO DETERMINE THE RENT/LEASE PAYMENT		

B) IS ANY PORTION OF THE RENT/LEASE PAYMENT BASED ON THE CARDROOM BUSINESS LICENSEE OR TPPPS BUSINESS LICENSEE'S REVENUE? <small>EACH PERSON WHO RECEIVES A PERCENTAGE OF REVENUES FROM THE CARDROOM BUSINESS LICENSEE OR TPPPS BUSINESS LICENSEE IS REQUIRED TO SUBMIT A SEPARATE APPLICATION FOR A CARDROOM ENDORSEE LICENSE.</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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C) DO ANY OWNERS OR EMPLOYEES OF THE OWNERS OF THE BUILDING/LAND UPON WHICH THIS GAMBLING ESTABLISHMENT RESIDES HAVE A FINANCIAL INTEREST IN THIS CARDROOM BUSINESS LICENSE? <small>IF YES, PROVIDE DETAILS BELOW. EACH PERSON WHO RECEIVES A PERCENTAGE OF REVENUES FROM THE CARDROOM BUSINESS LICENSEE IS REQUIRED TO SUBMIT A SEPARATE APPLICATION FOR A CARDROOM ENDORSEE LICENSE.</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

1) NAME OF PERSON WITH INTEREST (LAST, FIRST, MIDDLE)	ADDRESS (STREET, CITY, STATE, ZIP CODE/PROVINCE, COUNTRY)	TELEPHONE NUMBER
EMAIL ADDRESS	DESCRIPTION OF THEIR FINANCIAL INTEREST IN THIS GAMBLING ENTERPRISE	
2) NAME OF PERSON WITH INTEREST (LAST, FIRST, MIDDLE)	ADDRESS (STREET, CITY, STATE, ZIP CODE/PROVINCE, COUNTRY)	TELEPHONE NUMBER
EMAIL ADDRESS	DESCRIPTION OF THEIR FINANCIAL INTEREST IN THIS GAMBLING ENTERPRISE	
3) NAME OF PERSON WITH INTEREST (LAST, FIRST, MIDDLE)	ADDRESS (STREET, CITY, STATE, ZIP CODE/PROVINCE, COUNTRY)	TELEPHONE NUMBER
EMAIL ADDRESS	DESCRIPTION OF THEIR FINANCIAL INTEREST IN THIS GAMBLING ENTERPRISE	
4) NAME OF PERSON WITH INTEREST (LAST, FIRST, MIDDLE)	ADDRESS (STREET, CITY, STATE, ZIP CODE/PROVINCE, COUNTRY)	TELEPHONE NUMBER
EMAIL ADDRESS	DESCRIPTION OF THEIR FINANCIAL INTEREST IN THIS GAMBLING ENTERPRISE	

**SECTION 8: CARDROOM BUSINESS LICENSEE OPERATING INFORMATION**

To be completed only for a cardroom business license.

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

AMOUNT OF CHIPS IN USE AT THIS GAMBLING ESTABLISHMENT \$	FINANCIAL INSTITUTION WHERE ACCOUNT IS MAINTAINED	CURRENT BALANCE \$
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B) DOES THIS CARDROOM BUSINESS LICENSEE OFFER PLAYERS' BANKS? <small>THE CALIFORNIA CODE OF REGULATIONS REQUIRES GAMBLING ESTABLISHMENTS TO MAINTAIN A SEPARATE SPECIFICALLY DESIGNATED, INSURED ACCOUNT WITH A LICENSED FINANCIAL INSTITUTION IN ANY AMOUNT NOT LESS THAN THE TOTAL VALUE OF THE MONIES THAT PATRONS HAVE ON DEPOSIT WITH THE GAMBLING ESTABLISHMENT. ATTACH A COPY OF THE MOST RECENT STATEMENT ON THIS ACCOUNT.</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

AMOUNT OF MONEY RECORDS SHOW AS BEING DEPOSITED BY PLAYERS \$	FINANCIAL INSTITUTION WHERE ACCOUNT IS MAINTAINED	CURRENT BALANCE \$
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<b>C) ARE THERE ANY GAME INVENTORS WHO HAVE A FINANCIAL INTEREST IN THIS CARDROOM BUSINESS LICENSE?</b> (I.E. RECEIVING COMPENSATION THAT IS BASED ON CARDROOM REVENUE, ETC.) IF YES, PROVIDE THE FOLLOWING DETAILS. EACH PERSON WHO RECEIVES A PERCENTAGE OF REVENUES FROM THE CARDROOM BUSINESS LICENSEE IS REQUIRED TO SUBMIT A SEPARATE APPLICATION FOR A CARDROOM ENDORSEE LICENSE.		<input type="checkbox"/> YES <input type="checkbox"/> NO
1) NAME OF PERSON WITH INTEREST (LAST, FIRST, MIDDLE)	ADDRESS (STREET, CITY, STATE, ZIP CODE/PROVINCE, COUNTRY)	
COMPENSATION ARRANGEMENT/PERCENTAGE OF REVENUE	GAME INVENTED/BEING PLAYED	
2) NAME OF PERSON WITH INTEREST (LAST, FIRST, MIDDLE)	ADDRESS (STREET, CITY, STATE, ZIP CODE/PROVINCE, COUNTRY)	
COMPENSATION ARRANGEMENT/PERCENTAGE OF REVENUE	GAME INVENTED/BEING PLAYED	
3) NAME OF PERSON WITH INTEREST (LAST, FIRST, MIDDLE)	ADDRESS (STREET, CITY, STATE, ZIP CODE/PROVINCE, COUNTRY)	
COMPENSATION ARRANGEMENT/PERCENTAGE OF REVENUE	GAME INVENTED/BEING PLAYED	

SECTION 9: ADDITIONAL REQUIRED ITEMS	
THE FOLLOWING ITEMS <b>MUST</b> BE SUBMITTED, AS APPLICABLE, WITH THIS COMPLETED FORM. PROVIDE COPIES OF DOCUMENTS UNLESS OTHERWISE STATED. FAILURE TO PROVIDE REQUIRED ITEMS MAY RESULT IN DENIAL OF YOUR APPLICATION. PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 19868, SUBDIVISION (A), THE APPLICATION PACKAGE WILL NOT BE DEEMED COMPLETE UNTIL ALL REQUIRED FORMS, DOCUMENTATION, AND FEES HAVE BEEN COMPLETED AND RECEIVED BY THE STATE.	
MARK THE BOX NEXT TO EACH ATTACHED ITEM.	
<input type="checkbox"/>	BACKGROUND INVESTIGATION DEPOSIT REQUIRED IN TITLE 11, CAL. CODE REGS., SECTION 2037
<input type="checkbox"/>	APPOINTMENT OF DESIGNATED AGENT [CGCC-CH1-04 (NEW 05/20)] – <b>PROVIDE ORIGINAL</b>
<input type="checkbox"/>	IF CORPORATION: CURRENT ARTICLES OF INCORPORATION, STATEMENT OF INFORMATION, AND BYLAWS
<input type="checkbox"/>	IF LIMITED LIABILITY COMPANY (LLC): CURRENT ARTICLES OF ORGANIZATION, OPERATING AGREEMENT, AND STATEMENT OF INFORMATION
<input type="checkbox"/>	IF LIMITED PARTNERSHIP: CERTIFICATE OF LIMITED PARTNERSHIP, PARTNERSHIP AGREEMENT, AND OPERATING AGREEMENT
<input type="checkbox"/>	IF PARTNERSHIP: PARTNERSHIP AGREEMENT AND STATEMENT OF PARTNERSHIP AUTHORITY IF ONE WAS FILED
<input type="checkbox"/>	ORGANIZATIONAL CHART – SHOWS NAMES OF SUPERVISORS, JOB TITLES, NUMBER OF EMPLOYEES REPORTING TO SUPERVISORS AND LINES OF ACCOUNTABILITY
<input type="checkbox"/>	BUSINESS OWNERSHIP ORGANIZATIONAL CHART – SHOW ENTITY’S OWNERSHIP HIERARCHY CONSISTENT WITH BUSINESS AND PROFESSIONS CODE SECTION 19852, IF APPLICABLE
<input type="checkbox"/>	FICTITIOUS BUSINESS NAME FILING
<input type="checkbox"/>	MANAGEMENT COMPANY/CONSULTANT AGREEMENT, IF APPLICABLE
<input type="checkbox"/>	ANY ACTIVE STATE OR LOCAL LICENSE, PERMIT, OR REGISTRATION
<input type="checkbox"/>	LOAN DOCUMENTATION RELATING TO THE PURCHASE OF THE CARDROOM BUSINESS LICENSEE/TPPPS BUSINESS LICENSEE, IF APPLICABLE
<input type="checkbox"/>	FEDERAL AND STATE BUSINESS TAX RETURNS – INCLUDE ALL SCHEDULES AND ATTACHMENTS FOR THE LAST THREE YEARS
<input type="checkbox"/>	INTERNAL REVENUE SERVICE REQUEST FOR TRANSCRIPT OF TAX RETURN (4506-T) – <b>PROVIDE ORIGINAL</b>
<input type="checkbox"/>	PROVIDE A COPY OF ANY TAXING AUTHORITY AUDIT RESULTS/FINDINGS
<input type="checkbox"/>	SCHEDULES A THROUGH K FROM SUPPLEMENTAL INFORMATION: SCHEDULES [CGCC-CH2-11 (NEW 05/20)] – <b>PROVIDE ORIGINAL</b>
<input type="checkbox"/>	CURRENT COPY OF BUSINESS LICENSE/TAX CERTIFICATE
<input type="checkbox"/>	CURRENT CONDITIONAL USE PERMIT, IF APPLICABLE

<input type="checkbox"/>	ALL CURRENT LEASE/RENTAL AGREEMENTS OR PURCHASE DOCUMENTS
<input type="checkbox"/>	EMERGENCY SANITATION PLAN (SEE CCR, TITLE 4, SECTION 12371) – COPY
ADDITIONAL DOCUMENTATION MAY BE REQUIRED BY THE BUREAU OF GAMBLING CONTROL.	
The following documents pertain only to a cardroom business license:	
<input type="checkbox"/>	STATEMENT FOR CHIPS IN USE ACCOUNT (MOST RECENT)
<input type="checkbox"/>	STATEMENT FOR PLAYERS' BANK ACCOUNT (MOST RECENT)
<input type="checkbox"/>	CHART OF ACCOUNTS REQUIRED PURSUANT TO TITLE 4, CAL. CODE REGS., SECTION 12312(D)
<input type="checkbox"/>	CARDROOM SECURITY PLAN/CARDROOM FLOOR AND GAMBLING TABLE LAYOUT (BUSINESS AND PROFESSIONS CODE §19924)
<input type="checkbox"/>	EMERGENCY PREPAREDNESS AND EVACUATION PLAN (CAL. CODE REGS., TITLE 4, §12370)
<input type="checkbox"/>	RULES FOR ALL GAMES AND GAMING ACTIVITIES, INCLUDING A DESCRIPTION OF THE EVENT THAT DETERMINES THE WINNER OF THE GAME OR GAMING ACTIVITY, WAGERING CONVENTIONS, AND THE FEE COLLECTION AND ASSESSMENT METHODS (CAL CODE REGS., TITLE 11, §2071)

Pursuant to Business and Professions Code section 19867, the applicant is responsible for all costs incurred by the Bureau related to the background investigation. 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 the required deposits and fees are received.

SECTION 10: DECLARATION			
I declare under penalty of perjury under the laws of the State of California that the information in this form is true, accurate, and complete, and that this declaration is executed by me at _____.			
City and State			
PRINTED NAME	SIGNATURE	CAPACITY	DATE (MM/DD/YYYY)

*This form must be signed by the appropriate person identified below:*

- *If applicant is a corporation, LLC, or joint venture then by an authorized officer.*
- *If applicant is a general partnership or limited partnership then by an authorized partner.*
- *If applicant is a sole proprietor then by the owner.*
- *If applicant is a trust then by an authorized trustor or trustee.*
- *If applicant is a natural person then by the applicant.*

**Individual Owner/Principal:  
Supplemental Information**

CGCC-CH2-07 (Rev. 01/21)

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BUREAU USE ONLY
BGC ID# _____



**MAIL COMPLETED FORM AND DEPOSIT TO:**

BUREAU OF GAMBLING CONTROL

P.O. Box 168024

Sacramento, CA 95816-8024

(916) 830-1700

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU COMPLETE THIS FORM**

This form is used to provide supplemental information for individuals required to apply as an “owner,” defined by the Gambling Control Act (Act) and/or the California Code of Regulations, as applicable. This supplemental form must be completed by each natural person who is a sole proprietor, an individual with an ownership interest in partnership, a shareholder, a member, an officer, a director, a trustee, a current beneficiary, a funding source, and any other individual required to be licensed as an “owner” by the California Gambling Control Commission (Commission).

All responses must be truthful and complete. All responses and supplemental documentation are subject to verification and will be used to determine suitability under the Act and Commission regulations. Any misrepresentation or failure to disclose required information or documentation may constitute cause for denial of the application or discipline of the licensee.

All information must be typed or printed legibly in blue or black ink. Any questions that do not apply should be indicated with “N/A” (Not Applicable). If the space available is insufficient, attach a separate sheet of paper and precede each answer with the applicable section and question number. Any corrections, changes, or other alterations must be initialed and dated by the applicant.

\_\_\_\_\_  
Applicant’s Full Name

\_\_\_\_\_  
Title/Capacity

\_\_\_\_\_  
Associated Owner Category Licensee

\_\_\_\_\_  
Associated Endorsed Owner, if Applicable

**TYPE OF OWNER APPLICANT (CHECK APPROPRIATE BOX):**

<input type="checkbox"/> TPPPS BUSINESS LICENSEE	<input type="checkbox"/> CARDROOM BUSINESS LICENSEE
<input type="checkbox"/> TPPPS ENDORSEE LICENSEE	<input type="checkbox"/> CARDROOM ENDORSEE LICENSEE



SECTION 1: PERSONAL INFORMATION				
FULL NAME: LAST	FIRST	MIDDLE		
ALIAS(ES), NICKNAME(S), OTHER FORMER LEGAL NAMES				
CURRENT RESIDENCE (STREET, CITY, STATE, ZIP CODE)				
MAILING ADDRESS IF DIFFERENT THAN CURRENT RESIDENCE (STREET, CITY, STATE, ZIP CODE)				
PRIMARY TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER	EMAIL ADDRESS		
DATE OF BIRTH (MM/DD/YYYY)	DRIVER'S LICENSE/IDENTIFICATION CARD NUMBER	STATE	EXPIRATION DATE (MM/DD/YYYY)	
IF BORN OUTSIDE THE U.S., IDENTIFY YOUR ELIGIBILITY TO WORK IN THE U.S. AND PROVIDE SUPPORTING DOCUMENTATION				
<input type="checkbox"/> RESIDENT ALIEN <input type="checkbox"/> NATURALIZED CITIZEN <input type="checkbox"/> EMPLOYMENT AUTHORIZED <input type="checkbox"/> OTHER: _____				
IF RESIDENT ALIEN OR NATURALIZED CITIZEN, PROVIDE YOUR A-NUMBER			SOCIAL SECURITY NUMBER	
DISCLOSURE				
DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS MANDATORY. BUSINESS AND PROFESSIONS CODE SECTION 30 AND PUBLIC LAW 94-455 [42 USC SECTION 405(C)(2)(C)] AUTHORIZE COLLECTION OF YOUR SOCIAL SECURITY NUMBER. YOUR SOCIAL SECURITY NUMBER WILL BE USED EXCLUSIVELY FOR TAX ENFORCEMENT PURPOSES, FOR PURPOSES OF COMPLIANCE WITH ANY JUDGMENT OR ORDER FOR FAMILY SUPPORT IN ACCORDANCE WITH FAMILY CODE SECTION 17520 OR FOR DATABASE INQUIRIES REQUIRED FOR LICENSURE. IF YOU FAIL TO DISCLOSE YOUR SOCIAL SECURITY NUMBER, YOUR APPLICATION WILL NOT BE PROCESSED AND YOU WILL BE REPORTED TO THE FRANCHISE TAX BOARD, WHICH MAY ASSESS A \$100 PENALTY AGAINST YOU.				
DO YOU HAVE A PASSPORT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, IDENTIFY ALL COUNTRIES THAT HAVE ISSUED YOU A PASSPORT IN THE LAST 10 YEARS		
RELATIONSHIP TO OWNER CATEGORY LICENSEE LIST ALL THAT APPLY.				
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Officer <input type="checkbox"/> Trustor <input type="checkbox"/> Financial Interest Holder				
<input type="checkbox"/> General Partner <input type="checkbox"/> Director <input type="checkbox"/> Trustee <input type="checkbox"/> TPPPS Funding Source				
<input type="checkbox"/> Limited Partner <input type="checkbox"/> Landlord <input type="checkbox"/> Current Beneficiary <input type="checkbox"/> Community Property Interest				
<input type="checkbox"/> Shareholder <input type="checkbox"/> LLC Member <input type="checkbox"/> Contingent Beneficiary <input type="checkbox"/> Other: _____				

SECTION 2: FAMILY/COHABITANT INFORMATION			
A) RELATIONSHIP STATUS			
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> REGISTERED DOMESTIC PARTNER <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED			
B) CURRENT SPOUSE/REGISTERED DOMESTIC PARTNER			
FULL NAME: LAST	FIRST	MIDDLE	FORMER NAME
DATE OF BIRTH (MM/DD/YYYY)		DATE OF MARRIAGE/REGISTRATION (MM/DD/YYYY)	
RESIDENCE IF DIFFERENT FROM APPLICANT (STREET, CITY, STATE, ZIP CODE)			

C) FORMER SPOUSE/REGISTERED DOMESTIC PARTNER				
FULL NAME: LAST		FIRST	MIDDLE	FORMER NAME
DATE OF BIRTH (MM/DD/YYYY)	DATE OF MARRIAGE/REGISTRATION (MM/DD/YYYY)	DATE OF DIVORCE (MM/DD/YYYY)	STATE IN WHICH DIVORCE OCCURRED	
D) 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? IF YES, PROVIDE THE FOLLOWING DETAILS.				<input type="checkbox"/> YES <input type="checkbox"/> NO
1) FULL NAME: LAST		FIRST	MI	FORMER NAME
NAME OF BUSINESS		FINANCIAL INTEREST (INC. PERCENTAGE OWNED) AND/OR POSITION HELD		
2) FULL NAME: LAST		FIRST	MI	FORMER NAME
NAME OF BUSINESS		FINANCIAL INTEREST (INC. PERCENTAGE OWNED) AND/OR POSITION HELD		
E) CHILDREN AND DEPENDENTS PROVIDE THE FOLLOWING INFORMATION FOR EACH OF YOUR CHILDREN (INCLUDING NATURAL, ADOPTED, CURRENT FOSTER AND STEP-CHILDREN) AND DEPENDENTS.				<input type="checkbox"/> N/A
NAME (LAST, FIRST, MIDDLE, FORMER NAME)	DATE OF BIRTH	RESIDENCE ADDRESS	RELATIONSHIP	OCCUPATION
F) CO-HABITANTS AND ROOMMATES PROVIDE THE FOLLOWING INFORMATION FOR ANY PERSONS 18 YEARS OF AGE OR OLDER (NOT OTHERWISE DISCLOSED) WITH WHOM YOU RESIDE.				<input type="checkbox"/> N/A
NAME (LAST, FIRST, MIDDLE, FORMER NAME)	DATE OF BIRTH	EMPLOYER/OCCUPATION	EMPLOYER ADDRESS AND TELEPHONE	RELATIONSHIP
G) PARENTS AND STEP-PARENTS PROVIDE THE FOLLOWING INFORMATION FOR YOUR PARENTS AND STEP-PARENTS. IF RETIRED, LIST LAST OCCUPATION, OR IF DECEASED, PROVIDE DATE OF DEATH AND LIST LAST ADDRESS AND OCCUPATION.				
NAME (LAST, FIRST, MIDDLE, FORMER NAME)	DATE OF BIRTH	RESIDENCE ADDRESS	RELATIONSHIP	OCCUPATION

<b>H) SIBLINGS</b>				<input type="checkbox"/> N/A
PROVIDE THE FOLLOWING INFORMATION FOR YOUR BROTHERS, SISTERS, STEP-BROTHERS, AND STEP-SISTERS. IF RETIRED, LIST LAST OCCUPATION, OR IF DECEASED, PROVIDE DATE OF DEATH AND LIST LAST ADDRESS AND OCCUPATION.				
NAME (LAST, FIRST, MIDDLE, FORMER NAME)	DATE OF BIRTH	RESIDENCE ADDRESS	RELATIONSHIP	OCCUPATION

SECTION 3: MILITARY EXPERIENCE		
<b>A) HAVE YOU EVER SERVED IN ANY ARMED FORCES?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PROVIDE THE FOLLOWING DETAILS. (IF THE MILITARY SERVICE HAS ENDED AND A DD-214 HAS BEEN PREVIOUSLY PROVIDED TO THE BUREAU AS PART OF ANOTHER APPLICATION, ONE NEED NOT BE PROVIDED.)		
BRANCH OF SERVICE AND COUNTRY IF NOT THE U.S.	DATES OF SERVICE FROM (MM/DD/YYYY)	DATES OF SERVICE TO (MM/DD/YYYY)
RANK AT SEPARATION	SERVICE NUMBER	
TYPE OF DISCHARGE: <input type="checkbox"/> ENTRY LEVEL <input type="checkbox"/> HONORABLE <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER THAN HONORABLE <input type="checkbox"/> BAD CONDUCT <input type="checkbox"/> DISHONORABLE <input type="checkbox"/> OTHER _____		
<b>B) HAVE YOU EVER BEEN CONVICTED IN A COURT-MARTIAL?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PROVIDE THE FOLLOWING DETAILS.		
DATE (MM/DD/YYYY)	FINAL CHARGE	COURT LOCATION (CITY, STATE/PROVINCE/COUNTRY)
EXPLAIN THE INCIDENT THAT LED TO THE COURT-MARTIAL AND PROVIDE RELATED DOCUMENTS		

**SECTION 4: CRIMINAL CONVICTIONS/PENDING, CURRENT AND PAST LITIGATION AND ARBITRATION**

FOR THE FOLLOWING SECTION:

**YOU ARE REQUIRED TO DISCLOSE ANY AND ALL CRIMINAL CONVICTIONS REGARDLESS OF:**

- 1) THE DATE OF THE CONVICTION, I.E. **IT MUST BE DISCLOSED NO MATTER HOW OLD THE CONVICTION IS;**
- 2) THE DEGREE OF THE CONVICTION, I.E. **IT MUST BE DISCLOSED WHETHER IT WAS A FELONY OR MISDEMEANOR, WHICH INCLUDES TRAFFIC VIOLATIONS CHARGED AS MISDEMEANORS OR FELONIES, INCLUDING DRIVING UNDER THE INFLUENCE, DRIVING ON A SUSPENDED LICENSE, ETC.;**
- 3) THE STATUS OF THE CONVICTION, I.E. **IT MUST BE DISCLOSED REGARDLESS OF WHETHER YOU HAD THE CONVICTION REDUCED, DISMISSED, OR EXPUNGED, OR WHETHER YOU ARE ON OR OFF PROBATION; AND**

**YOU ARE NOT REQUIRED TO DISCLOSE:**

- 1) **INFRACTIONS, I.E. SPEEDING OR PARKING TICKETS. HOWEVER, IT IS YOUR RESPONSIBILITY TO VERIFY THE CIRCUMSTANCES AND STATUS OF ALL CRIMES AND YOU SHOULD ERR ON THE SIDE OF DISCLOSURE AS FAILING TO DISCLOSE A CONVICTION CAN WEIGH AGAINST YOUR APPLICATION BEING APPROVED.**
- 2) **ANY CONVICTION SEALED PURSUANT TO A COURT ORDER. PLEASE NOTE THAT ANY CONVICTIONS REDUCED, EXPUNGED, OR DISMISSED INCLUDING THOSE UNDER PENAL CODE SECTION 1203.4, 1203.4A, OR 1203.45 ARE NOT SEALED AS A MATTER OF COURSE AND **MUST STILL BE DISCLOSED.****

A) HAVE YOU **EVER** BEEN CONVICTED OR PLED GUILTY OR NOLO CONTENDERE (NO CONTEST) TO A MISDEMEANOR OR FELONY?

IF YES, PROVIDE THE FOLLOWING DETAILS FOR EACH CONVICTION.

IF YOU REQUIRE ADDITIONAL SPACE FOR EITHER THE NUMBER OF CONVICTIONS OR TO EXPLAIN THE FACTUAL CIRCUMSTANCES, PLEASE ATTACH ANOTHER PAGE TO THIS FORM.

IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.

YES  NO

1) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY)

ARRESTING AGENCY

COURT LOCATION (CITY, STATE)

IDENTIFY CRIMINAL CONVICTIONS BELOW AND ON A SEPARATE PIECE OF PAPER EXPLAIN THE FACTUAL CIRCUMSTANCES THAT LED TO THE CONVICTION.

2) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY)

ARRESTING AGENCY

COURT LOCATION (CITY, STATE)

IDENTIFY CRIMINAL CONVICTIONS BELOW AND ON A SEPARATE PIECE OF PAPER EXPLAIN THE FACTUAL CIRCUMSTANCES THAT LED TO THE CONVICTION.

B) HAVE YOU EVER BEEN REMOVED FROM OR PROHIBITED FROM ENTERING THE PREMISES OF ANY GAMING OR PARI-MUTUEL WAGERING ESTABLISHMENT?

YES  NO

C) HAVE YOU EVER ENGAGED IN ILLEGAL GAMBLING ACTIVITIES THAT YOU KNEW OR SHOULD HAVE KNOWN WERE ILLEGAL?

YES  NO

D) HAVE YOU EVER BEEN FOUND IN VIOLATION OF ANY CAMPAIGN LAWS?

YES  NO

E) ARE YOU CURRENTLY ON PROBATION?

YES  NO

IF YES TO ANY OF THE ABOVE, PROVIDE DETAILS.

<b>F) HAVE YOU EVER BEEN FOUND IN VIOLATION OF THE U.S. FOREIGN CORRUPT PRACTICES ACT OR EQUIVALENT IN ANOTHER COUNTRY?</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES TO ANY OF THE ABOVE, PROVIDE DETAILS.			
<b>G) HAVE YOU, AS AN INDIVIDUAL OR IN CONNECTION WITH ANY BUSINESS ENTITY, BEEN PARTY TO A LAWSUIT OR ARBITRATION WITHIN THE LAST 10 YEARS?</b> A LAWSUIT OR ARBITRATION THAT HAS BEEN SEALED, ALLOWED TO PROCEED ANONYMOUSLY PURSUANT TO A COURT ORDER, OR WHERE THE APPLICANT IS A CLASS MEMBER IN A CLASS ACTION LAWSUIT NEED NOT BE PROVIDED.  IF YES, PROVIDE THE FOLLOWING DETAILS.			<input type="checkbox"/> YES <input type="checkbox"/> NO
1) APPROXIMATE DATE FILED (MM/DD/YYYY)	PARTIES INVOLVED	CASE NUMBER	
COURT LOCATION (CITY, STATE)		DISPOSITION DATE (MM/DD/YYYY)	FINAL DISPOSITION
BRIEFLY EXPLAIN THE GENERAL SUBJECT OF LITIGATION			
2) APPROXIMATE DATE FILED (MM/DD/YYYY)	PARTIES INVOLVED	CASE NUMBER	
COURT LOCATION (CITY, STATE)		DISPOSITION DATE (MM/DD/YYYY)	FINAL DISPOSITION
BRIEFLY EXPLAIN THE GENERAL SUBJECT OF LITIGATION			

### SECTION 5: RESIDENCES

A) LIST ALL RESIDENCES DURING THE LAST 10 YEARS (MOST RECENT FIRST, INCLUDING YOUR CURRENT RESIDENCE). PROVIDE COMPLETE ADDRESSES AND MARKERS SUCH AS STREET, DRIVE, ETC., AND UNIT OR APARTMENT NUMBER. DO NOT USE P.O. BOXES.

IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.

1) CURRENT ADDRESS (NUMBER/STREET/APT)				FROM (MM/DD/YYYY)
CITY	STATE	COUNTRY IF OUTSIDE U.S.	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
2) FORMER ADDRESS (NUMBER/STREET/APT)			FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)
CITY	STATE	COUNTRY IF OUTSIDE U.S.	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
3) FORMER ADDRESS (NUMBER/STREET/APT)			FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)
CITY	STATE	COUNTRY IF OUTSIDE U.S.	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
4) FORMER ADDRESS (NUMBER/STREET/APT)			FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)
CITY	STATE	COUNTRY IF OUTSIDE U.S.	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT

### SECTION 6: EXPERIENCE AND EMPLOYMENT

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

IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.

1) CURRENT EMPLOYER				FROM (MM/DD/YYYY)
JOB TITLE/DUTIES		MONTHLY EARNINGS	GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS			SUPERVISOR	
CITY	STATE/PROVINCE & COUNTRY	ZIP/POSTAL CODE	TELEPHONE NUMBER	EXT
Do you have a written employment agreement with your current employer? If YES, provide a copy. If NOT submit a copy of your current duty statement/job description.				<input type="checkbox"/> YES <input type="checkbox"/> NO
2) NAME OF PRIOR EMPLOYER			FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)
JOB TITLE/DUTIES		MONTHLY EARNINGS	GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS			SUPERVISOR	
CITY	STATE/PROVINCE & COUNTRY	ZIP/POSTAL CODE	TELEPHONE NUMBER	EXT
REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES				
3) CURRENT EMPLOYER				FROM (MM/DD/YYYY)

JOB TITLE/DUTIES		MONTHLY EARNINGS	GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS			SUPERVISOR	
CITY	STATE/PROVINCE & COUNTRY	ZIP/POSTAL CODE	TELEPHONE NUMBER	EXT
REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES.				

4) NAME OF PRIOR EMPLOYER		FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)
JOB TITLE/DUTIES		MONTHLY EARNINGS	GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS			SUPERVISOR
CITY	STATE/PROVINCE & COUNTRY	ZIP/POSTAL CODE	TELEPHONE NUMBER EXT
REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES.			

**SECTION 7: LICENSING INFORMATION**

<p>A) HAVE YOU EVER APPLIED FOR OR BEEN ISSUED A LICENSE, PERMIT, CERTIFICATE, REGISTRATION, OR FINDING OF SUITABILITY <b>RELATED TO GAMING</b> IN ANY JURISDICTION?                  IF YES, LIST BELOW ANY LICENSING OR REGULATORY AGENCY (TRIBAL, STATE, LOCAL, OR INTERNATIONAL), INCLUDING THE CALIFORNIA GAMBLING CONTROL COMMISSION, TO WHICH YOU HAVE APPLIED (INCLUDE ANY APPLICATIONS THAT WERE APPROVED, SURRENDERED, WITHDRAWN, DENIED, AND/OR ARE PENDING).                   IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

1) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER	TYPE OF APPLICATION	ISSUING AGENCY
DATE HELD FROM (MM/DD/YYYY)	DATE HELD TO (MM/DD/YYYY)	
CITY, COUNTY, STATE/PROVINCE, COUNTRY	ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, BRIEFLY EXPLAIN THE CIRCUMSTANCES.		

2) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER	TYPE OF APPLICATION	ISSUING AGENCY
DATE HELD FROM (MM/DD/YYYY)	DATE HELD TO (MM/DD/YYYY)	
CITY, COUNTY, STATE/PROVINCE, COUNTRY	ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, BRIEFLY EXPLAIN THE CIRCUMSTANCES.		

<b>B) HAVE YOU EVER BEEN DISCIPLINED, FINED, ETC. BY A GAMING REGULATORY AGENCY (LOCAL, STATE, TRIBAL, OR INTERNATIONAL)?</b> IF YES, PROVIDE THE FOLLOWING DETAILS.  IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.			<input type="checkbox"/> YES <input type="checkbox"/> NO
ISSUING AGENCY	DATE OF FINAL ACTION (MM/DD/YYYY)	ACTION TAKEN (SUSPENDED, REVOKED, ETC.)	CITY, COUNTY, STATE/PROVINCE, COUNTRY
BRIEFLY EXPLAIN THE CIRCUMSTANCES AND INCLUDE ANY AMOUNTS PAID.			
<b>C) HAVE YOU EVER HELD OR APPLIED FOR A VOCATIONAL, PROFESSIONAL, OR OCCUPATIONAL LICENSE, PERMIT, CERTIFICATE, OR FINDING OF SUITABILITY NOT RELATED TO GAMING? HAVE YOU EVER HAD ANY OTHER LICENSE PERMIT, CERTIFICATION, OR FINDING OF SUITABILITY NOT RELATED TO GAMING DENIED, SUSPENDED, OR REVOKED?</b> IF YES, PROVIDE THE FOLLOWING DETAILS.  IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.			<input type="checkbox"/> YES <input type="checkbox"/> NO
1) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER	TYPE OF APPLICATION	ISSUING AGENCY	
DATE HELD FROM (MM/DD/YYYY)		DATE HELD TO (MM/DD/YYYY)	
CITY, COUNTY, STATE/PROVINCE, COUNTRY	ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)		
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, BRIEFLY EXPLAIN THE CIRCUMSTANCES.			
2) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER	TYPE OF APPLICATION	ISSUING AGENCY	
DATE HELD FROM (MM/DD/YYYY)		DATE HELD TO (MM/DD/YYYY)	
CITY, COUNTY, STATE/PROVINCE, COUNTRY	ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)		
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, BRIEFLY EXPLAIN THE CIRCUMSTANCES.			
3) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER	TYPE OF APPLICATION	ISSUING AGENCY	
DATE HELD FROM (MM/DD/YYYY)		DATE HELD TO (MM/DD/YYYY)	
CITY, COUNTY, STATE/PROVINCE, COUNTRY	ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)		
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, BRIEFLY EXPLAIN THE CIRCUMSTANCES.			



**SECTION 8: BUSINESS INTEREST – GAMING RELATED**

**A) WILL YOU HAVE ANY INVOLVEMENT IN THE OPERATION OF THE CARDROOM BUSINESS LICENSE OR TPPPS BUSINESS LICENSE IDENTIFIED ON PAGE ONE?**

IF YES, EXPLAIN BELOW.

IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.

YES  NO

**B) HAS YOUR INTEREST IN THE GAMBLING ENTERPRISE/BUSINESS ENTITY BEEN ASSIGNED, PLEDGED, OR HYPOTHECATED TO ANY PERSON, FIRM, OR CORPORATION, OR HAS ANY AGREEMENT BEEN ENTERED INTO WHEREBY YOUR INTEREST IS TO BE ASSIGNED, PLEDGED, OR SOLD EITHER IN WHOLE OR IN PART?**

IF YES, EXPLAIN BELOW.

YES  NO

**C) OTHER THAN THE CARDROOM BUSINESS LICENSE OR TPPPS BUSINESS LICENSE IDENTIFIED ON PAGE ONE, HAVE YOU HELD A FINANCIAL INTEREST IN ANY GAMING RELATED VENTURE OR BUSINESS ENTITY WITHIN THE LAST 10 YEARS?**

IF YES, PROVIDE THE FOLLOWING DETAILS. IF NECESSARY, ATTACH A SEPARATE SHEET OF PAPER.

IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.

YES  NO

1) NAME OF BUSINESS ENTITY	BUSINESS TELEPHONE NUMBER	INVOLVED FROM (MM/DD/YYYY)	INVOLVED TO (MM/DD/YYYY)
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BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)	PRIMARY PURPOSE OF BUSINESS
---	-----------------------------

YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED
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2) NAME OF BUSINESS ENTITY	BUSINESS TELEPHONE NUMBER	INVOLVED FROM (MM/DD/YYYY)	INVOLVED TO (MM/DD/YYYY)
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BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)	PRIMARY PURPOSE OF BUSINESS
---	-----------------------------

YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED
---------------------	---

3) NAME OF BUSINESS ENTITY	BUSINESS TELEPHONE NUMBER	INVOLVED FROM (MM/DD/YYYY)	INVOLVED TO (MM/DD/YYYY)
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BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)	PRIMARY PURPOSE OF BUSINESS
---	-----------------------------

YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED
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4) NAME OF BUSINESS ENTITY	BUSINESS TELEPHONE NUMBER	INVOLVED FROM (MM/DD/YYYY)	INVOLVED TO (MM/DD/YYYY)
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BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)	PRIMARY PURPOSE OF BUSINESS
---	-----------------------------

YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED
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**SECTION 9: BUSINESS INTEREST – NON-GAMING RELATED**

**HAVE YOU HELD A FINANCIAL INTEREST IN ANY NON-GAMING RELATED BUSINESS ENTITY WITHIN THE LAST 10 YEARS?**

IF YES, PROVIDE THE FOLLOWING DETAILS. IF NECESSARY, ATTACH A SEPARATE SHEET OF PAPER.

Yes  No

IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.

1) NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY) TO (MM/DD/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS	
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED		
2) NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY) TO (MM/DD/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS	
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED		
3) NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY) TO (MM/DD/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS	
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED		
4) NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY) TO (MM/DD/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS	
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED		
5) NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY) TO (MM/DD/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS	
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED		
6) NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY) TO (MM/DD/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS	
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED		
7) NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY) TO (MM/DD/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS	
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED		

**SECTION 10: PERSONAL FINANCIAL HISTORY**

**A) HAVE YOU FILED FOR BANKRUPTCY WITHIN THE LAST 10 YEARS?**

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

IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.

Yes  No

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

**B) HAVE YOU HAD ANY JUDGMENT OR LIEN FILED AGAINST YOU OR HAD YOUR WAGES GARNISHED WITHIN THE LAST 10 YEARS?**

IF YES, PROVIDE THE FOLLOWING DETAILS.

IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.

Yes  No

<input type="checkbox"/> JUDGMENT <input type="checkbox"/> LIEN	DATE FILED (MM/DD/YYYY)	NAME OF PERSON/ENTITY THAT FILED THE JUDGMENT OR LIEN
--	-------------------------	---

EXPLAIN THE REASON FOR THE JUDGMENT/LIEN. IF SATISFIED, PROVIDE A COPY OF THE RELEASE. IF JUDGMENT/LIEN IS NOT 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 JUDGMENT/LIEN.

NAME OF PERSON ENTITY JUDGMENT OR LIEN WAS FILED AGAINST

<input type="checkbox"/> JUDGMENT <input type="checkbox"/> LIEN	DATE FILED (MM/DD/YYYY)	NAME OF PERSON/ENTITY THAT FILED THE JUDGMENT OR LIEN
--	-------------------------	---

EXPLAIN THE REASON FOR THE JUDGMENT/LIEN. IF SATISFIED, PROVIDE A COPY OF THE RELEASE. IF JUDGMENT/LIEN IS NOT 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 JUDGMENT/LIEN.

NAME OF PERSON ENTITY JUDGMENT OR LIEN WAS FILED AGAINST

**C) HAVE YOU BEEN AUDITED BY ANY TAX AUTHORITY WITHIN THE LAST 10 YEARS?**

IF YES, PROVIDE THE FOLLOWING DETAILS.

IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.

Yes  No

AGENCY (STATE/FEDERAL/FOREIGN)	DATE AUDIT COMMENCED (MM/DD/YYYY)	TAX YEAR AUDITED (MM/DD/YYYY)
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EXPLAIN FINDINGS

<b>D) HAVE YOU HAD ANY ASSETS REPOSSESSED OR HAD AN UNPAID DEBT/LOAN TURNED OVER TO A COLLECTION AGENCY OR DEEMED UNCOLLECTIBLE (CHARGE-OFF) FOR ANY REASON WITHIN THE LAST 10 YEARS?</b> IF YES, PROVIDE THE FOLLOWING DETAILS. DO NOT INCLUDE ANY INFORMATION PROVIDED BELOW IN PART E.  IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.		<input type="checkbox"/> YES <input type="checkbox"/> NO
1) NAME OF CREDITOR	ACTION TAKEN (REPOSSESSION, COLLECTION, CHARGE-OFF)	DATE OF ACTION (MM/DD/YYYY)
EXPLAIN THE REASON FOR THIS ACTION. ATTACH A COPY OF THE PAYMENT PLAN OR OTHER DOCUMENT SHOWING HOW THE DEBT WILL BE SATISFIED. IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YOU PLAN TO REPAY THE DEBT(S).		
2) NAME OF CREDITOR	ACTION TAKEN (REPOSSESSION, COLLECTION, CHARGE-OFF)	DATE OF ACTION (MM/DD/YYYY)
EXPLAIN THE REASON FOR THIS ACTION. ATTACH A COPY OF THE PAYMENT PLAN OR OTHER DOCUMENT SHOWING HOW THE DEBT WILL BE SATISFIED. IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YOU PLAN TO REPAY THE DEBT(S).		
3) NAME OF CREDITOR	ACTION TAKEN (REPOSSESSION, COLLECTION, CHARGE-OFF)	DATE OF ACTION (MM/DD/YYYY)
EXPLAIN THE REASON FOR THIS ACTION. ATTACH A COPY OF THE PAYMENT PLAN OR OTHER DOCUMENT SHOWING HOW THE DEBT WILL BE SATISFIED. IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YOU PLAN TO REPAY THE DEBT(S).		
<b>E) HAVE YOU BEEN A PARTY TO A FORECLOSURE WITHIN THE LAST 10 YEARS?</b> IF YES, PROVIDE THE FOLLOWING DETAILS.  IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.		<input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS OF FORECLOSED PROPERTY (STREET, CITY, STATE, ZIP CODE)	DATE OF FORECLOSURE (MM/DD/YYYY)	NAME OF LENDER
EXPLAIN THE CIRCUMSTANCES THAT LEAD TO THE FORECLOSURE		
<b>F) DO YOU OWN, CONTROL, OR MANAGE ANY ASSETS OUTSIDE THE U.S., OR HAVE ANY LIABILITIES OUTSIDE OF THE U.S.?</b> IF YES, PROVIDE THE FOLLOWING DETAILS.  IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.		<input type="checkbox"/> YES <input type="checkbox"/> NO
1) DESCRIPTION OF ASSET/LIABILITY	DATE ACQUIRED (MM/DD/YYYY)	LOCATION (CITY, STATE/PROVINCE, COUNTRY)
2) DESCRIPTION OF ASSET/LIABILITY	DATE ACQUIRED (MM/DD/YYYY)	LOCATION (CITY, STATE/PROVINCE, COUNTRY)

<b>G) DO YOU CONTROL, MANAGE, OR HOLD ANY ASSETS OR LIABILITIES FOR ANOTHER INDIVIDUAL OR ENTITY?</b> IF YES, PROVIDE THE FOLLOWING DETAILS.				<input type="checkbox"/> YES <input type="checkbox"/> NO
1) NAME OF PERSON/ENTITY	RELATIONSHIP	PURPOSE	DESCRIBE ASSET/LIABILITY	
2) NAME OF PERSON/ENTITY	RELATIONSHIP	PURPOSE	DESCRIBE ASSET/LIABILITY	
<b>H) IS YOUR INTEREST IN THIS OWNER CATEGORY LICENSEE HELD BY A TRUST (ESTATE PLANNING OR OTHER)?</b> IF YES, YOU MUST ALSO COMPLETE AND SUBMIT A TRUST: SUPPLEMENTAL INFORMATION, CGCC-CH2-09 (NEW 05/20) AND THE APPROPRIATE APPLICATION.				<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF TRUST				
<b>I) DO YOU HAVE ANY AGREEMENTS OR CONTRACTS WITH ANY PARTY, OTHER THAN THE BUREAU-APPROVED TPPPS CONTRACT?</b> IF YES, PROVIDE THE FOLLOWING DETAILS.				<input type="checkbox"/> YES <input type="checkbox"/> NO
1) NAMES OF THE PARTIES TO THE AGREEMENT/CONTRACT		NAMES OF THE OWNERS AND EXECUTIVES OF THE OTHER PARTY		
TYPE OF AGREEMENT	AMOUNT PAID	FREQUENCY OF THE PAYMENT		
TERMS OF THE AGREEMENT				
2) NAMES OF THE PARTIES TO THE AGREEMENT/CONTRACT		NAMES OF THE OWNERS AND EXECUTIVES OF THE OTHER PARTY		
TYPE OF AGREEMENT	AMOUNT PAID	FREQUENCY OF THE PAYMENT		
TERMS OF THE AGREEMENT				
3) NAMES OF THE PARTIES TO THE AGREEMENT/CONTRACT		NAMES OF THE OWNERS AND EXECUTIVES OF THE OTHER PARTY		
TYPE OF AGREEMENT	AMOUNT PAID	FREQUENCY OF THE PAYMENT		
TERMS OF THE AGREEMENT				
3) NAMES OF THE PARTIES TO THE AGREEMENT/CONTRACT		NAMES OF THE OWNERS AND EXECUTIVES OF THE OTHER PARTY		
TYPE OF AGREEMENT	AMOUNT PAID	FREQUENCY OF THE PAYMENT		
TERMS OF THE AGREEMENT				
<b>J) HAVE YOU GIVEN OR RECEIVED ANY GIFT(S), WHETHER TANGIBLE OR INTANGIBLE WHICH EITHER INDIVIDUALLY OR IN THE AGGREGATE EXCEEDED \$10,000 IN VALUE IN ANY ONE-YEAR PERIOD WITHIN THE LAST THREE YEARS?</b> IF YES, PROVIDE THE FOLLOWING DETAILS.				<input type="checkbox"/> YES <input type="checkbox"/> NO
1) NAMES OF THE PARTIES GIVING OR RECEIVING GIFT		TOTAL AMOUNT OF GIFT	GIVEN OR RECEIVED	
2) NAMES OF THE PARTIES GIVING OR RECEIVING GIFT		TOTAL AMOUNT OF GIFT	GIVEN OR RECEIVED	
<b>K) HAVE YOU EXCHANGED CURRENCY IN AN AMOUNT OF MORE THAN \$10,000 WITHIN THE LAST THREE YEARS?</b>				<input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION 11: ADDITIONAL REQUIRED ITEMS**

THE FOLLOWING ITEMS **MUST** BE SUBMITTED, AS APPLICABLE, WITH THIS COMPLETED FORM. PROVIDE COPIES OF DOCUMENTS UNLESS OTHERWISE STATED. ONLY DOCUMENTS THAT ARE DATED AND SIGNED BY THE APPLICANT WILL BE ACCEPTED. FAILURE TO PROVIDE REQUIRED ITEMS MAY RESULT IN DENIAL OF YOUR APPLICATION. PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 19868, SUBDIVISION (A), THE APPLICATION PACKAGE WILL NOT BE DEEMED COMPLETE UNTIL ALL REQUIRED FORMS, DOCUMENTATION, AND FEES HAVE BEEN COMPLETED AND RECEIVED BY THE STATE.

MARK THE BOX NEXT TO EACH ATTACHED ITEM.

- BACKGROUND INVESTIGATION DEPOSIT REQUIRED IN TITLE 11, CAL. CODE REGS., SECTION 2037
- APPOINTMENT OF DESIGNATED AGENT [CGCC-CH1-04 (New 05/20)] – **PROVIDE ORIGINAL**
- SPOUSAL INFORMATION [CGCC-CH2-12(New 05/20)] – **PROVIDE ORIGINAL**
- MILITARY FORM DD-214 (A COMPLETE “UNDELETED” COPY), OR EQUIVALENT, IF APPLICABLE
- ALL ACTIVE BADGES, PERMITS, ETC. ISSUED BY A CALIFORNIA CITY OR COUNTY (FRONT AND BACK COPY)
- MANAGEMENT COMPANY/CONSULTANT AGREEMENT RELATING TO THE GAMING RELATED BUSINESS, IF APPLICABLE
- FEDERAL AND STATE INDIVIDUAL AND BUSINESS TAX RETURNS. INCLUDE ALL SCHEDULES AND ATTACHMENTS FOR THE LAST THREE YEARS
- INTERNAL REVENUE SERVICE REQUEST FOR TRANSCRIPT OF TAX RETURN (4506-T). **PROVIDE ORIGINAL**
- CURRENT BALANCE SHEET AND INCOME STATEMENT FOR YOURSELF AND ALL OF YOUR BUSINESSES FOR THE MOST RECENT CALENDAR YEAR
- MONTHLY BANK STATEMENTS FOR ALL PERSONAL AND BUSINESS ACCOUNTS FOR THE LAST 12 MONTHS
- MONTHLY/QUARTERLY INVESTMENT ACCOUNT STATEMENTS FOR ALL PERSONAL AND BUSINESS ACCOUNTS FOR THE LAST 12 MONTHS
- BANKRUPTCY COURT PETITION AND ORDER (IF APPLICABLE)
- SCHEDULES A THROUGH J FROM SUPPLEMENTAL INFORMATION: SCHEDULES [CGCC-CH2-11(New 05/20)] – **PROVIDE ORIGINAL**
- EMERGENCY SANITATION PLAN (SEE CCR, TITLE 4, SECTION 12371) – COPY

ADDITIONAL DOCUMENTATION MAY BE REQUIRED BY THE BUREAU OF GAMBLING CONTROL.

Pursuant to Business and Professions Code section 19867, the applicant is responsible for all costs incurred by the Bureau related to the background investigation. 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 the required deposits and fees are received.

**SECTION 12: DECLARATION**

I declare under penalty of perjury under the laws of the State of California that the information in this form is true, accurate, and complete, and that this declaration is executed by me at \_\_\_\_\_.

City and State

PRINTED NAME

SIGNATURE

DATE (MM/DD/YYYY)

*This form must be signed by the applicant.*

**Chapter 7: Appendix A**

# Notice of Relocation

BUREAU USE ONLY
BGC ID# _____



**MAIL COMPLETED FORM TO:**  
 BUREAU OF GAMBLING CONTROL  
 P.O. Box 168024  
 Sacramento, CA 95816-8024  
 (916) 830-1700

## PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU COMPLETE THIS FORM

This form is for notifying the Bureau of Gambling Control (Bureau) of a change in the physical location of a gambling establishment. 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.

All information must be typed or printed legibly in blue or black ink. Any questions that do not apply should be indicated with "N/A" (Not Applicable). If the space available is insufficient, attach a separate sheet of paper and precede each answer with the applicable section and question number. Any corrections, changes, or other alterations must be initialed and dated by the applicant.

SECTION 1: INFORMATION	
NAME OF CARDROOM BUSINESS LICENSEE	LICENSE NUMBER
NAME OF GAMBLING ESTABLISHMENT	
CURRENT RESIDENCE (STREET, CITY, STATE, ZIP CODE)	
CURRENT PRIMARY TELEPHONE NUMBER	CURRENT FAX NUMBER
NEW RESIDENCE (STREET, CITY, STATE, ZIP CODE)	
NEW PRIMARY TELEPHONE NUMBER	NEW FAX NUMBER
LOCAL JURISDICTION	DATE OF COMMENCEMENT OF OPERATIONS IN NEW LOCATION
THE NEW ADDRESS OF THE GAMBLING ESTABLISHMENT:	
<input type="checkbox"/> IS NOT WITHIN 1000 FEET OF THE BOUNDARY LINE OF THE LOCAL JURISDICTION (COMPLETE SECTIONS 2 AND 3)	
<input type="checkbox"/> IS WITHIN 1000 FEET OF THE BOUNDARY LINE OF THE LOCAL JURISDICTION (COMPLETE SECTIONS 2, 3, AND 4)	

SECTION 2: REQUIRED DOCUMENTATION	
<b>A.</b>	<b>THE FOLLOWING INFORMATION MUST BE SUBMITTED TO THE BUREAU WITH THIS FORM:</b>
<input type="checkbox"/>	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>B.</b>	<b>THE FOLLOWING INFORMATION MUST BE SUBMITTED TO THE BUREAU 30 DAYS PRIOR THE BUREAU'S SITE VISIT:</b>
<input type="checkbox"/>	THE FULLY EXECUTED LEASE AGREEMENT OR EVIDENCE OF THE OWNER CATEGORY LICENSEE'S OWNERSHIP OF THE BUILDING.
<input type="checkbox"/>	A COPY OF THE OWNER CATEGORY LICENSEE'S FIRE SAFETY AND EVACUATION PLAN FOR THE NEW LOCATION, IN COMPLIANCE WITH CALIFORNIA CODE OF REGULATIONS, TITLE 4, SECTION 12370.
<input type="checkbox"/>	A COPY OF THE OWNER CATEGORY LICENSEE'S SECURITY AND SURVEILLANCE PLAN FOR THE NEW LOCATION, IN COMPLIANCE WITH CALIFORNIA CODE OF REGULATIONS, TITLE 4, SECTION 12372.
<input type="checkbox"/>	A COPY OF THE LICENSEE'S EMERGENCY SANITATION PLAN FOR THE NEW LOCATION, IN COMPLIANCE WITH CALIFORNIA CODE OF REGULATIONS, TITLE 4, SECTION 12371.



**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 TITLE 4, CCR., SECTION 12364(B)(2)(A).

THE APPROPRIATE INDIVIDUAL HAS SIGNED BELOW CONFIRMING NO OBJECTIONS TO THE PROPOSED LOCATION PURSUANT TO TITLE 4, CCR., SECTION 12364(B)(2)(A).

A NOTICE HAS BEEN PROVIDED TO THE NEIGHBORING JURISDICTION PURSUANT TO TITLE 4, CCR., 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 TITLE 4, CCR., SECTION 12364(B)(2)(C).

PRINTED NAME	SIGNATURE	CAPACITY	DATE (MM/DD/YYYY)
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**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: ADDITIONAL REQUIRED ITEMS**

THE FOLLOWING ITEMS **MUST** BE SUBMITTED, AS APPLICABLE, WITH THIS COMPLETED FORM. PROVIDE COPIES OF DOCUMENTS UNLESS OTHERWISE STATED. ONLY DOCUMENTS THAT ARE DATED AND SIGNED BY THE APPLICANT AND/OR SPOUSE, AS APPLICABLE, WILL BE ACCEPTED. FAILURE TO PROVIDE REQUIRED ITEMS MAY RESULT IN DENIAL OF THE APPLICATION. PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 19868, SUBDIVISION (A), THE APPLICATION PACKAGE WILL NOT BE DEEMED COMPLETE UNTIL ALL REQUIRED FORMS, DOCUMENTATION, AND FEES HAVE BEEN COMPLETED AND RECEIVED BY THE STATE.

MARK THE BOX NEXT TO EACH ATTACHED ITEM.

ANY DOCUMENTS REQUIRED BY SECTION 2

ANY DOCUMENTS REQUIRED BY SECTION 3

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)

ADDITIONAL DOCUMENTATION MAY BE REQUIRED BY THE BUREAU OF GAMBLING CONTROL.

**SECTION 5: DECLARATION**

I declare under penalty of perjury under the laws of the State of California that the information in this form is true, accurate, and complete, and that this declaration is executed by me at \_\_\_\_\_.

City and State

PRINTED NAME	SIGNATURE	CAPACITY	DATE (MM/DD/YYYY)
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- This form must be signed by the appropriate person identified below:*
- If licensee is a corporation, LLC, or joint venture then by an authorized officer.
  - If licensee is a general partnership or limited partnership then by an authorized partner.
  - If licensee is a sole proprietor then by the owner.
  - If licensee is a trust then by an authorized trustor or trustee.
  - If licensee is a natural person then by the licensee.