State of California Office of Administrative Law

In re:

California Gambling Control Commission

Regulatory Action:

Title 04, California Code of Regulations

Adopt sections:

Amend sections: 12080, 12112, 12114,

12272, 12274

Repeal sections:

NOTICE OF APPROVAL OF REGULATORY ACTION

Government Code Section 11349.3

OAL Matter Number: 2023-0510-02

OAL Matter Type: Regular (S)

This rulemaking action by the California Gambling Control Commission amends requirements regarding spousal information and supplemental information forms.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on October 1, 2023.

Date: June 22, 2023

Nicole C. Carrillo Senior Attorney

For:

Kenneth J. Poque

Director

Original: Stacey Luna Baxter, Executive

Director

Copy: Josh Rosenstein

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D. 400 (REV. 10/2019)	5-E217-4D35-8E D. 21 ATIVE LAW /REGULATION			in the office of the Secretary of State
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California Gambling Cor	itrol Commission			CGCC-GCA-2022-02R
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ONLY Approved as Submitted	Approved as Modified	Disapproved/ Withdrawn	2022, 32-	2 8/12/22
B. SUBMISSION OF RE	GULATIONS (Comple	te when submittin	ng regulations)	*
a. SUBJECT OF REGULATION(S)		39	1b. ALL PREVIOUS I	RELATED OAL REGULATORY ACTION NUMBER(S)
Spousal Form Update				
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SECTION(S) AFFECTED	ADOPT		DED ACENCY	
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individually. Attach additional sheet if needed.	10000 10110 101	14, 12272, 12274	NCC	
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1				
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Code §11346)	below certifies that this a	agency complied with the	(Gov. Code, §11346.1	1(h)) Regulatory Effect (Cal.
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1	CALIFORNIA GAMBLING CONTROL COMMISSION
2	SPOUSAL FORM UPDATE
3	CGCC-GCA-2022-02-R
4	
5	ORDER OF ADOPTION
6	
7	The California Gambling Control Commission hereby adopts the following changes in its
8	regulations contained in Division 18 of Title 4 of the California Code of Regulations:
9	
10	CHAPTER 1. GENERAL PROVISIONS
11	ARTICLE 3. DESIGNATED AGENT
12	ARTICLE J. DESIGNATED AGENT
13	§ 12080. Requirements.
14	(a) An applicant, licensee, or holder of a Commission work permit may designate a natural person(s)
15	to serve as their designated agent(s) pursuant to Title 11, Cal. Code Regs., Section 2030, using the
16	Appointment of Designated Agent, CGCC-CH1-04 (Rev. 07/22New 05/20), which is attached in
17	Appendix A to this chapter.
18	•••
19 20 21	Note: Authority cited: Sections 19823, 19824, 19826, 19840, 19841, 19853 and 19984, Business and Professions Code. Reference: Sections 19841, 19853 and 19984, Business and Professions Code.
22	CHAPTER 2. LICENSES AND WORK PERMITS
23 24	ARTICLE 2. INITIAL AND RENEWAL LICENSES AND WORK PERMITS
25 26	§ 12112. Initial License Applications; Required Forms. A person applying for Commission approval must submit the following to the Bureau:
27	(a) A completed Application for Employee Category License, CGCC-CH2-04 (Rev. 11/21) or
28	Application for Owner Category License, CGCC-CH2-05 (Rev. 04/2311/22), which are attached in
29	Appendix A to this chapter, any applicable fees required in Section 12090, and the applicable background
30	investigation deposit required by Title 11, CCR, Section 2037.
31	(b) Any applicable completed supplemental information forms, all of which are attached in Appendix
32	A to this chapter:
33	•••
34	(2) Individual Owner/Principal: Supplemental Information, CGCC-CH2-07 (Rev. 07/2212/21).
35	(3) Key Employee or TPPPS Supervisor: Supplemental Information, CGCC-CH2-08 (Rev.
36	07/22 03/21).

1	•••
2	(5) Commission Work Permit or TPPPS Worker: Supplemental Information, CGCC-CH2-10 (Rev.
3	<u>07/22</u> 03/21).
4	(6) Supplemental Information: Schedules, CGCC-CH2-11 (New 05/20).
5	(7) Spousal Information, CGCC-CH2-12 (Rev. 03/21).
6	(7)(8) Request for Copy of Personal Income or Fiduciary Tax Return, FTB- 3516 (Rev. 08-2015) C1
7	PAGE 1.
8	(8)(9) Request for Copy of Corporation, Exempt Organization, Partnership, or Limited Liability
9	Company Tax Return, FTB- 3516 (Rev. 08- 2015) C1 PAGE 2.
10	•••
11	(e) An Appointment of Designated Agent, CGCC-CH1-04-(New 05/20).
12	(f) If the application is an Application for Owner Category License, CGCC-CH2-05, and the
13	applicant is a natural person, then a completed copy of the Spousal Information, CGCC-CH2-12 (Rev.
14	07/22), which is attached in Appendix A to this chapter.
15 16 17 18 19	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, 19867, 19868, 19878, 19880(d), 19883, 19890(e), 19893, 19912, 19951, 19982 and 19984, Business and Professions Code.
20 21	§ 12114. Renewal License Applications; Required Forms.
22	(c) For the purposes of this section, a "complete application" must consist of all of the following:
23	•••
24	(5) If the application is an Application for Owner Category License, CGCC-CH2-05, and the
25	applicant is a natural person, then a completed copy of the Spousal Information, CGCC-CH2-12.
26	•••
27 28 29 30 31	Note: Authority cited: Sections 19811, 19823, 19824, 19840, 19841, 19850, 19851, 19854, 19951 and 19984, Business and Professions Code. Reference: Sections 19811, 19823, 19824, 19826, 19841, 19850, 19851, 19852, 19854, 19855, 19856, 19857, 19864, 19865, 19866, 19867, 19868, 19876, 19912, 19951 and 19984, Business and Professions Code.
32	CHAPTER 3. CONDITIONS OF OPERATION FOR TPPPS BUSINESSES
33	
34 35	ARTICLE 3. TPPPS CONTRACTS
36 37	§ 12272. Review and Approval of TPPPS Contracts.
38	•••

1	(2) A complete application for TPPPS contract approval must include all of the following:
2	
3	(B) A completed Appointment of Designated Agent, CGCC-CH1-04-(New-05/20).
4	•••
5 6 7	Note: Authority cited: Sections 19840, 19841 and 19984, Business and Professions Code. Reference: Sections 19951 and 19984, Business and Professions Code.
8 9	§ 12274. Expedited Review and Approval of TPPPS Contracts.
10	(c) The Bureau will complete the expedited review and approval of a TPPPS contract within five (5)
11	business days of receiving all of the following:
12	
13	(2) A completed Appointment of Designated Agent, CGCC-CH1-04-(New-05/20).
14	
15 16 17	Note: Authority cited: Sections 19840, 19841 and 19984, Business and Professions Code. Reference: Sections 19951 and 19984, Business and Professions Code.
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Chapter 1: Appendix A (Amended Forms)

State of California

Appointment of Designated Agent

CGCC-CH1-04 (<u>Rev. 07/22</u>New-05/20) Page 1 of 2

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BGC	ID#				

California Gambling Control Commission



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

An applicant may designate a person(s) to serve as his/her agent(s) in addressing matters with the Bureau of Gambling Control (Bureau) and California Gambling Control Commission (Commission). The designation must specify any limit of authority of the agent(s). The Bureau retains the right to exercise its discretion to disapprove, in whole or in part, such designation(s) to the extent consistent with Title 11, Cal. Code Reg., Section 2030(a). The Bureau Chief has the authority to require a designated agent to be appointed, it if is determined that such a need exists to the extent consistent with Title 11, Cal. Code Regs., Section 2030(a) and (b). If not designating a person to serve as your agent, write "N/A" in sections two and three and complete the bottom portion of this form. If designating more than one individual submit one form for each designated agent. All information must be typed or printed legibly in blue or black ink. This designation supersedes any previous appointment for this Designated Agent. This designation will remain in effect until such time as the Bureau receives written notification of withdrawal of an appointment and/or a revised Appointment of Designated Agent for this designated agent.

Any designation does not infringe, limit, or waive any form of confidentiality or privacy.

SECTION 1: APP	ACANT INFORM	ATION		response especial per		
REQUESTOR Owner Category Lic (Business)		TNER CATEGORY LICENSEE		EY EMPLOYES OR TPPPS UPERVISOR LICENSES		WORK PERMIT, TPPPS WORKER LICENSEE
GAMING RESOURCE SUI	PPLIER TR	BAL KEY	По	THER		
NAME OF REQUESTOR						
TYPE OF ASSOCIATED BU	ISINESS					
CARDROOM BUSINESS I.	ICENSEE	TRIBAL GAMING RESC	OURCE SUPPLIER/FINA	ANCIAL SOURCE (VENDOR)	TPPP!	S Business License
NAME OF ASSOCIATED B	USINESS					
SECTION 2: DESI						
If no designated agent is		<u>ie N/A</u> skep this certion.				
NAME OF DESIGNATED A	GENT					
RELATIONSHIP TO APPLIC		ATTORNEY	CERTIFIED PUBLIC A	ACCOUNTANT OT	HER	
MAILING ADDRESS (STRE	ET, CITY, STATE, ZIP CO	DE)		-		
PRIMARY TELEPHONE NUMBER	ALTERNATE TELEPHO NUMBER	NE FAX NUMBER	EN	MAIL ADDRESS		COMMISSION LICENSE NUMBER(S), IF APPLICABLE

BUREAU OR CO	INATED AGENT'S SCOPE OF AUTHORITY INCLUDE REPRESENTATION IN ALL MATTERS ON YOUR BEHALF WITH THE MMISSION? IMITED SCOPE OF AUTHORITY OF THE DESIGNATED AGENT BELOW. UN-INITIALED AREAS WILL MEAN AUTHORITY HAS NOT BEEN GRANTED.
INITIAL	THE DESIGNATED AGENT IS APPOINTED TO ASSIST IN THE PREPARATION OF FORMS, APPLICATIONS AND OTHER PAPERWORK FOR SUBMITTAL TO THE BUREAU AND COMMISSION.
INITIAL	THE DESIGNATED AGENT IS APPOINTED TO COMMUNICATE TO THE BUREAU ON MY BEHALF.
INITIAL	THE DESIGNATED AGENT IS APPOINTED TO COMMUNICATE WITH COMMISSION STAFF ON MY BEHALF.
INITIAL	THE DESIGNATED AGENT IS APPOINTED TO REPRESENT ME BEFORE THE COMMISSION AT A NON-EVIDENTIARY HEARING MEETING.
INITIAL	THE DESIGNATED AGENT IS ADDITIONALLY APPOINTED TO: Please note: this cannot include a designation to assist in an evidentiary hearing
	DESIGNATED AGIONU ACKNOWLEDGMENU agent is being appointed, indicate NAskip this station.
HE DESIGNATE OMPLETE THIS	IF APPLICABLE, PROVIDE A VALID LICENSE NUMBER ISSUED BY BITHER THE COMMISSION, CALIFORNIA STATE BAR, OR CALIFORNIA BOARD OF ACCOUNTANCY. SECTION:
INITIAL	I UNDERSTAND THAT I AM EXPECTED TO ACT IN ACCORDANCE WITH THE SCOPE OF AUTHORITY PROVIDED BY THIS DESIGNATION UNTIL SUCH TIME AS THE DESIGNATION IS SUPERSEDED OR I PROVIDE NOTIFICATION OF WITHDRAWAL TO THE DESIGNATOR AND THE BUREAU.
INITIAL	I UNDERSTAND THAT FAILURE TO ACT WITHIN THE SCOPE OF THE AUTHORITY PROVIDED FOR ME IN THIS DESIGNATION MAY BE USED AS JUSTIFICATION FOR REVOKING MY DESIGNATION AND ABILITY TO SERVE AS A DESIGNATED AGENT.

SECTION 4: SIGNATURE OF APPLICANT

PRINTED NAME SIGNATURE DATE (MM/DD/YYYY) CAPACITY

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 (Amended Forms)

Application for Owner Category License

CGCC-CH2-05 (Rev. <u>04/23</u>1-1/22) Page 1 of 4

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BGC ID#	3/ y \$.			
900 ID#			1.00 4.21 1.00	<u> </u>



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 <u>truthful and complete</u>. 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	Affix a passport quality photography taken within the last 30 calendar days here.
Associated Owner Category Licensee	PLEASE PRINT NAME ON BACK OF
Date of Photograph	PHOTOGRAPH

SECTION 1: APPLICATION) N	Salah e Masi	to make the second			
A) Type of Application (Check	Appropriate Box)					
CARDROOM BUSINESS LICENSE The sole proprietor, LLC, corporatio operates a gambling establishment	TPPPS BUSINESS LICENSE 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.					
CARDROOM ENDORSEE LICENSE An endorsed licensee is any other type corporation, a shareholder, a limited any percentage share of the revenues	partner in a partnership, a	corporation, a sharehold	NSE any other type not covered er, a limited partner in a pa the revenues earned, or an	rtnership, any person	ficer in a who receives	
B) SELECT IF THIS IS AN APPLICATI	on for an Initial c	or Renewal License (Che	CK Appropriate Bo	x)	e in 1896, an establish Colonial States	
Initial Application		INITIAL APPLICATION WITH R TEMPORARY LICENSE	EQUEST FOR	RENEWAL APPLI	<u>CATION</u>	
MUST INCLUDE THE FOLLOWING (AS APPLI	CABLE): MU	IST INCLUDE THE FOLLOWING (AS	APPLICABLE):	MUST INCLUDE THE FOI	LOWING (AS APPLICA	ABLE):
 Application Fee required in Title 4, CCR, Section 12090 A background investigation deposit required in Title 11, CCR, Section 2037 Additional Application Fee for a Owner Category License required CCR, Section 12090 A background investigation deport Title 11, CCR, Section 2037 			Fee for a Temporary e required in Title 4, tion deposit required in	Section 12 A delinque Section 12 A backgrou	n Fee required in Title 090 ney fee in the amount 090, if applicable and investigation depo CR, Section 2037	specified in
ALL INITIAL OR RENEWAL OVER 10 NOTE: INITIAL APPLICANTS AND INITIAL A					approval of your app	lication,
SECTION 2; RENEWAL IT Complete this section only for a ren marked "YES" on a separate sheet a ALL APPLICANTS	ewal application. If y	ou answer "YES" to suy of o the application.	the questions below,	please provide a detai	ed explanation to	readh den
Have you been a party to any civil lit	igation since last filing a	license application?			☐ YES	□ No
2. Have you been named in any adminis					☐ YES	□ No
Have you been convicted of any crim Note: It is your responsibility to verif a conviction can weigh against your and the second se	y the circumstances and supplication being approve	status of all crimes and you should d.	err on the side of disclosi	re as failing to disclose	☐ YES	□ No
Have you acquired or increased your application?				ast filing a license	☐ YES	□ No
5. Have you transferred any ownership	•		cense application?		☐ YES	□ No
Do you have a financial interest in theIf the answer to Question 6 was yes,			or permit in the cannahis i	ndustry?	☐ YES	□ No
CARDROOM BUSINESS LICENSEE O 8. Have there been any changes affectin	R TPPPS BUSINESS L	ICENSEE			☐ YES	□ No
Have there been any changes affecting		_			YES YES	□ No
application? 10. Has there been any newly acquired or	increase to any financial	interest in a business that conduct	ts lawful gambling outside	the State since last	☐ YES	□ No
filing a license application? CARDROOM BUSINESS LICENSEE 11. Has there been any change to the term	ns (financial or otherwise) of the business' lease or a change	e of landlord since last fili	ng a license application?	☐ YES	□ No
TRUST 12. Has there been any amendment to any	r trust documents or any	changes to a beneficiary, trustee, o	or trust asset since last filin	g a license application?	☐ YES	□ No

SECTION 3: CARDRO Complete this section only for			OPERATIONS				
GAMING HOURS 24 HOURS/365 DAYS OR:	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
OPENING TIME							
CLOSING TIME							
BUSINESS OFFICE HOURS SAME AS GAMING HOURS OR:	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
OPENING TIME							
CLOSING TIME		•				- 	
NUMBER OF PERMANENT TAE	BLES OPERATING OR	го ве Opera	TED IN THE GAMBL	ING ESTABLISHMEI	vT:		
INDICATE ENDORSED OWNERS Identify all individual officers (President, Secretary, Treasurer, and Chief Financial Officer), directors, sharcholders, 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 s Entity /Individual	<u>(3) (3) (3) (3) (3) (3) (3) (3) (3) (3) </u>		Title		Membership Interest ercentage	(salary, hourly	on Arrangement wage, incentives,
				%	bonuses, etc.)		
	%						
					%		
					%		
					%		
SECTION 4: ADDITE			and the second second				
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 FEBS HAVE BEEN COMPLETED AND RECEIVED BY THE STATE; MARK THE BOX NEXT TO EACH ATTACHED ITEM.							
COMPLETED REQUEST FOR LIVE	e Scan Service (BCIA 80	16), INCLUDING	THE ATI NUMBER				
AUTHORIZATION TO RELEASE I	NFORMATION, CGCC-CH	2-13 – PROVIDE	ORIGINAL			·	
Individual Applicants: In Entity Applicants: Busir *Trust Applicants: Trus *Current beneficiaries d	ST ALSO ATTACH A COMPLI usee or TPPPS business lin dividual Owner/Principa uses Entity: Supplemental st: Supplemental Informati o not need to submit an ap pecific future event or circo	censee: Business I: Supplemental Information, CC ion, CGCC-CH2 oplication if the	s Entity: Supplemental Information, CGCC-CH GCC-CH2-06 2-09	nformation, CGCC-CH 12-07	2-06 in addition to any c	·	
SPOUSAL INFORMATION, CGCC	C-CH2-12						
ADDITIONAL DOCUMENTATION MAY B	E REQUIRED BY THE BURE.	AU OF GAMBLING	G CONTROL.		·		-

SECTIONS DECLARATION	en e	especial de la
	ne 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.

State of California

Individual Owner/Principal: Supplemental Information

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Californ	ia Gambing Ge	ATILIO CON	11111991011
BGC ID#	UREAU USE	ONLY	



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	·
 mid (Oiv.	=
Title/Capacity	
 Associated Owner Category Licensee	
 Associated Endorsed Owner, if Applicable	

ĴΥ	HEOROMNER APPLICANT (CHĒĞK APPROPRIA TEURÓN).	
	TPPPS Business Licensee	CARDROOM BUSINESS LICENSEE
	TPPPS Endorsee Licensee	CARDROOM ENDORSEE LICENSEE

SECTION: PERSONAL INI FULL NAME: LAST	ORMATION	FIRST		MIDDLE	Guy (Core Species)		
ALIAS(ES), NICKNAME(S), OTHER FORM	FRIEGAL NAMES						
ALIAGES, NICKYAWEGS, OTHER FORMER ELGAL WAVES							
CURRENT RESIDENCE (STREET, CITY, STATE, ZIP CODE)							
MAILING ADDRESS IF DIFFERENT THAN CURRENT RESIDENCE (STREET, CITY, STATE, ZIP CODE)							
PRIMARY TELEPHONE NUMBER	ALTERNATE TE	LEPHONE NUMBER	EMAIL ADDRESS				
DATE OF BIRTH (MM/DD/YYYY)	DRIVER'S LICENSE/IDE	NTIFICATION CARD NUMBER		STATE	EXPIRATION DATE (MM/DD/YYYY)		
IF BORN OUTSIDE THE U.S., IDENTIFY YO	OUR ELIGIBILITY TO WOR	RK IN THE U.S. AND PROVIDE	E SUPPORTING DOCUMEN	TATION OTHER:			
RESIDENT ALIEN	NATURALIZED CITIZEI	N LL EMPLOYMENT A	AUTHORIZED	OTHER;			
IF RESIDENT ALIEN OR NATURALIZED C	ITIZEN, PROVIDE YOUR A	A-NUMBER SOCIA	L SECURITY NUMBER				
DISGLOSURE:		in and a second			dro-activity (1985)		
DISCLOSURE OF YOUR SOCIAL SECURIT 405(C)(2)(C)] AUTHORIZE COLLECTION O ENFORCEMENT PURPOSES, FOR PURPOS SECTION 17520 OR FOR DATABASE INQU WILL NOT BE PROCESSED AND YOU WIL	F YOUR SOCIAL SECURIT ES OF COMPLIANCE WITH IRIES REQUIRED FOR LIC	Y NUMBER. YOUR SOCIAL S HANY JUDGMENT OR ORDER ENSURE, IF YOU FAIL TO DI FRANCHISE TAX BOARD, WE	SECURITY NUMBER WILL R FOR FAMILY SUPPORT I SCLOSE YOUR SOCIAL SE TICH MAY ASSESS A \$100	BE USED EXCLU N ACCORDANCE CURITY NUMBE PENALTY AGAIN	JSIVELY FOR TAX EWITH FAMILY CODE R, YOUR APPLICATION IST YOU.		
Do you have a passport?	☐ YES ☐ NO	IF YES, IDENTIFY ALL COU	NTRIES THAT HAVE ISSU	ED YOU A PASSI	PORT IN THE LAST 10 YEARS		
RELATIONSHIP TO OWNER CATEGORY I LIST ALL THAT APPLY:	LICENSEE						
☐ Sole Proprietor	□ Officer	□ Trustor		☐ Financi	al Interest Holder		
☐ General Partner	□ Director	☐ Trustee		□ TPPPS	Funding Source		
☐ Limited Partner	□ Landlord	□ Сиптепт	Beneficiary	□ Comm	mity Property Interest		
□ Shareholder	□ LLC Member	[] Conting	ent Beneficiary	□ Other:			
SECTION 2: FAMILY/COHA	BITANT INFORM	AFION					
A) RELATIONSHIP STATUS							
☐ SINGLE ☐ MARRIED	☐ REGISTERE	D DOMESTIC PARTNER	DIVORCED	Widowed	☐ SEPARATED		
B) Current Spouse/Registered Do	MESTIC PARTNER						
FULL NAME: LAST	FIRST	M	IIDDLE		FORMER NAME		
DATE OF BIRTH (MM/DD/YYYY)	1	D	ATE OF MARRIAGE/REGIS	STRATION (MM/I	DD/YYYY)		
RESIDENCE IF DIFFERENT FROM APPLIC	ANT (STREET, CITY, STAT	E, ZIP CODE)		·			

C) Former Spouse/Registered L	OMESTIC P	ARTNER								
FULL NAME: LAST		FIRST			MIDDLE		-	FORMER	NAME	
DATE OF BIRTH (MM/DD/YYYY)	TH (MM/DD/YYYY) DATE OF MARRIAGE/REGISTRATIO (MM/DD/YYYY)		ATION	DN DATE OF DIVORCE (MM/DD/YYYY)				STATE IN WHICH DIVORCE OCCURRED		
D) DO YOU HAVE ANY IMMEDIATE INTEREST IN, OR ARE EMPLOYED IF YES, PROVIDE THE FOLLOWING DETAIL	BY, A GAMI			MMATES W	HO CURRE	NTLY HAVE A FIN	ANCIAL	Г	YES N	
I) FULL NAME: LAST	FIRST	(1915年) (1916年) (2016年) (1916年) 	<u> </u>	MI	FORM	ER NAME	RE	LATIONSHIP		
NAME OF BUSINESS			-	FINANCI	AL INTERE	ST (INC. PERCENT	AGE OWN	ED) AND/OR I	POSITION HELD	
2) FULL NAME: LAST	FIRST			MI	FORM	ER NAME	RE	LATIONSHIP		
NAME OF BUSINESS				FINANCI	AL INTERE	ST (INC. PERCENT.	AGE OWN	ED) AND/OR I	OSITION HELD	
E) CHILDREN AND DEPENDENTS	OR HEGOLOGY		5 6 6 8 gl/ 5 7 3 4 4 5					10 July] _{N/A}	
PROVIDE THE FOLLOWING INFORMATION T NAME (LAST, FIRST, MIDDLE, FORMER	<u> </u>	DATE OF BIRTH	ATURAL,		SIDENCE ADI	11 12 14 14 14 14 14 14 14 14 14 14 14 14 14		ELATIONSHIP	Occupation	
										
	···									
F) CO-HABITANTS AND ROOMMATI PROVIDE THE FOLLOWING INFORMATION F		ns 18 years of age or old	ER (NOT 0	THERWISE DIS	CLOSED) WITI	ł whom you reside.	er son en 164 En 1841 (1849) Mariantia] _{N/A}	
Name (Last, First, Middle, Former	Name)	DATE OF BIRTH	Емі	PLOYER/OCCU	PATION	Employer Ad	DRESS AND	TELEPHONE	RELATIONSHIP	
					 _					
	<u> </u>									
				sone version	7 1. C. (1. C.)			es en v		
G) PARENTS AND STEP-PARENTS PROVIDE THE FOLLOWING INFORMATION F OCCUPATION.	OR YOUR PARE		carspatu.	IST LAST OCCU		F DECRASED, PROVIDE	SWITH COME	ered blending		
NAME (LAST, FIRST, MIDDLE, FORMER		DATE OF BIRTH			SIDENCE ADD		RE	LATIONSHIP	OCCUPATION	
						- 			· · · · · · · · · · · · · · · · · · ·	

Individual Owner/Principal: Supplemental Information Page 4 of 15

H) SIBLINGS PROVIDE THE FOLLOWING INFORMATION FOR YOUR BRO PROVIDE DATE OF DEATH AND LIST LAST ADDRESS AND		RS, AND STEP-SISTERS. IF RETI	IRED, LIST LAST OCCUPATION	n, or if deceased,	□ N/A				
Name (Last, First, Middle, Former Name)	NAME (LAST, FIRST, MIDDLE, FORMER NAME) DATE OF BIRTH			RELATIONSHIP	OCCUPATION				
			MARK AND THE STATE OF THE STATE						
<u> </u>	1								
SECTION 3: MILITARY EXPERIE	NEE	against a grant		STATES STATES	der program (* 1864) Stanton (* 1864)				
IF YES, PROVIDE THE FOLLOWING DETAILS. (IF THE MILI	A) HAVE YOU EVER SERVED IN ANY ARMED FORCES? 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 F	ROM (MM/DD/YYYY)	DATES OF SERVICE	E TO (MM/DD/YYYY)				
RANK AT SEPARATION			S	SERVICE NUMBER					
TYPE OF DISCHARGE: OTHER	ORABLE GEN	IERAL OTH	IER THAN HONORABLE	BAD CONDUCT	☐ DISHONORABLE				
B) HAVE YOU EVER BEEN CONVICTED IN A COL IF YES, PROVIDE THE FOLLOWING DETAILS.	rt-martial?				YES NO				
DATE (MM/DD/YYYY) FINAL CH	ARGE		COURT LOCATION (C	TTY, STATE/PROVINC	E/COUNTRY)				
EXPLAIN THE INCIDENT THAT LED TO THE COUR	T-MARTIAL AND PROVIE	DE RELATED DOCUMENTS	<u></u>						
•									

The second secon	HONS/BENDING, CURRENT AND PAST LITT	GATION AND ARBITRATION						
FOR THE FOLLOWING SECTION:								
YOU <u>ARE</u> REQUIRED TO DISCLOSE ANY AND ALL CRIMINAL CONVICTIONS REGARDLESS OF:								
1) THE DATE OF THE CONVICTION, I.E. IT MUST BE DISCLOSED <u>NO MATTER HOW OLD</u> 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:								
 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. Any conviction sealed pursuant to a court order. Please note that any convictions reduced, expunded, 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 <u>EVER</u> BEEN CONVICTED OR PLEI	O GUILTY OR NOLO CONTENDERE (NO CONTEST) TO A MISDEN	EANOR OR FELONY?						
IF YES, PROVIDE THE FOLLOWING DETAILS FOR EACH CO	ONVICTION							
IF YOU REQUIRE ADDITIONAL SPACE FOR EITHER THE NU THIS FORM.	IMBER OF CONVICTIONS OR TO EXPLAIN THE FACTUAL CIRCUMSTANCES, PLEA	SE ATTACH ANOTHER PAGE TO. YES NO						
IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUE	, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE T MITTED AND LICENSURE GRANTED.	HE LAST TIME THIS FORM OR						
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.							
IDENTIFY CRIMINAL CONVICTIONS BELOW	AND ON A SEPARATE PIECE OF PAPER EXPLAIN THE FACTUAL	CIRCUMSTANCES THAT LED TO THE CONVICTION.						
IDENTIFY CRIMINAL CONVICTIONS BELOW. 2) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY)	AND ON A SEPARATE PIECE OF PAPER EXPLAIN THE FACTUAL ARRESTING AGENCY	CIRCUMSTANCES THAT LED TO THE CONVICTION. COURT LOCATION (CITY, STATE)						
2) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY)	·	COURT LOCATION (CITY, STATE)						
2) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY) IDENTIFY CRIMINAL CONVICTIONS BELOW	ARRESTING AGENCY AND ON A SEPARATE PIECE OF PAPER EXPLAIN THE FACTUAL	COURT LOCATION (CITY, STATE) CIRCUMSTANCES THAT LED TO THE CONVICTION.						
2) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY) IDENTIFY CRIMINAL CONVICTIONS BELOW	ARRESTING AGENCY AND ON A SEPARATE PIECE OF PAPER EXPLAIN THE FACTUAL	COURT LOCATION (CITY, STATE) CIRCUMSTANCES THAT LED TO THE CONVICTION.						
2) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY) IDENTIFY CRIMINAL CONVICTIONS BELOW B) HAVE YOU EVER BEEN REMOVED FROM OR I WAGERING ESTABLISHMENT?	ARRESTING AGENCY AND ON A SEPARATE PIECE OF PAPER EXPLAIN THE FACTUAL	COURT LOCATION (CITY, STATE) CIRCUMSTANCES THAT LED TO THE CONVICTION. OR PARI-MUTURE YES NO						
2) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY) IDENTIFY CRIMINAL CONVICTIONS BELOW B) HAVE YOU EVER BEEN REMOVED FROM OR I WAGERING ESTABLISHMENT?	ARRESTING AGENCY AND ON A SEPARATE PIECE OF PAPER EXPLAIN THE FACTUAL PROHIBITED FROM ENTERING THE PREMISES OF ANY GAMING IBLING ACTIVITIES THAT YOU KNEW OR SHOULD HAVE KNOW	COURT LOCATION (CITY, STATE) CIRCUMSTANCES THAT LED TO THE CONVICTION. OR PARI-MUTUEL YES NO						
2) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY) IDENTIFY CRIMINAL CONVICTIONS BELOW A B) HAVE YOU EVER BEEN REMOVED FROM OR I WAGERING ESTABLISHMENT? C) HAVE YOU EVER ENGAGED IN ILLEGAL GAM	ARRESTING AGENCY AND ON A SEPARATE PIECE OF PAPER EXPLAIN THE FACTUAL PROHIBITED FROM ENTERING THE PREMISES OF ANY GAMING IBLING ACTIVITIES THAT YOU KNEW OR SHOULD HAVE KNOW	CIRCUMSTANCES THAT LED TO THE CONVICTION. OR PARI-MUTUEL N WERE ILLEGAL? OR YES NO						
2) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY) IDENTIFY CRIMINAL CONVICTIONS BELOW A B) HAVE YOU EVER BEEN REMOVED FROM OR I WAGERING ESTABLISHMENT? C) HAVE YOU EVER ENGAGED IN ILLEGAL GAM D) HAVE YOU EVER BEEN FOUND IN VIOLATION	ARRESTING AGENCY AND ON A SEPARATE PIECE OF PAPER EXPLAIN THE FACTUAL PROHIBITED FROM ENTERING THE PREMISES OF ANY GAMING BLING ACTIVITIES THAT YOU KNEW OR SHOULD HAVE KNOW NOF ANY CAMPAIGN LAWS?	CIRCUMSTANCES THAT LED TO THE CONVICTION. OR PARI-MUTUEL: N WERE ILLEGAL? YES NO						
2) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY) IDENTIFY CRIMINAL CONVICTIONS BELOW A B) HAVE YOU EVER BEEN REMOVED FROM OR I WAGERING ESTABLISHMENT? C) HAVE YOU EVER BEEN FOUND IN VIOLATION E) ARE YOU CURRENTLY ON PROBATION?	ARRESTING AGENCY AND ON A SEPARATE PIECE OF PAPER EXPLAIN THE FACTUAL PROHIBITED FROM ENTERING THE PREMISES OF ANY GAMING BLING ACTIVITIES THAT YOU KNEW OR SHOULD HAVE KNOW NOF ANY CAMPAIGN LAWS?	CIRCUMSTANCES THAT LED TO THE CONVICTION. OR PARI-MUTUEL: N WERE ILLEGAL? YES NO						
2) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY) IDENTIFY CRIMINAL CONVICTIONS BELOW A B) HAVE YOU EVER BEEN REMOVED FROM OR I WAGERING ESTABLISHMENT? C) HAVE YOU EVER BEEN FOUND IN VIOLATION E) ARE YOU CURRENTLY ON PROBATION?	ARRESTING AGENCY AND ON A SEPARATE PIECE OF PAPER EXPLAIN THE FACTUAL PROHIBITED FROM ENTERING THE PREMISES OF ANY GAMING BLING ACTIVITIES THAT YOU KNEW OR SHOULD HAVE KNOW NOF ANY CAMPAIGN LAWS?	CIRCUMSTANCES THAT LED TO THE CONVICTION. OR PARI-MUTUEL: N WERE ILLEGAL? YES NO						
2) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY) IDENTIFY CRIMINAL CONVICTIONS BELOW A B) HAVE YOU EVER BEEN REMOVED FROM OR I WAGERING ESTABLISHMENT? C) HAVE YOU EVER BEEN FOUND IN VIOLATION E) ARE YOU CURRENTLY ON PROBATION?	ARRESTING AGENCY AND ON A SEPARATE PIECE OF PAPER EXPLAIN THE FACTUAL PROHIBITED FROM ENTERING THE PREMISES OF ANY GAMING BLING ACTIVITIES THAT YOU KNEW OR SHOULD HAVE KNOW NOF ANY CAMPAIGN LAWS?	CIRCUMSTANCES THAT LED TO THE CONVICTION. OR PARI-MUTUEL: N WERE ILLEGAL? YES NO						

F) HAVE YOU EVER BEEN FOUND COUNTRY?	IN VIOLATION OF THE U.S. FOREIGN CORRUPT F	PRACTICES ACT OR EQUIVALENT IN ANO	OTHER YES NO
IF YES TO ANY OF THE ABOVE, PRO	OVIDE DETAILS.		
G) HAVE YOU, AS AN INDIVIDUAL	일 모양하고 말까지 하시아 살을 내고가 그 때에게 되었습니?	y, been party to a lawsuit or arbit	RATION
(MM/DD/YYYY)			
COURT LOCATION (CITY, STAT	E)	DISPOSITION DATE (MM/DD/YYYY)	FINAL DISPOSITION
2) APPROXIMATE DATE FILED	PARTÍES INVOLVED		CASE NUMBER
(MM/DD/YYYY)	PARTIES INVOLVED		CASE NOWBER
COURT LOCATION (CITY, STAT		DISPOSITION DATE (MM/DD/YYYY)	FINAL DISPOSITION
BRIEFLY EXPLAIN THE GENER.	AL SUBJECT OF LITIGATION		

		The second second second				
hand a second of the second of		MOST RECENT FIRST, INCLUDING APARTMENT NUMBER. DO NOT U		NCE). PROVIDE COM	IPLETE ADDRE	ESSES AND
IF THIS APPLICANT CURRENTLY HOLDS INFORMATION FORM WAS SUBMITTED A		ON NEED ONLY BE ANSWERED IN A MANNE	R TO UPDATE SINCE THE LAST	TIME THIS FORM OR ANOT	HER SUPPLEMENT	AL
1) CURRENT ADDRESS (NUMBER	R/STREET/APT)	<u>ne il attrible dat rivitti, ett il il en il il en il en en e</u>	(1888) 1. 1868 N.H. (18. 18.	<u>, de 1960, pae 11</u> les del 19 ₉	FROM (MM/	DD/YYYY)
CITY	STATE	COUNTRY IF OUTSIDE U.S.	Z	IP CODE		
A) FORMER ADDRESS OVER THE					Own	☐ RENT
2) FORMER ADDRESS (NUMBER/	'STREET/APT)		ļ FI	ROM (MM/DD/YYYY)	TO (MM/DD/	YYYY)
CITY	STATE	COUNTRY IF OUTSIDE U.S.	Z	IP CODE	Own	□ RENT
3) FORMER ADDRESS (NUMBER/	/STREET/APT)		FI	ROM (MM/DD/YYYY)	TO (MM/DD/	
CITY	STATE	COUNTRY IF OUTSIDE U.S.		IP CODE	Own	☐ RENT
4) FORMER ADDRESS (NUMBER/	'STREET/APT)		FI	ROM (MM/DD/YYYY)	TO (MM/DD/	YYYY)
CITY	STATE	COUNTRY IF OUTSIDE U.S.	Z	IP CODE	Own	RENT
SECTION 6: EXPERIE	NCE AND EMPLO	YMENT	24.56 A 1.56	Secretary and the	and September	
TITLE/DUTIES SECTION, EXPLAI			ENT CONTRACTOR, ETC.), FOR UNEMPLOYEE	PERIODS, IN	ALL JOBS, THE JOB
						THE JOB
TETHIS APPLICANT CURRENTLY HOLDS / INFORMATION FORM WAS SUBMITTED A 1) CURRENT EMPLOYER	A VALID LICENSE, THIS QUESTIO	YOURSELF.	R TO UPDATE SINCE THE LAST		HER SUPPLEMENT	THE JOB
IF THIS APPLICANT CURRENTLY HOLDS INFORMATION FORM WAS SUBMITTED A	A VALID LICENSE, THIS QUESTIO	YOURSELF.			HER SUPPLEMENT	THE JOB
TETHIS APPLICANT CURRENTLY HOLDS / INFORMATION FORM WAS SUBMITTED A 1) CURRENT EMPLOYER	A VALID LICENSE, THIS QUESTIO	YOURSELF.	R TO UPDATE SINCE THE LAST	TIME THIS FORM OR ANOTH	HER SUPPLEMENT FROM (MM/	THE JOB AC DD/YYYY)
IF THIS APPLICANT CURRENTLY HOLDS INFORMATION FORM WAS SUBMITTED A 1) CURRENT EMPLOYER JOB TITLE/DUTIES	A VALID LICENSE, THIS QUESTIO	YOURSELF.	R TO UPDATE SINCE THE LAST MONTHLY EARNINGS	TIME THIS FORM OR ANOTH	FROM (MM/	THE JOB
IF THIS APPLICANT CURRENTLY HOLOS INFORMATION FORM WAS SUBMITTED A 1) CURRENT EMPLOYER JOB TITLE/DUTIES ADDRESS CITY DO YOU HAVE A WRITTEN EN	A VALID LICENSE, THIS QUESTIO AND LICENSURE GRANTED.	YOURSELP.	R TO UPDATE SINCE THE LAST MONTHLY EARNINGS Y ZIP/POSTAL CODE ER?	GAMING RELATED? SUPERVISOR TELEPHONE NUMBI	FROM (MM/ YES ER	THE JOB AC AC DD/YYYYY) No
IF THIS APPLICANT CURRENTLY HOLOS INFORMATION FORM WAS SUBMITTED A 1) CURRENT EMPLOYER JOB TITLE/DUTIES ADDRESS CITY DO YOU HAVE A WRITTEN EN	A VALID LICENSE, THIS QUESTIO AND LICENSURE GRANTED.	YOURSELF. IN NEED ONLY BE ANSWERED IN A MANNE STATE/PROVINCE & COUNTR T WITH YOUR CURRENT EMPLOYE	R TO UPDATE SINCE THE LAST MONTHLY EARNINGS Y ZIP/POSTAL CODE ER?	GAMING RELATED? SUPERVISOR TELEPHONE NUMBI	FROM (MM/ YES ER	THE JOB AC DD/YYYYY) NO EXT
IF THIS APPLICANT CURRENTLY HOLDS INFORMATION FORM WAS SUBMITTED A 1) CURRENT EMPLOYER JOB TITLE/DUTIES ADDRESS CITY DO YOU HAVE A WRITTEN EN IF YES, PROVIDE A COPY, JE NOT	A VALID LICENSE, THIS QUESTIO AND LICENSURE GRANTED.	YOURSELF. IN NEED ONLY BE ANSWERED IN A MANNE STATE/PROVINCE & COUNTR T WITH YOUR CURRENT EMPLOYE ENT DUTY STATEMENT/JOB DESCRIPTION.	R TO UPDATE SINCE THE LAST MONTHLY EARNINGS Y ZIP/POSTAL CODE ER?	GAMING RELATED? SUPERVISOR TELEPHONE NUMBI	FROM (MM/ YES ER YES TO (MM.	THE JOB AC DD/YYYY) No EXT No //DD/YYYY)
IF THIS APPLICANT CURRENTLY HOLOS INFORMATION FORM WAS SUBMITTED A 1) CURRENT EMPLOYER JOB TITLE/DUTIES ADDRESS CITY DO YOU HAVE A WRITTEN EN IF YES, PROVIDE A COPY, JE NOT 2) NAME OF PRIOR EMPLOYER	A VALID LICENSE, THIS QUESTIO AND LICENSURE GRANTED.	YOURSELF. IN NEED ONLY BE ANSWERED IN A MANNE STATE/PROVINCE & COUNTR T WITH YOUR CURRENT EMPLOYE ENT DUTY STATEMENT/JOB DESCRIPTION.	R TO UPDATE SINCE THE LAST MONTHLY EARNINGS Y ZIP/POSTAL CODE 3R?	GAMING RELATED? SUPERVISOR TELEPHONE NUMBI	FROM (MM/ YES ER	THE JOB ALL ALL ALL ALL ALL ALL ALL ALL ALL AL
IF THIS APPLICANT CURRENTLY HOLOS INFORMATION FORM WAS SUBMITTED A 1) CURRENT EMPLOYER JOB TITLE/DUTIES ADDRESS CITY DO YOU HAVE A WRITTEN EN IP YES, PROVIDE A COPY. JE NOT 2) NAME OF PRIOR EMPLOYER JOB TITLE/DUTIES	A VALID LICENSE, THIS QUESTIO AND LICENSURE GRANTED. MPLOYMENT AGREEMENT TSUBMIT A COPY OF YOUR CURR	YOURSELF. IN NEED ONLY BE ANSWERED IN A MANNE STATE/PROVINCE & COUNTR T WITH YOUR CURRENT EMPLOYE ENT DUTY STATEMENT/JOB DESCRIPTION.	R TO UPDATE SINCE THE LAST MONTHLY EARNINGS Y ZIP/POSTAL CODE 3R?	GAMING RELATED? SUPERVISOR TELEPHONE NUMBI FROM (MM/DD/YYY GAMING RELATED?	FROM (MM/ YES ER YES YES YES	THE JOB ALL ALL DD/YYYYY) NO EXT NO //DD/YYYYY)
IF THIS APPLICANT CURRENTLY HOLOS INFORMATION FORM WAS SUBMITTED A 1) CURRENT EMPLOYER JOB TITLE/DUTIES ADDRESS CITY DO YOU HAVE A WRITTEN EN IP YES, PROVIDE A COPY. IF NOT 2) NAME OF PRIOR EMPLOYER JOB TITLE/DUTIES ADDRESS ADDRESS	A VALID LICENSE, THIS QUESTION OF LICENSURE GRANTED. MPLOYMENT AGREEMENT SUBMIT A COPY OF YOUR CURR	YOURSELF. IN NEED ONLY BE ANSWERED IN A MANNE STATE/PROVINCE & COUNTR T WITH YOUR CURRENT EMPLOYE ENT DUTY STATEMENT/108 DESCRIPTION.	MONTHLY EARNINGS Y ZIP/POSTAL CODE SR? MONTHLY EARNINGS	GAMING RELATED? SUPERVISOR TELEPHONE NUMBI FROM (MM/DD/YYY GAMING RELATED? SUPERVISOR	FROM (MM/ YES ER YES YES YES	THE JOB AC DD/YYYYY) NO EXT NO /DD/YYYY) NO

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3) CI	URRENT EMPLOYER							FRC	OM (MM	I/DD/Y	(YYY)
	JOB TITLE/DUTIES MONTHLY EARNINGS ADDRESS						TED?		YES		No
A	DDRESS				SUPERVISOR						
C	TTY -	S	TATE/PROVINCE & CO	OUNTR	ZIP/POSTAL CODE	TELEPHONE	NUMBE	ER		F	EXT
R	EASON FOR LEAVING. IF TERMINATED, EXPLAIN	THE CIRC	UMSTANCES.			<u> </u>				l_	
4) NAME OF PRIOR EMPLOYER							DD/YYY	Y)	TO (MN	//DD/	YYYY)
JOB TITLE/DUTIES MONTHLY EARNINGS						GAMING RELA	red?		YES		No
A	DDRESS		71.64 *******			SUPERVISOR					
CI	TTY	STATE/I	PROVINCE & COUNTR	RY	ZIP/POSTAL CODE	TELEPHONE	NUMBE	ER		Ē	XT
REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES. SECTION 7: LIGENSING INFORMATION A) HAVE YOU 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 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. I) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER TYPE OF APPLICATION ISSUING AGENCY] No		
	CITY, COUNTY, STATE/PROVINCE, COUNTRY				CTION TAKEN (ISSUED, I EVOKED, OTHER)	D, DENIED, SUSPENDED, PENDING, WITHDRAWN,					RAWN,
0.75	IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, BRIEFLY EXPLAIN THE CIRCUMSTANCES.										
2) LI	CENSE/PERMIT/CERTIFICATION/REGISTRATION N	UMBER	TYPE OF APPLICAT	TION			ISSUIN	₹G AG	ENCY		
	DATE HELD FROM (MM/DD/YYYY)			DATE	HELD TO (MM/DD/YYYY)					
	CITY, COUNTY, STATE/PROVINCE, COUNTRY				CTION TAKEN (ISSUED, I EVOKED, OTHER)	DENIED, SUSPE	NDED,	PEND	ING, W	THDE	RAWN,
	IF DENIED, SUSPENDED, WITHDRAWN, REVOK	ED, OR CO	NDITIONED, BRIEFLY	I Y EXPLA	IN THE CIRCUMSTANCE	S.					

INTE	IAVE YOU EVER BEEN DISCIPLINED, FINI RNATIONAL)? YES, PROVIDE THE FOLLOWING DETAIL	ED, ETC. BY A GAMING	G REGULATORY AG		☐ YES ☐ NO				
	THIS APPLICANT CURRENTLY HOLDS A VALID LICE IOTHER SUPPLEMENTAL INFORMATION FORM WAS			A MANNER TO UPDATE SINCE THE LAST TIME T	HIS FORM OR				
ISSUI	ING AGENCY	DATE OF FINAL ACT (MM/DD/YYYY)	TION	ACTION TAKEN (SUSPENDED, REVOKED, ETC.)	CITY, COUNTY, STATE/PROVINCE, COUNTRY				
BRIE	FLY EXPLAIN THE CIRCUMSTANCES ANI	D INCLUDE ANY AMOU	UNTS PAID.	<u>. I </u>	1				
- a 5.4		and the control of the second of the second							
C) H. FIN FIN IF AM	C) Have you ever held or applied for a vocational, professional, or occupational license, permit, certificate, or finding of suitability <u>not</u> related to gaming? Have you ever had <u>any</u> other license permit, certification, or finding of suitability <u>not</u> related to gaming denied, suspended, or revoked? 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.								
1) LIC	CENSE/PERMIT/CERTIFICATION/REGISTRA	ATION NUMBER T	TYPE OF APPLICAT	ION	ISSUING AGENCY				
	DATE HELD FROM (MM/DD/YYYY)	1		DATE HELD TO (MM/DD/YYYY)					
	CITY, COUNTY, STATE/PROVINCE, COL	UNTRY	ACTION TAKEN	I (ISSUED, DENIED, SUSPENDED, PENDI	NG, WITHDRAWN, REVOKED, OTHER)				
	IF DENIED, SUSPENDED, WITHDRAWN,	, REVOKED, OR CONDI	ITIONED, BRIEFLY	EXPLAIN THE CIRCUMSTANCES.					
2) LIC	CENSE/PERMIT/CERTIFICATION/REGISTRA	ATION NUMBER T	TYPE OF APPLICATI	ION	ISSUING AGENCY				
	DATE HELD FROM (MM/DD/YYYY)			DATE HELD TO (MM/DD/YYYY)					
	CITY, COUNTY, STATE/PROVINCE, COU	UNTRY	ACTION TAKEN	I (ISSUED, DENIED, SUSPENDED, PENDI	NG, WITHDRAWN, REVOKED, OTHER)				
	IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, BRIEFLY EXPLAIN THE CIRCUMSTANCES.								
3) LIC	TENSE/PERMIT/CERTIFICATION/REGISTRA	ATION NUMBER T	TYPE OF APPLICATI	ION	ISSUING AGENCY				
	DATE HELD FROM (MM/DD/YYYY)			DATE HELD TO (MM/DD/YYYY)					
	CITY, COUNTY, STATE/PROVINCE, COU	UNTRY	ACTION TAKEN	I (ISSUED, DENIED, SUSPENDED, PENDIN	NG, WITHDRAWN, REVOKED, OTHER)				
	IF DENIED, SUSPENDED, WITHDRAWN,	, REVOKED, OR CONDI	ITIONED, BRIEFLY	EXPLAIN THE CIRCUMSTANCES.					

SECTIONS: BUSINESS INTEREST	- GAMING RELATED		erin kan di sama di sa Mangangan di sama di s			
A) WILL YOU HAVE ANY INVOLVEMENT IN THE IDENTIFIED ON PAGE ONE? IF YES, EXPLAIN BELOW. IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBA	THIS QUESTION NEED ONLY BE ANSW	/ERED IN A MAN			□ YES	□ No
B) HAS YOUR INTEREST IN THE GAMBLING ENTE PERSON, FIRM, OR CORPORATION, OR HAS AN PLEDGED, OR SOLD EITHER IN WHOLE OR IN PA IF YES, EXPLAIN BELOW.	Y AGREEMENT BEEN ENTERE				□ Yes	□ No
C) OTHER THAN THE CARDROOM BUSINESS LICE FINANCIAL INTEREST IN ANY GAMING RELATE IF YES, PROVIDE THE FOLLOWING DETAILS. IF NECESSARI IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBM	NSE OR TPPPS BUSINESS LIC D VENTURE OR BUSINESS EN 7, ATTACH A SEPARATE SHEET OF PAI THIS QUESTION NEED ONLY BE ANSW	CENSE IDENT TITY WITHIN PER.	THE LAST 10 YEARS?	DA	☐ YE\$	□ No
1) NAME OF BUSINESS ENTITY	BUSINESS TELEPHONE	NUMBER	INVOLVED FROM (MM/DD/YYYY)	INVOLVE	D TO (MM/E	DD/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREE	T, CITY, STATE, ZIP CODE)	PRIMARY F	PURPOSE OF BUSINESS	<u>, </u>		
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES	SHARING INT	EREST AND PERCENTAGE OWNED			
2) NAME OF BUSINESS ENTITY	BUSINESS TELEPHONE	NUMBER	INVOLVED FROM (MM/DD/YYYY)	INVOLVE	D TO (MM/Ľ	DD/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREE	T, CITY, STATE, ZIP CODE)	PRIMARY I	PURPOSE OF BUSINESS			
YOUR CAPACITY/ITTLE	INDIVIDUALS OR ENTITIES	I SHARING INT	EREST AND PERCENTAGE OWNED			
3) NAME OF BUSINESS ENTITY	BUSINESS TELEPHONE	NUMBER	INVOLVED FROM (MM/DD/YYYY)	INVOLVE	D TO (MM/D	D/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREE	Γ, CITY, STATE, ZIP CODE)	PRIMARY F	URPOSE OF BUSINESS			
YOUR CAPACITY/ITTLE	INDIVIDUALS OR ENTITIES	 SHARING INT	EREST AND PERCENTAGE OWNED			
4) NAME OF BUSINESS ENTITY	BUSINESS TELEPHONE	NUMBER	INVOLVED FROM (MM/DD/YYYY)	INVOLVE	D TO (MM/D	D/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREE	T, CITY, STATE, ZIP CODE)	PRIMARY I	PURPOSE OF BUSINESS			· · · · · · · · · · · · · · · · · · ·
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES S	I SHARING INT	EREST AND PERCENTAGE OWNED			

S	ECUION 9: BUSINESS INTEREST	= NON-GAMING RE	LATED	
Н	AVE YOU HELD A FINANCIAL INTEREST IN AN IF YES, PROVIDE THE FOLLOWING DETAILS. IF NECESSAR			
	IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUB		WERED IN A MANNER TO UPDATE SIN	ICE THE LAST TIME THIS FORM OR
1)	NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY) TO (MM/DD/YYYY)
L	BUSINESS ENTITY MAILING ADDRESS (STREE	ET, CITY, STATE, ZIP CODE)	PRIMARY PURPOSE OF BUS	SINESS
	YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES	SHARING INTEREST AND PER	RCENTAGE OWNED
2)	NAME OF BUSINESS ENTITY	· · · · · · · · · · · · · · · · · · ·	BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY) TO (MM/DD/YYYY)
L	BUSINESS ENTITY MAILING ADDRESS (STREE	ET, CITY, STATE, ZIP CODE)	PRIMARY PURPOSE OF BUS	SINESS
	YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES	SHARING INTEREST AND PER	CENTAGE OWNED
3)	NAME OF BUSINESS ENTITY	52 	BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY) TO (MM/DD/YYYY)
	BUSINESS ENTITY MAILING ADDRESS (STREE	ET, CITY, STATE, ZIP CODE)	PRIMARY PURPOSE OF BUS	SINESS
	YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES	SHARING INTEREST AND PER	CENTAGE OWNED
4)	NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY) TO (MM/DD/YYYY)
	BUSINESS ENTITY MAILING ADDRESS (STREE	ET, CITY, STATE, ZIP CODE)	PRIMARY PURPOSE OF BUS	SINESS
	YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES	SHARING INTEREST AND PER	CENTAGE OWNED
5)]	NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY) TO (MM/DD/YYYY)
	BUSINESS ENTITY MAILING ADDRESS (STREE	T, CITY, STATE, ZIP CODE)	PRIMARY PURPOSE OF BUS	INESS
	YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES	SHARING INTEREST AND PER	CENTAGE OWNED
6)	NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY) TO (MM/DD/YYYY)
	BUSINESS ENTITY MAILING ADDRESS (STREE	T, CITY, STATE, ZIP CODE)	PRIMARY PURPOSE OF BUS	INESS
	YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES	SHARING INTEREST AND PER	CENTAGE OWNED
7) i	NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY) TO (MM/DD/YYYY)
	BUSINESS ENTITY MAILING ADDRESS (STREE	T, CITY, STATE, ZIP CODE)	PRIMARY PURPOSE OF BUS	INESS
	YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES	I SHARING INTEREST AND PER	CENTAGE OWNED

SECTION 10	e personal financial	LHISTORY		And the second		
IF YES, PROVIDE A	ILED FOR BANKRUPTCY WITHIN THE A COPY OF THE BANKRUPTCY PETITION/ORDE IT CURRENTLY HOLDS A VALID LICENSE, THIS IMENTAL INFORMATION FORM WAS SUBMITT	DER AND THE FOLLOWING DETAILS. IS QUESTION NEED ONLY BE ANSWER		SINCE THE LAST TIME THIS FORM OR	☐ YES	□ No
DATE FILED (MM/	I/DD/YYYY)	CASE NUMBER (IF KNOWN	4)	DATE OF DISCHARGE (MM/DI	D/YYYY)	
	CT COURT WHERE FILED		AMOUNT OF DISCHAR			
	N THE CIRCUMSTANCES THAT LED 1					
B) HAVE YOU HA IF YES, PROVIDE T IF THIS APPLICANT	AD ANY JUDGMENT OR LIEN FILED A THE FOLLOWING DETAILS. T CURRENTLY HOLDS A VALID LICENSE, THIS MENTAL INFORMATION FORM WAS SUBMITTE	AGAINST YOU OR HAD YOUR S QUESTION NEED ONLY BE ANSWER TED AND LICENSURE GRANTED.	R WAGES GARNISHED W RED IN A MANNER TO UPDATE	ITHIN THE LAST 10 YEARS? SINCE THE LAST TIME THIS FORM OR	☐ Yes	□ No
☐ JUDGMENT ☐ LIEN	DATE FILED (MM/DD/YYYY)	NAME OF PERSON/ENTITY	THAT FILED THE JUDG	MENT OR LIEN	<u> I</u>	
THE COURT	S, ATTACH A COPY OF THE PAYMEN' T OR CREDITOR. IF YOU ARE NOT M TO SATISFY THE JUDGMENT/LIEN. DATE FILED (MM/DD/YYYY)		N HOW	MENT OR LIEN		
LIEN	HE REASON FOR THE JUDGMENT/LIE	FN IF SATISFIED PROVIDE	A COPY NAME OF PI	ERSON ENTITY JUDGMEN'I OR LIEN	N WAS FILED ,	AGAINST
OF THE REL PAYMENTS THE COURT	LEASE. IF JUDGMENT/LIEN IS NOT S. 5, ATTACH A COPY OF THE PAYMENT I OR CREDITOR. IF YOU ARE NOT M. TO SATISFY THE JUDGMENT/LIEN.	ATISFIED, AND YOU ARE MA T PLAN/AGREEMENT PROVID	AKING DED BY		, w. 6. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
IF YES, PROVIDE T IF THIS APPLICANT	ZEN AUDITED BY ANY TAX AUTHORI THE FOLLOWING DETAILS. F CURRENTLY HOLDS A VALID LICENSE, THIS MENTAL INFORMATION FORM WAS SUBMITTE	SQUESTION NEED ONLY BE ANSWER		SINCE THE LAST TIME THIS FORM OR	☐ Yes	□ No
AGENCY (STATE/F	FEDERAL/FOREIGN)	DATE AUDIT COMMENCED) (MM/DD/YYYY)	TAX YEAR AUDITED (MM/DD.	YYYYY)	
EXPLAIN FINDING	·S					

D) HAVE YOU HAD ANY ASSETS REPOSSESSED OR HAD UNCOLLECTIBLE (CHARGE-OFF) FOR ANY REASON W IF YES, PROVIDE THE FOLLOWING DETAILS. DO NOT INCLUDE ANY	ITHIN THE LAST 10 YEARS? I INFORMATION PROVIDED BELOW IN PART E.		ED YES NO
IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUE ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED A 1) NAME OF CREDITOR			DATE OF ACTION (MM/DD/YYYY)
EXPLAIN THE REASON FOR THIS ACTION, ATTACE IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HE	H A COPY OF THE PAYMENT PLAN OR OTHER DOCUMI OW YOU PLAN TO REPAY THE DEBT(S).	ENT SHOWING HOW THE	
2) NAME OF CREDITOR	ACTION TAKEN (REPOSSESSION, COLLECTION	۷, CHARGE-OFF)	DATE OF ACTION (MM/DD/YYYY)
IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HO	HA COPY OF THE PAYMENT PLAN OR OTHER DOCUME DW YOU PLAN TO REPAY THE DEBT(S).	ant showing how the t	DEBT WILL BE SATISFIED.
3) NAME OF CREDITOR	ACTION TAKEN (REPOSSESSION, COLLECTION, CHA	ARGE-OFF)	DATE OF ACTION (MM/DD/YYYY)
IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HO E) HAVE YOU BEEN A PARTY TO A FORECLOSURE WITH IF YES, PROVIDE THE FOLLOWING DETAILS. FITHIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUE	IN THE LAST 10 YEARS?		YES NO
ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AT ADDRESS OF FORECLOSED PROPERTY (STREET, CITY, STATE, ZIP CODE)	ND LICENSURE GRANTED: DATE OF FORECLOSURE (MM/DD/YYYY)	NAME OF LENI	DER
EXPLAIN THE CIRCUMSTANCES THAT LEAD TO THE FORI	 ECLOSURE		
F) DO YOU OWN, CONTROL, OR MANAGE ANY ASSETS O IF YES, PROVIDE THE FOLLOWING DETAILS. IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUE ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AN	STION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE T		□ YES □ NO
I) DESCRIPTION OF ASSET/LIABILITY	DATE ACQUIRED (MM/DD/YYYY)	LOCATION (CIT COUNTRY)	TY, STATE/PROVINCE,
2) DESCRIPTION OF ASSET/LIABILITY	DATE ACQUIRED (MM/DD/YYYY)	LOCATION (CIT COUNTRY)	TY, STATE/PROVINCE,

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) NAME OF PERSON/ENTITY	RELATIONSHIP	PURPOSE	DESCRI	BE ASSET/LIABILITY	
R) NAME OF PERSON/ENTITY	RELATIONSHIP	PURPOSE	DESCRI	BE ASSET/LIABILITY	
H) IS YOUR INTEREST IN THIS OWNER CATEGORY LIC IF YES, YOU MUST ALSO COMPLETE AND SUBMIT A TRUST: SUP	ENSEE HELD BY A TRUST PLEMENTAL INFORMATION, CGO	(ESTATE PLANNING OR OTH CC-CH2-09 (New 05/20) and the	ER)? E APPROPRIATE APPLICAT	ON, YES NO	
NAME OF TRUST					
) DO YOU HAVE ANY AGREEMENTS OR CONTRACTS IF YES, PROVIDE THE FOLLOWING DETAILS.	WITH ANY PARTY, OTHER	THAN THE BUREAU-APPRO	VED TPPPS CONTR	ACT? YES NO	
) NAMES OF THE PARTIES TO THE AGREEMENT/CONT	RACT NAI	MES OF THE OWNERS AND E	XECUTIVES OF THE	OTHER PARTY	
TYPE OF AGREEMENT		OUNT PAID		FREQUENCY OF THE PAYMENT	
TERMS OF THE AGREEMENT	d-vrlu.				
) NAMES OF THE PARTIES TO THE AGREEMENT/CONT	RACT NAM	MES OF THE OWNERS AND E	XECUTIVES OF THE O	OTHER PARTY	
TYPE OF AGREEMENT		OUNT PAID	FREQUENCY OF THE PAYMENT		
TERMS OF THE AGREEMENT					
NAMES OF THE PARTIES TO THE AGREEMENT/CONT	RACT NAI	MES OF THE OWNERS AND E	XECUTIVES OF THE C	OTHER PARTY	
TYPE OF AGREEMENT	AM	OUNT PAID		FREQUENCY OF THE PAYMENT	
TERMS OF THE AGREEMENT					
NAMES OF THE PARTIES TO THE AGREEMENT/CONT	RACT NAM	MES OF THE OWNERS AND E	XECUTIVES OF THE C	OTHER PARTY	
TYPE OF AGREEMENT	AMO	OUN'T PAID		FREQUENCY OF THE PAYMENT	
TERMS OF THE AGREEMENT					
United vote or appropriately the value of the control of the contr				☐ YES ☐ No	
) Have you given or received any gift(s), whe aggregate exceeded \$10,000 in value in any If Yes, provide the following details.	ONE-YEAR PERIOD WITH				
AGGREGATE EXCEEDED \$10,000 IN VALUE IN ANY		AL AMOUNT OF GIFT	GIVEN C	R RECEIVED	

SECTION 11: ADDITIONAL REQUIRED THEMS
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-CHI-04 - Provide Original
El-Spousal Information, CGCC CH2 12 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
REQUEST FOR COPY OF PERSONAL INCOME OR FIDUCIARY TAX RETURN, FTB 3516 C1 PAGE 1
FEDERAL AND STATE INDIVIDUAL AND BUSINESS TAX RETURNS. INCLUDE ALL SCHEDULES AND ATTACHMENTS FOR THE LAST THREE YEARS
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 K4 from supplemental information: schedules, CGCC-CH2-11 – Provide Original
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.

	,		

State of California

Key Employee or TPPPS Supervisor: Supplemental Information

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Californi	ia Gambling Control Commission
В	UREAU USE ONLY
BGC ID#	
<u> </u>	



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 for a key employee of a cardroom business licensee, or supervisor of a TPPPS business licensee as defined by the Gambling Control Act (Act) and/or implementing administrative regulations, as applicable.

All responses must be <u>truthful and complete</u>. All responses and supplemental documentation are subject to verification and will be used to determine suitability under the Act and California Gambling Control 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 Nam	e

EXPROPAGRICAN L (CHECK APPROPRIATE BOX)	and the second second second
TPPPS Supervisor Licensee	KEY EMPLOYEE LICENSEE

Key Employee or TPPPS Supervisor: Supplemental Information Page 2 of 12

	TION IS PERSONAL IN	FORM	ATION .			erisa y egi iliye ili Siyas eti iliyasi ba		100 E 40			
FULL	NAME: LAST			FIRST			MID	DLE			
ALIA	S(ES), NICKNAME(S), OTHER FORM	MER LEGA	L NAMES	_l			——————————————————————————————————————				
CURF	RENT RESIDENCE (STREET, CITY, S	STATE, ZIP	CODE)								
PRIM	ARY TELEPHONE NUMBER		ALTERNATE T NUMBER	ELEPHONE	EMAIL	ADDRESS					
DATE	E OF BIRTH (MM/DD/YYYY)	DRIVER	R'S LICENSE/IDE	ENTIFICATION C	L 'ARD NUM	BER		STATE	EXPIRA (MM/DD	TION DATI /YYYY)	E
IF BO	ORN OUTSIDE THE U.S., IDENTIFY Y	OUR ELIC	BIBILITY TO WO	ORK IN THE U.S.	AND PROV	IDE SUPPORTING DO	CUMENTAT	ION	_l_		
			ZED CITIZEN		MENT AUTHO		OTHER:				
IF RE	SIDENT ALIEN OR NATURALIZED	CITIZEN, F	ROVIDE YOUR	A-NUMBER	SO	CIAL SECURITY NUM	BER				
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A) R	ELATIONSHIP STATUS		REGISTER		rner [Dryorced	□ w	IDOWED		☐ SEPAR	ATED
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A) Ri A) C FULL DATE RESID	ELATIONSHIP STATUS SINGLE	OMESTIC I	REGISTER PARTNER FIRST REET, CITY, STA	ED DOMESTIC PART		MIDDLE DATE OF MARRIAG	E/REGISTRA	TION (MM	I/DD/YYYY	JAME	
A) Ri A) C FULL DATE RESID B) FC FULL C) DC	ELATIONSHIP STATUS SINGLE	CANT (STR MESTIC P. DA (M	REGISTER PARTNER FIRST REET, CITY, STA ARTNER FIRST TE OF MARRIA M/DD/YYYY) 4BERS, COHAB	ED DOMESTIC PART TE, ZJP CODE) GE/REGISTRATI	ON	MIDDLE DATE OF MARRIAGO MIDDLE DATE OF DIVORCE (MM/DD/YYYY)	e/registr <i>a</i>	TION (MM	FORMER I	NAME NAME	
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A) Ri A) C FULL DATE RESID B) FC FULL C) Do IN IF Y	ELATIONSHIP STATUS SINGLE	CANT (STR MESTIC P. DA (M MILY MEM	REGISTER PARTNER FIRST REET, CITY, STA ARTNER FIRST TE OF MARRIA M/DD/YYYY) 4BERS, COHAB	ED DOMESTIC PART TE, ZJP CODE) GE/REGISTRATI	ON MMATES MI	MIDDLE DATE OF MARRIAG MIDDLE DATE OF DIVORCE (MM/DD/YYYY) WHO CURRENTLY FL	E/REGISTRA	STATOOCC	FORMER N TE IN WHIC URRED	NAME NAME H DIVORC	DE No

age 3 of 12		1 1		ı	
NAME OF BUSINESS		FINANCIAL INTERES	ST (INC. PERCENTAGE	DWNED) AND/OR PO	OSITION HELD
) CHILDREN AND DEPENDENTS PROVIDE THE FOLLOWING INFORMATION FOR EACH OF YO	DUR CHILDREN (INCLUDING NA	vtural, adopted, current foster	, and step-children) and	DEPENDENTS.] N/A
NAME (LAST, FIRST, MIDDLE, FORMER NAME)	DATE OF BIRTH	RESIDENCE ADI	DRESS	RELATIONSHIP	OCCUPATIO
) CO-HABITANTS AND ROOMMATES PROVIDE THE FOLLOWING INFORMATION FOR ANY PERSON	NS 18 YEARS OF AGE OR OLDE	r (NOT DISCLOSED ABOVE) WITH WH	OM YOU RESIDE.] N/A
NAME (LAST, FIRST, MIDDLE, FORMER NAME)	DATE OF BIRTH	EMPLOYER/OCCUPATION	EMPLOYER ADDRESS	AND TELEPHONE	RELATIONSE
·					
ECTION 3: MILITARY EXPERIEN	Œ.				
) HAVE YOU EVER SERVED IN ANY ARMED FOR IF YES, PROVIDE THE FOLLOWING DETAILS. (IF THE MILIT ANOTHER APPLICATION, ONE NEED NOT BE PROVIDED.)	CES? ARY SERVICE HAS ENDED AND) A DD-214 HAS BEEN PREVIOUSLY P	ROVIDED TO THE BUREAU A	S PART OF	Yes 🗆 1
ANCH OF SERVICE AND COUNTRY IF NOT THE	U.S.	DATES OF SERVICE FROM	(MM/DD/YYYY) DA	TES OF SERVICE TO	O (MM/DD/YY
NK AT SEPARATION			SERVI	CE NUMBER	
PE OF CHARGE: OTHER	RABLE GENE	ERAL OTHER THA	AN HONORABLE E	BAD CONDUCT	Dishonorab
HAVE YOU EYER BEEN CONVICTED IN A COUR	om sés para (2)		nasi iki kappatita (
THAVE YOU EYER BEEN CONVICTED IN A COUR IF YES, PROVIDE THE FOLLOWING DETAILS. TE (MM/DD/YYYY) FINAL CH/		CÓI	JRT LOCATION (CITY, S	STATE/PROVINCE/C	
		E RELATED DOCUMENTS			
PLAIN THE INCIDENT THAT LED TO THE COURT					
PLAIN THE INCIDENT THAT LED TO THE COURT					
PLAIN THE INCIDENT THAT LED TO THE COURT					
PLAIN THE INCIDENT THAT LED TO THE COURT					

SECTION 4: ORIMINAL	CONVICTIONS PENDING.	CURRENT AND PAST LITIGATION AND ARBITRATION				
FOR THE FOLLOWING SECTION:						
You <u>are</u> required to disclose any and all criminal convictions regardless of:						
1) THE DATE OF THE CONVICTION, LE. IT MUST BE DISCLOSED NO MATTER HOW OLD THE CONVICTION IS;						
I to the second of the second		WHETHER IT WAS A FELONY OR MISDEMEANOR, WHICH INCLUDES TRAFFIC UDING DRIVING UNDER THE INFLUENCE, DRIVING ON A SUSPENDED LICENSE, ETC.;				
	ICTION, I.E. IT MUST BE DISCLOSED YOU ARE ON OR OFF PROBATION; AN	REGARDLESS OF WHETHER YOU HAD THE CONVICTION REDUCED, DISMISSED, OR ID				
YOU ARE NOT REQUIRED TO DIS	CLOSE:					
1、はだきだだしゃも しょうかい さいしょ しゅうごう ちゅうしゃ だいしゅう		, IT IS YOUR RESPONSIBILITY TO VERIFY THE CIRCUMSTANCES AND STATUS OF ALL AS FAILING TO DISCLOSE A CONVICTION CAN WEIGH AGAINST YOUR APPLICATION				
		LEASE NOTE THAT ANY CONVICTIONS REDUCED, EXPUNGED, OR DISMISSED INCLUDING 3.45 ARE NOT SEALED AS A MATTER OF COURSE AND MUST STILL BE DISCLOSED.				
A) Have you <u>ever</u> been convic	TED OR PLED GUILTY OR NOLO CON	TENDERE (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,						
	VALID LICENSE, THIS QUESTION NEED ONLY E VFORM WAS SUBMITTED AND LICENSURE GRAI	SE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR				
1) APPROXIMATE DATE OF	ARRESTING AGENCY	COURT LOCATION (CITY, STATE)				
CONVICTION (MM/DD/YYYY)						
IDENTIFY CRIMINAL CONVICTI	I ONS BELOW AND ON A SEPARATE PIE	LECE 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 BELOW CO	 	CE OF PAPER EXPLAIN THE FACTUAL CIRCUMSTANCES THAT LED TO THE CONVICTION.				
B) Have you ever been removi wagering establishment?	D FROM OR PROHIBITED FROM ENTE	RING THE PREMISES OF ANY GAMING OR PARI-MUTUEL. YES NO				
C) HAVE YOU EVER ENGAGED IN ILLEGAL GAMBLING ACTIVITIES THAT YOU KNEW OR SHOULD HAVE KNOWN WERE ILLEGAL?						
D) Have you ever been found in violation of any campaign laws?						
E) ARE YOU CURRENTLY ON PROBATION?						
IF YES TO ANY OF THE ABOVE, PRO	VIDE DETAILS,					

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	Andrew Control of the		1 W 1774 1 8 8 1 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1	18 TO		
F) HAVE YOU, AS AN IND WITHIN THE LAST 10 Y	IVIDUAL OR IN CONNECTION	with any business entity, been part	Y TO A LAWSUIT OR ARBIT	RATION		
A lawsuit or arbitration	THAT HAS BEEN SEALED OR ALLOW	D TO PROCEED ANONYMOUSLY PURSUANT TO A CO	URT ORDER NEED NOT BE PROVIDE	3D. YES NO		
		ESTION NEED ONLY BE ANSWERED IN A MANNER TO IND LICENSURE GRANTED.	UPDATE SINCE THE LAST TIME TH	IS FORM OR		
1) APPROXIMATE DATE FILED (MM/DD/YYYY)	PARTIES INVOLVED	<u>. 18 - N. Gustafrik, B. St., Alberte Berthall and S. Gustafrik, Alberte St. (1988).</u>	<u> 1966 - Profesional Alberton, Profesional Abellon</u>	CASE NUMBER		
COURT LOCATION (CI	ΓΥ, STATE)	DISPOSITION DATE (MM/DD	YYYY)	FINAL DISPOSITION		
BRIEFLY EXPLAIN TH	E GENERAL SUBJECT OF LITTG	ATION				
AND				L GLOTT VID TO CO		
2) APPROXIMATE DATE FILED (MM/DD/YYYY)				CASE NUMBER		
COURT LOCATION (CI	I IY, STATE)	DISPOSITION DATE (MM/DD.	YYYY)	FINAL DISPOSITION		
BRIEFLY EXPLAIN THE GENERAL SUBJECT OF LITIGATION						
SECTION 5: RESII						
		DST RECENT FIRST, INCLUDING YOUR CUI APARTMENT NUMBER. DO NOT USE P.O		DE COMPLETE ADDRESSES AND		
	HOLDS A VALID LICENSE, THIS QUEST TTED AND LICENSURE GRANTED.	ON NEED ONLY BE ANSWERED IN A MANNER TO UP	DATE SINCE THE LAST TIME THIS F	DRM OR ANOTHER SUPPLEMENTAL		
1) CURRENT ADDRESS (NU	MBER/STREET/APT)		<u> Tagus de la Superiora (la Agrica de Colorada de Co</u>	FROM (MM/DD/YYYY)		
CITY	STATE	COUNTRY IF OUTSIDE U.S.	ZIP/POST	AL CODE OWN RENT		
2) FORMER ADDRESS (NUMBER/STREET/APT)				D/YYYY) TO (MM/DD/YYYY)		
CITY	STATE	COUNTRY IF OUTSIDE U.S.	ZIP/POST	AL CODE OWN D RENT		
3) FORMER ADDRESS (NUMBER/STREET/APT)				D/YYYY) TO (MM/DD/YYYY)		
CITY	STATE	COUNTRY IF OUTSIDE U.S.	ZIP/POST.	AL CODE		
				OWN RENT		
4) FORMER ADDRESS (NUMBER/STREET/APT)			FROM (MM/D	D/YYYY) TO (MM/DD/YYYY)		
СІТҮ	STATE	COUNTRY IF OUTSIDE U.S.	ZIP/POST.	AL CODE OWN RENT		

SECTION 6: EXPERIENCE AND EMPLOYMENT A) 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, 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? ☐ YES □ No SUPERVISOR ADDRESS CITY STATE/PROVINCE & COUNTRY ZIP/POSTAL CODE TELEPHONE NUMBER EXT REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES. DO YOU HAVE A WRITTEN EMPLOYMENT AGREEMENT WITH YOUR CURRENT EMPLOYER? ☐ YES ☐ NO IF YES, PROVIDE A COPY. IF NOT SUBMIT A COPY OF YOUR CURRENT DUTY STATEMENT/JOB DESCRIPTION. TO (MM/DD/YYYY) 2) NAME OF PRIOR EMPLOYER FROM (MM/DD/YYYY) JOB TITLE/DUTIES MONTHLY EARNINGS GAMING RELATED? ☐ YES □ No SUPERVISOR ADDRESS CITY STATE/PROVINCE & COUNTRY ZIP/POSTAL CODE TELEPHONE NUMBER EXT REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES. 3) NAME OF PRIOR EMPLOYER FROM (MM/DD/YYYY) TO (MM/DD/YYYY) JOB TITLE/DUTIES MONTHLY EARNINGS GAMING RELATED? YES □ No ADDRESS SUPERVISOR ZIP/POSTAL CODE TELEPHONE NUMBER STATE/PROVINCE & COUNTRY CITY 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? ☐ YES □ No ADDRESS SUPERVISOR TELEPHONE NUMBER CITY STATE/PROVINCE & COUNTRY ZIP/POSTAL CODE EXT REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES.

SECTION 7:: LICENSING INFORMATION.	ender e latera de la composición Mandre e para la composición			Salar Sa
A) FOR THE LAST TEN YEARS OF EMPLOYMENT WITHIN THE G LOCATIONS RELATED TO GAMING IN ANY JURISDICTION. IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.	filts wit light for			
1) NAME OF EMPLOYER	CITY, COUNTY, STA	TE/PROVINCE, COUNTRY	FROM (MM/DD/Y	YYY) TO (MM/DD/YYYY)
2) NAME OF EMPLOYER	CITY, COUNTY, STA	E/PROVINCE, COUNTRY	FROM (MM/DD/Y	YYY) TO (MM/DD/YYYY)
3) NAME OF EMPLOYER	CITY, COUNTY, STAT	TE/PROVINCE, COUNTRY	FROM (MM/DD/Y	YYY) TO (MM/DD/YYYY)
B) HAVE YOU EVER APPLIED FOR OR BEEN ISSUED A LICENSE, RELATED TO GAMING IN ANY JURISDICTION? IF YES, LIST BELOW ANY LICENSING OR REGULATORY AGENCY (TRIBAL, ST APPLIED (INCLUDE ANY APPLICATIONS THAT WERE APPROVED, SURRENDER IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION N	PERMIT, CERTIFICATE, 1 ATE, LOCAL, OR INTERNATION LED, WITHDRAWN, DENIED, AN	REGISTRATION, OR FINDIN AL), INCLUDING THE COMMISSIC D/OR ARE PENDING).	IN, TO WHICH YOU HAV	E YES NO
ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICES 1) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER				
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, REVOKED, OTHER)	DENIED, SUSPEND	DED, PENDING, WITHDRAWN,
2) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER		TYPE OF APPLICATION	ı	SSUING AGENCY
DATE HELD FROM (MM/DD/YYYY)		DATE HELD TO (MM/DD/	YYYY)	
CITY, COUNTY, STATE/PROVINCE, COUNTRY		ACTION TAKEN (ISSUED, REVOKED, OTHER)	DENIED, SUSPEND	ED, PENDING, WITHDRAWN,
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CO	NDITIONED, BRIEFLY EX	 PLAIN THE CIRCUMSTANC	ES.	
3) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER		TYPE OF APPLICATION	1:	SSUING AGENCY
DATE HELD FROM (MM/DD/YYYY)		DATE HELD TO (MM/DD/	YYYY)	
CITY, COUNTY, STATE/PROVINCE, COUNTRY		ACTION TAKEN (ISSUED, REVOKED, OTHER)	DENIED, SUSPEND	ED, PENDING, WITHDRAWN,
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CO	NDITIONED, BRIEFLY EX	PLAIN THE CIRCUMSTANCE	ES.	

	DATE OF FINAL ACTION	SWERED IN A MANNER TO UPDATE SINCE THE LAST THE ACTION TAKEN (SUSPENDED,	CITY, COUNTY, STATE/PROVINCE,
ISSUING AGENCY	(MM/DD/YYYY)	REVOKED, ETC.)	COUNTRY
BRIEFLY EXPLAIN THE CIRCUMSTANC	CES AND INCLUDE ANY AMOUNTS PAID.		
FINDING OF SUITABILITY <u>NOT</u> RELA FINDING OF SUITABILITY <u>NOT</u> RELA IF YES, PROVIDE THE FOLLOWING IF THIS APPLICANT CURRENTLY HOLDS A VA	ATED TO GAMING? HAVE YOU EVER HA ATED TO GAMING DENIED, SUSPENDED, DETAILS.	OR OCCUPATIONAL LICENSE, PERMIT, CEI AD <u>ANY</u> OTHER LICENSE PERMIT, CERTIFIC , OR REVOKED? WERED IN A MANNER TO UPDATE SINCE THE LAST TIME	ATION, OR
i) LICENSE/PERM!T/CERTIFICATION/RI	·格···································	TYPE OF APPLICATION	ISSUING AGENCY
DATE HELD FROM (MM/DD/YY	YY)	DATE HELD TO (MM/DD/YYYY)
CITY, COUNTY, STATE/PROVIN IF DENIED, SUSPENDED, WITHI		ACTION TAKEN (ISSUED, DENI REVOKED, OTHER) RIEFLY EXPLAIN THE CIRCUMSTANCES.	ED, SUSPENDED, PENDING, WITHDRAWN,
	DRAWN, REVOKED, OR CONDITIONED, B	REVOKED, OTHER)	ED, SUSPENDED, PENDING, WITHDRAWN,
IF DENIED, SUSPENDED, WITHI	DRAWN, REVOKED, OR CONDITIONED, B	REVOKED, OTHER) RIEFLY EXPLAIN THE CIRCUMSTANCES.	ISSUING AGENCY
IF DENIED, SUSPENDED, WITHI	DRAWN, REVOKED, OR CONDITIONED, B EGISTRATION NUMBER	REVOKED, OTHER) RIEFLY EXPLAIN THE CIRCUMSTANCES. TYPE OF APPLICATION DATE HELD TO (MM/DD/YYYY	ISSUING AGENCY
IF DENIED, SUSPENDED, WITHI 2) LICENSE/PERMIT/CERTIFICATION/RI DATE HELD FROM (MM/DD/YY CITY, COUNTY, STATE/PROVIN	DRAWN, REVOKED, OR CONDITIONED, B EGISTRATION NUMBER YY) CE, COUNTRY	REVOKED, OTHER) RIEFLY EXPLAIN THE CIRCUMSTANCES. TYPE OF APPLICATION DATE HELD TO (MM/DD/YYYY ACTION TAKEN (ISSUED, DENI	ISSUING AGENCY
IF DENIED, SUSPENDED, WITHI 2) LICENSE/PERMIT/CERTIFICATION/RI DATE HELD FROM (MM/DD/YY CITY, COUNTY, STATE/PROVIN	DRAWN, REVOKED, OR CONDITIONED, B EGISTRATION NUMBER YY) CE, COUNTRY	REVOKED, OTHER) TYPE OF APPLICATION DATE HELD TO (MM/DD/YYYY ACTION TAKEN (ISSUED, DENI REVOKED, OTHER)	ISSUING AGENCY
IF DENIED, SUSPENDED, WITHI	DRAWN, REVOKED, OR CONDITIONED, B EGISTRATION NUMBER YY) CE, COUNTRY DRAWN, REVOKED, OR CONDITIONED, B	REVOKED, OTHER) TYPE OF APPLICATION DATE HELD TO (MM/DD/YYYY ACTION TAKEN (ISSUED, DENI REVOKED, OTHER)	ISSUING AGENCY
IF DENIED, SUSPENDED, WITHI	EGISTRATION NUMBER ORAWN, REVOKED, OR CONDITIONED, B EGISTRATION NUMBER EGISTRATION NUMBER	REVOKED, OTHER) TYPE OF APPLICATION DATE HELD TO (MM/DD/YYYY ACTION TAKEN (ISSUED, DENI REVOKED, OTHER) RIEFLY EXPLAIN THE CIRCUMSTANCES.	ISSUING AGENCY DED, SUSPENDED, PENDING, WITHDRAWN, ISSUING AGENCY
IF DENIED, SUSPENDED, WITHI 2) LICENSE/PERMIT/CERTIFICATION/RI DATE HELD FROM (MM/DD/YY CITY, COUNTY, STATE/PROVING IF DENIED, SUSPENDED, WITHE 3) LICENSE/PERMIT/CERTIFICATION/RI	DRAWN, REVOKED, OR CONDITIONED, B EGISTRATION NUMBER YY) CE, COUNTRY DRAWN, REVOKED, OR CONDITIONED, B EGISTRATION NUMBER YY)	REVOKED, OTHER) TYPE OF APPLICATION DATE HELD TO (MM/DD/YYYY ACTION TAKEN (ISSUED, DENI REVOKED, OTHER) RIEFLY EXPLAIN THE CIRCUMSTANCES. TYPE OF APPLICATION DATE HELD TO (MM/DD/YYYY	ED, SUSPENDED, PENDING, WITHDRAWN,

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SECTION 8: BUSINESS INTEREST	GAMING RESAUD			remails and second		
HAVE YOU HELD A FINANCIAL INTEREST IN ANY O IF YES, PROVIDE THE FOLLOWING DETAILS. IF NECESSARY, AT	AMING RELATED VENTURE OR			t 10 years?		
IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS C ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED		A MANNER TO UPDAT	É SINCÉ THE LAST TIMI	E THIS FORM OR	☐ YE\$	LJ No
NAME OF BUSINESS ENTITY		<u>ask ja tek est eskelet</u>		BUSINESS TELEPHO	NE NUMBEI	₹
DATE INVOLVED FROM (MM/DD/YYYY)		DATE INVOLVED	TO (MM/DD/YYY	Υ)	· · · · · · · · ·	
BUSINESS ENTITY MAILING ADDRESS (STREET,	CITY, STATE, ZIP CODE/PROVIN	ICE, COUNTRY)	PRIMARY PURPO	OSE OF BUSINESS		
YOUR CAPACITY/TITLE	INDIVIDUALS (LAST, FIRST, MII	ODLE) OR ENTITIES	SHARING INTERE	ST AND PERCENTAGE	E OWNED	
SECTION 9: BUSINESS INTEREST-	NON-GAMING RELAT	EΦ	t e	er Sant (no explored) and the second of		
HAVE YOU HELD A FINANCIAL INTEREST IN ANY N IF YES, PROVIDE THE POLLOWING DETAILS. IF NECESSARY, ATT IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS C ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED	ON-GAMING RELATED BUSINES ACH A SEPARATE SHEET OF PAPER. DUESTION NEED ONLY BE ANSWERED IN	SS ENTITY WITHIN	THE LAST 10 YEA	RS?	☐ YES	□ No
NAME OF BUSINESS ENTITY				BUSINESS TELEPHO	NE NUMBER	
DATE INVOLVED FROM (MM/DD/YYYY)		DATE INVOLVED	TO (MM/DD/YYY	Y)		
BUSINESS ENTITY MAILING ADDRESS (STREET,	CITY, STATE, ZIP CODE/PROVIN	ICE, COUNTRY)	PRIMARY PURPO	OSE OF BUSINESS		
YOUR CAPACITY/TITLE	INDIVIDUALS (LAST, FIRST, MIL	DDLE) OR ENTITIES	SHARING INTERE	ST AND PERCENTAGE	OWNED	
SECTION 10; PERSONAL FINANCIA	L HISTORY					
A) HAVE YOU FILED FOR BANKRUPTCY WITHIN THE FYES, PROVIDE A COPY OF THE BANKRUPTCY PETITION/ORLING THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THE ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMIT	IE LAST 10 YEARS? DER AND THE FOLLOWING DETAILS IS QUESTION NEED ONLY BE ANSWEREI TED AND LICENSURE GRANTED.	D IN A MANNER TO UPD.	ATE SINCE THE LAST T	IME THIS FORM OR	☐ YES	□ No
PER EINE W. D. Topedia School of the St. School of the Period of the Per	CASE NUMBER (IF KNOWN)		DATE OF	DISCHARGE (MM/DD/	YYYY)	
FEDERAL DISTRICT COURT WHERE FILED		AMOUNT OF DISCH	IARGE, IF APPLICA	ABLE		
BRIEFLY EXPLAIN THE CIRCUMSTANCES THAT LED	TO THE BANKRUPTCY FILING,	INCLUDING THE NA	ATURE OF THE DE	BT.		

Key Employee or TPPPS Supervisor: Supplemental Information Page 10 of 12

M-1					······································			
	D A JUDGMENT OR LIEN FILED AGA			RNISHED WITHIN	THE LAST 10 YEAR	s?		_
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.								
☐ JUDGMENT☐ LIEN	DATE FILED (MM/DD/YYYY)	NAME (OF PERSON/ENTITY THAT FI	ED THE JUDGMI	ENT OR LIEN			·
OF THE REL PAYMENTS, THE COURT	HE REASON FOR THE JUDGMENT/LIE EASE, IF JUDGMENT/LIEN IS NOT SA , ATTACH A COPY OF THE PAYMENT OR CREDITOR, IF YOU ARE NOT MA TO SATISFY THE JUDGMENT/LIEN.	ATISFIED, PLAN/AC	AND YOU ARE MAKING REEMENT PROVIDED BY	NAME OF PER	SON ENTITY JUDGM	ENT OR LIEN	WAS FI	LED AGAINST
JUDGMENT	DATE FILED (MM/DD/YYYY)		NAME OF PERSON/ENTITY	THAT FILED TH	E JUDGMENT OR LIE	EN		
LIEN								
EXPLAIN THE OF THE RELE PAYMENTS, THE COURT YOU PLAN TO THE PAYMENT OF THE COURT YOU PLAN TO THE PAYMENT OF THE PROVIDE THE PROVIDE THE ANOTHER SUPPLEM	LE REASON FOR THE JUDGMENT/LIE EASE. IF JUDGMENT/LIEN IS NOT SA ATTACH A COPY OF THE PAYMENT OR CREDITOR. IF YOU ARE NOT MA TO SATISFY THE JUDGMENT/LIEN. EN AUDITED BY ANY TAX AUTHORI HE FOLLOWING DETAILS. CURRENTLY HOLDS A VALID LICENSE, THIS OF THE SAME THE SUBMITTER EDERAL/FOREIGN) S	ATISFIED, PLANIAC AKING PA	AND YOU ARE MAKING IREEMENT PROVIDED BY YMENTS, EXPLAIN HOW N THE LAST 10 YEARS?	NER TO UPDATE SIN	SON ENTITY JUDGM	ORM OR	□ Y	LED AGAINST
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? IF YES, PROVIDE THE FOLLOWING DETAILS. DO NOT INCLUDE ANY INFORMATION PROVIDED BELOW IN 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 SUPFLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED. I) 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).								
IF YOU ARE	nu i making payments, explain	HOW YO	u plan to repay the DEB	I(S).				

Key Employee or TPPPS Supervisor: Supplemental Information Page 11 of 12

2) NAME OF CREDITOR	ACTION TA	AKEN (REPOSSESSION, COLLEC	TION, CHARGE-OFF)	DATE OF AC	TION (MM/	DD/YYYY)
EXPLAIN THE REASON FOR THIS ACTION. IF YOU ARE NOT MAKING PAYMENTS, EXI			CUMENT SHOWING I	HOW THE DEBT	WILL BE SA	ATISFIED.
3) NAME OF CREDITOR	ACTION TA	AKEN (REPOSSESSION, COLLEC	TION, CHARGE-OFF)	DATE OF AC	TION (MM/I	DD/YYYY)
EXPLAIN THE REASON FOR THIS ACTION. IF YOU ARE NOT MAKING PAYMENTS, EXI			CUMENT SHOWING I	HOW THE DEBT	WILL BE SA	TISFIED.
		·				
				and a state of the disk T		
E) HAVE YOU BEEN A PARTY TO A FORECLOSUI IF YES, PROVIDE THE FOLLOWING DETAILS.	RE WITHIN THE LAST 10 Y	EARS?				r
If this applicant currently holds a valid license another supplemental information form was sue			SINCE THE LAST TIME TH	IS FORM OR	L YES	L. No
ADDRESS OF FORECLOSED PROPERTY (STREET,	CITY, STATE, ZIP CODE)	DATE OF FORECLOSURE (MM	/DD/YYYY)	NAME OF LEA	NDER	
EXPLAIN THE CIRCUMSTANCES THAT LEAD TO	THE FORECLOSURE			<u> </u>		
F) DO YOU OWN, CONTROL, OR MANAGE ANY A IF YES, PROVIDE THE FOLLOWING DETAILS.	ASSETS OUTSIDE THE U.S.				☐ YES	□ No
1) DESCRIPTION OF ASSET/LIABILITY	DATE ACQU	JIRED (MM/DD/YYYY)	LOCATION (C	CITY, STATE/PRO	OVINCE, CO	UNTRY)
2) DESCRIPTION OF ASSET/LIABILITY	DATE ACQU	JIRED (MM/DD/YYYY)	LOCATION (C	CITY, STATE/PRO	OVINCE, CO	UNTRY)
G) DO YOU CONTROL, MANAGE, OR HOLD ANY IF YES, PROVIDE THE FOLLOWING BETAILS.	ASSETS OR LIABILITIES FO	OR ANOTHER INDIVIDUAL OR I	ENTITY?		☐ YES	□ No
NAME OF PERSON	RELATIONS	GHIP	PU	RPOSE		
DESCRIBE ASSET/LIABILITY			l			
H) Do you have any agreements or contr	ACTS (NOT DISCLOSED A	BOVE OR IN SCHEDULES A THR	LOUGH K) WITH ANY	PARTY.		
OTHER THAN THE BUREAU-APPROVED THIRI IF YES, PROVIDE THE FOLLOWING DETAILS.	类似,并把我的样子。他一起说话,"我们在一直,就没在陆,只能的都好,让	I SERVICION NECESTRALISMO LERGISLA DE SEL PEREZO EN LA CARRESTA LO	· 28 - 266 * 208 * 208 * 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12		☐ YES	□ No
IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUB			SINCE THE LAST TIME TH	IS FORM OR	123	
1) NAMES OF THE PARTIES TO THE AGREEMENT/		NAMES OF THE OWNERS AN	D EXECUTIVES OF T	HE OTHER PART	ΓΥ	
TYPE OF AGREEMENT		AMOUNT PAID		FREQUENC	Y OF THE PA	AYMENT
TERMS OF THE AGREEMENT						

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2) NAM	ES OF THE PARTIES TO THE AGREEMENT/CONTRACT	NAMES OF THE OWNERS AND EXECUTIVES OF THE	OTHER PARTY
T	YPE OF AGREEMENT	AMOUNT PAID	FREQUENCY OF THE PAYMENT
TI	ERMS OF THE AGREEMENT		
L			
SECT	TON 11 ADDITIONAL REQUIRED ITEMS.		
n est china		COLIN TEED POINT PROGRAM OF SOME STREET	
ONLYI	LLOWING ITEMS MUST BE SUBMITTED, AS APPLICABLE, WITH THIS DOCUMENTS THAT ARE DATED AND SIGNED BY THE APPLICANT WI	LL BE ACCEPTED. FAILURE TO PROVIDE REQUIRED	ITEMS MAY RESULT IN DENIAL
	IR APPLICATION. PURSUANT TO BUSINESS AND PROFESSIONS COE D COMPLETE UNTIL ALL REQUIRED FORMS, DOCUMENTATION, ANI		
MARK	THE BOX NEXT TO EACH ATTACHED (TEM.		
□ ва	ACKGROUND INVESTIGATION DEPOSIT REQUIRED IN TITLE 11, CAL. CODE REGS., SI	ECTION 2037	
П АР	PPOINTMENT OF DESIGNATED AGENT, CGCC-CH1-04 – PROVIDE ORIGINAL		
П мі	ILITARY FORM, DD-214 (A COMPLETE "UNDELETED" COPY), IF APPLICABLE		
☐ AL	L ACTIVE BADGES, PERMITS, ETC. ISSUED BY A CALIFORNIA CITY OR COUNTY (FROM	IT AND BACK COPY)	
П Ем	(PLOYMENT AGREEMENT OR DUTY STATEMENT FOR THE POSITION FOR WHICH YOU A	RE APPLYING	
☐ RE	QUEST FOR COPY OF PERSONAL INCOME OR FIDUCIARY TAX RETURN, FTB 3516 C	1 PAGE 1	
☐ FE	DERAL AND STATE INDIVIDUAL AND BUSINESS TAX RETURNS. INCLUDE ALL SCHEI	DULES AND ATTACHMENTS FOR THE LAST THREE YEARS	
☐ INI	FERNAL REVENUE SERVICE REQUEST FOR TRANSCRIPT OF TAX RETURN (4506-T).	Provide original	
П мо	ONTHLY BANK STATEMENTS FOR ALL PERSONAL AND BUSINESS ACCOUNTS FOR THE	LAST 12 MONTHS	
П ма	ONTHLY/QUARTERLY INVESTMENT ACCOUNT STATEMENTS FOR ALL PERSONAL ANI	D BUSINESS ACCOUNTS FOR THE LAST 12 MONTHS	
□ ва	INKRUPTCY COURT PETITION AND ORDER		
□ sc	HEDULES A THROUGH <u>K</u> J FROM FORM SUPPLEMENTAL INFORMATION: SCHEDULES,	CGCC-CH2-11 – Provide Original	
Addition	NAL DOCUMENTATION MAY BE REQUIRED BY THE BUREAU OF GAMBLING CONTROL		
backgro	nt to Business and Professions Code section 19867, the application of the investigation. At the conclusion of the investigation, the din excess of the actual costs incurred will be refunded. A lice	applicant will receive an itemized accounting of	all such costs. Monies
SECT	ION 12: DECLARATION		
I declar	e under penalty of perjury under the laws of the State of Califo	rnia that the information in this form is true, acc	urate, and complete, and that
this dec	Saration is executed by me at		
PRINTEI	ONAME SIG	City and State SNATURE	DATE (MM/DD/YYYY)
111111111111111111111111111111111111111			

This form must be signed by the applicant.

State of California

Commission Work Permit or TPPPS Worker: Supplemental Information

CGCC-CH2-10 (Rev. 07/2203/24)

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California Gambling Control Commission							
BUREAU USE ONLY							
BGC ID#							
1							



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 applying for either a Commission work permit or a TPPPS worker license.

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 California Gambling Control Commission (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.

	Ap	plica	ıt's Fu	ıll Na	me	

144	PE OF APPLICANE (CHECK APPROPRIATE BOX):	
	TPPPS WORKER LICENSEE	COMMISSION WORK PERMITEE

Commission Work Permit or TPPPS Worker: Supplemental Information Page 2 of 8

	C FION 1: PERSONAL TI L NAME: LAST	NEORMA		FIRST	Transfer	MIDDLE		
ALI	AS(ES), NICKNAME(S), OTHER	FORMER LI	EGAL NAMES					
CUI	RRENT RESIDENCE (STREET, C	TY, STATE	ZIP CODE)	<u></u>				
MA	ILING ADDRESS IF DIFFERENT	THAN CUR	RENT RESIDENCE (STI	REET, CITY, STA	TE, ZIP CODE)			
PRI	MARY TELEPHONE NUMBER	AL	ERNATE TELEPHONE	NUMBER	EMAIL ADDRESS		_	
DAT	TE OF BIRTH (MM/DD/YYYY)	DRI	VER'S LICENSE/IDENT	TFICATION CAF	RD NUMBER	STA	A'TE	EXPIRATION DATE (MM/DD/YYYY)
IF B	ORN OUTSIDE THE U.S., IDEN'I	IFY YOUR	ELIGIBILITY TO WORK	IN THE U.S. A	ND PROVIDE SUPPORTING	DOCUMENTATION		
	RESIDENT ALIEN NAT	URALIZED CT	rizen 🗖 Employ	MENT AUTHORIZE	D OTHER;			
IF R	ESIDENT ALIEN OR NATURALI	ZED CITIZI	EN, PROVIDE YOUR A-1	NUMBER	SOCIAL SECURITY N	UMBER		
DISC 405(ENF SEC	CLOSURE CLOSURE OF YOUR SOCIAL SE CX2X(C) AUTHORIZE COLLECT ORCEMENT PURPOSES, FOR PI TION 17520. OR FOR DATABASI L NOT BE PROCESSED AND YO	ION OF YOUR POSES OF INQUIRIES	UR SOCIAL SECURITY F COMPLIANCE WITH S REQUIRED FOR LICE	NUMBER. YOU ANY JUDGMEN' NSURE, IF YOU	IR SOCIAL SECURITY NUI TOR ORDER FOR FAMILY FAIL TO DISCLOSE YOUI	MBER WILL BE USED SUPPORT IN ACCOR SOCIAL SECURITY	EXCL DANC NUMBI	USIVELY FOR TAX E WITH FAMILY CODE ER, YOUR APPLICATION
SE	CTION 2: FAMILY/CI	ЭНАВІТ	ANTINTORMA	TION	energi (dalah dalah d Bertaran dalah			
A)]	RELATIONSHIP STATUS			e politika (pe Ostrojski kolo		Strike on Subjects for the strike of the str		
	SINGLE MARR	IED	REGISTERED	DOMESTIC PARTNE	ER DIVORCED	☐ Widow	ED	Separated
A) (Current Spouse/Registeri	ED DOMES	CIC PARTNER				4.000 T.B. V	
FUL	L NAME: LAST	1, 100 4 200	FIRST	3 8 6 7 1 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	MIDDLE	as estable section of the more pro-		FORMER NAME
DAT	E OF BIRTH (MM/DD/YYYY)			·····	DATE OF MARR	IAGE/REGISTRATION	1 (MM/	DD/YYYY)
RES	DENCE IF DIFFERENT FROM A	PPLICANT	(STREET, CITY, STATE	, ZIP CODE)				
B) I	ORMER SPOUSE/REGISTERE	DOMEST	c Partner					
FUL	L NAME: LAST	<u> 2000 - Maria Maria</u> , <u>191</u> 2	FIRST	en wege ny Parisin'i I	MIDDLE	i anview (24, 1 to 11, 45, 9) between all after		FORMER NAME
	DATE OF BIRTH (MM/DD/YYY	Y)	DATE OF MARRIAGE (MM/DD/YYYY)	/REGISTRATIO	DATE OF DIVOR (MM/DD/YYYY)			E IN WHICH DIVORCE PRRED

Commission Work Permit or TPPPS Worker: Supplemental Information Page 3 of 8

INTEREST	No. 1 April 1985 April	MILY MEMBERS, COHABITANTS, OR Y, A GAMING RELATED BUSINESS?	ROOMMATES WHO	CURRENTLY HAVE A FIN	NANCIAL YES NO
I) FULL NAM	IE: LAST	FIRST	MI	FORMER NAME	RELATIONSHIP
<u></u>					
NAMEO	F BUSINESS		FINANCIAL	L INTEREST (INC, PERCEN	TAGE OWNED) AND/OR POSITION HELD
2) FULL NAM	IE: LAST	FIRST	MI	FORMER NAME	RELATIONSHIP
NAME O	F BUSINESS		FINANCIAI	L INTEREST (INC. PERCEN	TAGE OWNED) AND/OR POSITION HELD
			•		
SECTION	N 3: MILITARY EX	PERIÈNCE :			
IF YES, PRO	DU EVER SERVED IN ANY A VIDE THE FOLLOWING DETAILS. PPLICATION, ONE NEED NOT BE P	(IF THE MILITARY SERVICE HAS ENDED AND A	A DD-214 has been pre	EVIOUSLY PROVIDED TO THE BU	UREAU AS PART OF YES NO
BRANCH OF	SERVICE AND COUNTRY I	NOT THE U.S.	DATES OF SERVIO	CE FROM (MM/DD/YYYY)	DATES OF SERVICE TO (MM/DD/YYYY)
RANK AT SE	DAD APPION				SERVICE NUMBER
KANK AI SE	PARATION				SERVICE NUMBER
	Entry Level	HONORABLE GENER	AI.	OTHER THAN HONORABLE	☐ BAD CONDUCT ☐ DISHONORABLE
TYPE OF DISCHARGE:	OTHER	TOTOLOGIC CONTENT	Tity Break	OTIES TIMETONOMINED	
and the second second	DU EVER BEEN CONVICTED VIDETHE FOLLOWING DETAILS	IN A COURT-MARTIAL?			☐ YES ☐ NO
DATE (MM/D	D/YYYY)	FINAL CHARGE		COURT LOCATION (CITY, STATE/PROVINCE/COUNTRY)
EXPLAIN TH	E INCIDENT THAT LED TO	THE COURT-MARTIAL AND PROVIDE	RELATED DOCUME	ENTS	

SECTION 4: CRIMINAL CONVIC	HONS					
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. I EXPUNGED, OR WHETHER YOU ARE ON	r must be disclosed regardless of whether you or off probation; and	HAD THE CONVICTION REDUCED, DISMISSED, OR				
YOU ARE NOT REQUIRED TO DISCLOSE;						
医毛髓管 医水洗 人名英意英格兰 化乙基甲基 化乙基甲基酚 化乙基酚酚 化乙基酚酚 医乙酰胺 电电路 医电影 经基础证券 化二氯甲基甲基酚	ng tickets. However, it is your responsibility to v e side of disclosure as failing to disclose a con	or British of the Indian Carlo Carlo Filescott Albert Influence Carlo Filescott Carlo Filescott Carlo Filescot				
法显示的主新的需要被告诉的性价的信息,这个信息,将她们,然就是不知识的影響的感见的过程,他们的自己 不过证据 在人员工书	to a court order. Please note that any convicti 03.4, 1203.4a, or 1203.45 are not sealed as a matt	医动物性 医动物性性结核 化抗聚性 医皮肤 医动物性神经病 化二氯甲基甲基磺胺二氯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基				
A) HAVE YOU <u>EVER</u> BEEN CONVICTED OR PLET	GUILTY OR NOLO CONTENDERE (NO CONTEST) TO A MISI	DEMEANOR OR FELONY?				
IF YES, PROVIDE THE FOLLOWING DETAILS FOR EACH CO	NVICTION.					
IF YOU REQUIRE ADDITIONAL SPACE FOR EITHER THE NUTTHIS FORM.	MBER OF CONVICTIONS OR TO EXPLAIN THE FACTUAL CIRCUMSTANCES,	PLEASE ATTACH ANOTHER PAGE TO YES NO				
IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUE		CE THE LAST TIMETHIS FORM OR				
1) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY)	ARRESTING AGENCY	COURT LOCATION (CITY, STATE)				
IDENTIFY CRIMINAL BELOW CONVICTIONS	AND ON A SEPARATE PIECE OF PAPER EXPLAIN THE FACTU	JAL CIRCUMSTANCES THAT LED TO THE CONVICTION.				
2) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY)	ARRESTING AGENCY	COURT LOCATION (CITY, STATE)				
IDENTIFY CRIMINAL BELOW CONVICTIONS	AND ON A SEPARATE PIECE OF PAPER EXPLAIN THE FACTU	IAL CIRCUMSTANCES THAT LED TO THE CONVICTION.				
3) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY)	ARRESTING AGENCY	COURT LOCATION (CITY, STATE)				
IDENTIFY CRIMINAL BELOW CONVICTIONS	AND ON A SEPARATE PIECE OF PAPER EXPLAIN THE FACTU	IAL CIRCUMSTANCES THAT LED TO THE CONVICTION.				
B) HAVE YOU EVER BEEN REMOVED FROM OR I WAGERING ESTABLISHMENT?	PROHIBITED FROM ENTERING THE PREMISES OF ANY GAMI	NG OR PARI-MUTUEL YES NO				
C) HAVE YOU EVER ENGAGED IN ILLEGAL GAM	BLING ACTIVITIES THAT YOU KNEW OR SHOULD HAVE KN	NOWN WERE ILLEGAL? YES NO				
D) ARE YOU CURRENTLY ON PROBATION?		☐ YES ☐ No				
IF YES TO ANY OF THE ABOVE, PROVIDE DETAIL	s.	17.1				

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SECTIONS	RESIDENCES		The second secon			e de la compa	100 TO 200 S	
			(MOST RECENT FIRST, INCLUDI OR APARTMENT NUMBER. DO			ence). Provide co	MPLETE ADE	PRESSES
	CURRENTLY HOLDS A VALID LICENSE A WAS SUBMITTED AND LICENSURE G		N NEED ONLY BE ANSWERED IN A MANI			TIME THIS FORM OR ANOT	HER SUPPLEMEN	(TAL
1) CURRENT AD	DRESS (NUMBER/STREET/APT)	<u>: : : :</u>					FROM (MM	I/DD/YYYY)
CITY		STATE	COUNTRY IF OUTSIDE U.S.			ZIP CODE	☐ Own	☐ RENT
2) FORMER ADD	RESS (NUMBER/STREET/APT)		J			_1	FROM (MM	I/DD/YYYY)
CITY		STATE	COUNTRY IF OUTSIDE U.S.			ZIP CODE	☐ Own	☐ REN
3) FORMER ADD	RESS (NUMBER/STREET/APT)						FROM (MM	I/DD/YYYY)
CITY		STATE	COUNTRY IF OUTSIDE U.S.	<u>-</u>		ZIP CODE	Own	☐ RENT
4) FORMER ADDRESS (NUMBER/STREET/APT)							FROM (MM	I/DD/YYYY)
CITY		STATE	COUNTRY IF OUTSIDE U.S.			ZIP CODE	☐ Own	☐ REN
SECTIONS	: EXPERIENCE AND	EMPLOY	MENT		NGCCLANG ALLEG		10 m	
		San Ka		ope c	NE LINEAU DI OVA FINATO DI	LIDINO THE DAGE TO	MANDO TI	CT ALL
JOBS, INCLUDIN		ND SELF-EN	OUR WORK HISTORY AND PERIC MPLOYMENT (CONSULTING, INC ORTED YOURSELF.					
	CURRENTLY HOLDS A VALID LICENSE, I WAS SUBMITTED AND LICENSURE G		N NEED ONLY BE ANSWERED IN A MANN	NER TO	OUPDATE SINCE THE LAST T	IME THIS FORM OR ANOT	HER SUPPLEMEN	ITAL
I) CURRENT EM	PLOYER			Carll Park			FROM (MM	I/DD/YYYY)
JOB TITLE/DU	JTIES			M	ONTHLY EARNINGS	GAMING RELATED?	☐ YES	□ No
ADDRESS				SUPERVISOR				
CITY STATE/PROVINCE & COUNTRY					ZIP/POSTAL CODE	TELEPHONE NUMB	ER	EXT
REASON FOR	LEAVING. IF TERMINATED, E	XPLAIN THE	CIRCUMSTANCES.					

Commission Work Permit or TPPPS Worker: Supplemental Information Page 6 of 8

	and the contract of the August 1991 and the			
DO YOU HAVE A WRITTEN EMPLOYMENT AGREEMENT IF YES, PROVIDE A COPY. IF NOT, SUBMIT A COPY OF YOUR CURI				YES No
2) NAME OF PRIOR EMPLOYER	197 1 1 2	(MM/DD/YYYY)		
JOB TITLE/DUTIES	GAMING RELATED?	res 🔲 No		
ADDRESS	SUPERVISOR			
CITY	STATE/PROVINCE & COUNTRY	ZIP/POSTAL CODE	TELEPHONE NUMBER	EXT
REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE	CIRCUMSTANCES.		J	
3) NAME OF PRIOR EMPLOYER			FROM (MM/DD/YYYY) TO) (MM/DD/YYYY)
JOB TITLE/DUTIES		MONTHLY EARNINGS		res 🔲 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? Y	res 🗆 No
ADDRESS			SUPERVISOR	
CITY	STATE/PROVINCE & COUNTRY	ZIP/POSTAL CODE	TELEPHONE NUMBER	EXT
REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE	CIRCUMSTANCES.			
5) NAME OF PRIOR EMPLOYER		FROM (MM/DD/YYYY) TO	(MM/DD/YYYY)	
JOB TITLE/DUTIES		MONTHLY EARNINGS	GAMING RELATED?	es 🗆 No
ADDRESS			SUPERVISOR	
CITY	STATE/PROVINCE & COUNTRY	ZIP/POSTAL CODE	TELEPHONE NUMBER	EXT
REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE	CIRCUMSTANCES.			

SECTION/A ETCENSINGUISO	RMATION : *	A Commence of the Commence of	Cap. Co. Land				
A) FOR THE LAST TEN YEARS OF EMPLOYM LOCATIONS RELATED TO GAMING IN ANY. IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENS INFORMATION FORM WAS SUBMITTED AND LICENSURE	JURISDICTION. SE, THIS QUESTION NEED ONLY BE ANS	기다리 환경화학을 하였다. 그 등은					
1) NAME OF EMPLOYER	CITY, C	COUNTY, STATE/PROVINCE, COUNTRY	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)			
2) NAME OF EMPLOYER	CITY, C	COUNTY, STATE/PROVINCE, COUNTRY	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)			
3) NAME OF EMPLOYER	CITY, C	COUNTY, STATE/PROVINCE, COUNTRY	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)			
B) HAVE YOU EVER APPLIED FOR OR BEEN RELATED TO GAMING IN ANY JURISDICT IF YES, LIST BELOW ANY LICENSING OR REGULATOR APPLIED (INCLUDE ANY APPLICATIONS THAT WERE. IF THIS APPLICANT CURRENTLY HOLDS A VALID LICE ANOTHER SUPPLEMENTAL INFORMATION FORM WAS 1) LICENSE/PERMIT/CERTIFICATION/REGISTR	ISSUED A LICENSE, PERMIT, CI TION? RY AGENCY (TRIBAL, STATE, LOCAL, C APPROVED, SURRENDERED, WITHDRA' EINSE, THIS QUESTION NEED ONLY BE A S SUBMITTED AND LICENSURE GRANTI	ERTIFICATE, REGISTRATION, OR FINDIN OR INTERNATIONAL), INCLUDING THE COMMISSIC WN, DENIED, AND/OR ARE PENDING). ANSWERED IN A MANNER TO UPDATE SINCE THE L ED.	ON, TO WHICH YOU HAVE AST TIME THIS FORM OR	YES NO			
	ATION NUMBER	TYPE OF APPLICATION		G AGENCY			
DATE HELD FROM (MM/DD/YYYY)		DATE HELD TO (MM/DD/	YY YY)				
CITY, COUNTY, STATE/PROVINCE, CO	UNTRY	ACTION TAKEN (ISSUED REVOKED, OTHER)	ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)				
2) LICENSE/PERMIT/CERTIFICATION/REGISTR		O, BRIEFLY EXPLAIN THE CIRCUMSTANC TYPE OF APPLICATION		G AGENCY			
DATE HELD FROM (MM/DD/YYYY)		DATE HELD TO (MM/DD/	YYYY)				
CITY, COUNTY, STATE/PROVINCE, CO	UNTRY	ACTION TAKEN (ISSUED REVOKED, OTHER)	, DENIED, SUSPENDED, PE	NDING, WITHDRAWN,			
IF DENIED, SUSPENDED, WITHDRAWN	I, REVOKED, OR CONDITIONED	O, BRIEFLY EXPLAIN THE CIRCUMSTANC	ES.				
C) HAVE YOU EVER BEEN DISCIPLINED, FINI INTERNATIONAL)? IF YES, PROVIDE THE FOLLOWING DETAILS. IF THIS APPLICANT CURRENTLY HOLDS A VALID LICE ANOTHER SUPPLEMENTAL INFORMATION FORM WAS	ENSE, THIS QUESTION NEED ONLY BE A	ANSWERED DY A MANNER TO UPDATE SINCE THE L		YES NO			
ISSUING AGENCY	DATE OF FINAL ACTION (MM/DD/YYYY)	ACTION TAKEN (SUSPEND REVOKED, ETC.)	ED, CITY, COUNT COUNTRY	Y, STATE/PROVINCE,			
BRIEFLY EXPLAIN THE CIRCUMSTANCES AND	D INCLUDE ANY AMOUNTS PA	ID.					

Commission Work Permit or TPPPS Worker: Supplemental Information Page 8 of 8

SECTIONS: ADDITIONAL REQUIRED 1	TEMS:	
THE FOLLOWING ITEMS MUST BE SUBMITTED, AS APPLICATIONLY DOCUMENTS THAT ARE DATED AND SIGNED BY TO OF YOUR APPLICATION. PURSUANT TO BUSINESS AND PROBLEMED COMPLETE UNTIL ALL REQUIRED FORMS, DOCUMENT THE BOX NEXT TO EACH ATTACHED ITEM.	HE APPLICANT WILL BE ACCEPTED. FAILURE TO PROPROFESSIONS CODE SECTION 19868, SUBDIVISION (A	VIDE REQUIRED ITEMS MAY RESULT IN DENIAL), THE APPLICATION PACKAGE WILL NOT BE
APPOINTMENT OF DESIGNATED AGENT, CGCC-CH1-04 - Pro	VIDE ORIGINAL	
MILITARY FORM, DD-214 (A COMPLETE "UNDELETED" COPY),	IF APPLICABLE	
ALL ACTIVE BADGES, PERMITS, ETC. ISSUED BY A CALIFORNIA C	CITY OR COUNTY (FRONT AND BACK COPY)	:
EMPLOYMENT AGREEMENT OR DUTY STATEMENT FOR THE POSITION	TION FOR WHICH YOU ARE APPLYING	
—REQUEST FOR COPY OF PERSONAL INCOME OR FIDUCIARY TAX	REFURN, FTB 3516 CLPAGE 1	
ADDITIONAL DOCUMENTATION MAY BE REQUIRED BY THE BUREAU OF	GAMBLING CONTROL.	
Pursuant to Business and Professions Code section 1 investigation. At the conclusion of the investigation of the actual costs incurred will be refunded. A license	, the applicant will receive an itemized accounting	g of all such costs. Monies received in excess
SECTION 9: DECEARATION	CE CONTRACTOR CONTRACT	
I declare under penalty of perjury under the laws of the	he State of California that the information in this f	orm 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.

State of California

Spousal Information

CGCC-CH2-12 (Rev. <u>07/2203/24</u>) Page 1 of 3 BUREAU USE ONLY BGC ID#

California Gambling Control Commission



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 used to provide information for spouses of individuals required to apply as an owner of an owner category licensee as defined by the Gambling Control Act (Act) and/or implementing administrative regulations, as applicable.

All responses must be <u>truthful</u> and <u>complete</u>. 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.

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.

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 the questions, 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.

Name of Applicant
Associated Owner Category Licensee
Check one of the following: The applicant is married or has a registered domestic partner, complete the remaining sections of the form as directed. The applicant is not married and does not have a registered domestic partner, proceed to and complete section 5. If the applicant's spouse or registered domestic partner is licensed or has applied for licensure with this associated owner category licensee, proceed to and complete section 5.
Name of Applicant's Spouse
Name of Applicant
Associated Owner Category Licensee

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					:
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SECTION 1; P	IERSONAL	INFORMATION		Ments Statement of the 1940	en e			
SPOUSE'S FULL NAM	ME; LAST		FIRST		MIDDLE			
CURRENT RESIDENCE (STREET, CITY, STATE, ZIP CODE)								
MAILING ADDRESS	IF DIFFERENT T	HAN CURRENT RESIDENCE (S	TREET, CITY, STATE, 2	ZIP CODE)				
PRIMARY TELEPHON	NE NUMBER			EMAIL ADDRESS	77.00			
APPLICANT'S FULL	NAME: LAST	7	FIRST		MIDDLE			
Check all hoxes tha	t appropriately	SHTP OF SPOUSE TO describe the spouse swelatio drownership interest in the own	nship to the owner e		JCANT AND SPOUSE.			
2) THE SPOUSE IS	INVOLVED, DIRECT	LY OR INDIRECTLY, WITH ANY MANA	GEMENT DECISIONS, OF A	NY NATURE, REGARDING THE OPERAT	TION OF THE OWNER CATEGORY LICENSE.			
3) THE SPOUSE HA	AS DIRECT OR INDIR	ECT AUTHORITY OR INFLUENCE IN T	IE DECISION-MAKING PRO	CESS RELATED TO THE OPERATION OF	THE OWNER CATEGORY LICENSE.			
BUSINESS AND PR	OFESSIONS CODE S	ECTIONS 19850, 19851, 19853, 198	54, 19912, or 19984.		LICENSURE COULD BE REQUIRED PURSUANT TO			
	TEGORY LICENSE	S THE SOLE AND SEPARATE PROPERT	Y OF THE APPLICANT.					
NOTE: IF ITEM 5) IS SEI	ECTED BUT ITEMS	3 2) THROUGH 4) ARE NOT SELECTE	d, complete section 3.					
6) THE APPLICANT	I IS NOT AN OWNER	SHIP INTEREST HOLDER.						
To be completed on	ly if it has levi n	e not selected. Both the appli I ACCEPT THAT THE APPLICANT BE, SEPARATE PROPERTY OF THE APPLI	PLOFT THE CHECKE THE SE LEART AND THE SPOUSE ARS THE BURDEN OF ESTAR CANT AND THAT EACH AND	TO THE INTEREST IN THE OWNED DEVELOP STATEMENT IN THE OWNED DEVELOP STATEMENT IN THIS SECTION	he applicant under Section 2 hem 5) is and, and initial agreement to the following. ER CATEGORY LICENSEE IS THE SOLE AND NISTRUE. THAT INCLUDED AS PART OF THIS ARA AT ION.			
Spouse	Applicant	THAT INCLUDED AS PART OF THIS I	DECLARATION IS DOCUMEN		TE THIS DECLARATION UNDER SECTION 4. I			
Spouse	Applicant				SED ON THE ADVICE OF LEGAL COUNSEL, OR UNSEL BUT WAIVED THAT OPPORTUNITY.			
Spouse	Applicant	THE SPOUSE WILL NOT BE INVOLVE OPERATION OF THE OWNER CATEGOR		LY, WITH ANY MANAGEMENT DECI\$I	ONS, OF ANY NATURE, REGARDING THE			
Spouse	Applioant	THE SPOUSE WILL HAVE NO DIRECT OF THE OWNER CATEGORY LICENSE		OR INFLUENCE IN THE DECISION-MA	KING PROCESS RELATED TO THE OPERATION			
		REQUIRED PURSUANT TO BUSINESS			EE FOR WHICH LICENSURE COULD BE 354, 19912, OR 19984 OR COMMISSION			
Spouse	Applicant		•	, OR OTHERWISE OBTAINING ANY OW DERGO LICENSURE PRIOR TO RECEIVE	NERSHIP INTEREST IN THE OWNER NG ANY OWNERSHIP INTEREST OR REVENUES			
! Spouse	Applicant	MAY BE, REQUIRED PURSUANT TO	THE ACT WITHOUT FIRST O		FABILITY, A PERMIT, OR A LICENSE IS, OR F SUITABILITY, PERMIT OR LICENSE MAY BE TENSE.			
Spouse	Applicant		ECLARATION OF SOLE AND	SEPARATE PROPERTY IS FALSE, TH.	AT FACT MAY BE USED AS GROUNDS FOR A			
Spouse	Applicant	DEMME, ON BODSEQUENT REVOCAT	TOMOR THE AFFICANT 51	nesiadi.				

SECTION 4: ADDITIONAL REQUIRED FEEDING.	
THE FOLLOWING ITEMS MUST BE SUBMITTED, AS APPLICABLE, WITH THIS COMPLETED FORM. PROVIDE COPIES OF DOCUMENTS UNLESS OTHERWISE 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 APPLICATION PACKAGE WILL NOT BE DEEMED COMPLETE UNTIL ALL REQUIRED FORMS, DOCUMENTATION, AND FEES HAVE BEEN COMPLETED AND BY THE STATE. IF THE APPLICANT HAS SELECTED SECTION 2 ITEM 6), NO ADDITIONAL DOCUMENTS ARE NECESSARY UNLESS REQUIRED BY THE BUF GAMBLING CONTROL. MARK THE BOX NEXT TO EACH ATTACHED ITEM.	A), THE RECEIVED
THE SPOUSE MUST SUBMIT OONE OF THE FOLLOWING:	
IF A RESIDENT OF THE STATE OF CALIFORNIA, A REQUEST FOR LIVE SCAN SERVICE (BCIA 8016), INCLUDING THE ATI NUMBER; OR,	
If not, a resident of the State of California, two Applicant Fingerprint Cards, FD-258	
ANY PRENUPTIAL, POST NUPTIAL, OR DOMESTIC PARTNERSHIP AGREEMENT WHICH CONFIRMS THE CHARACTERIZATION OF THE APPLICANT'S INTEREST IN THE OWNER CATEGORY LIC SOLE AND SEPARATE PROPERTY AND COMPLIES WITH FAMILY CODE SECTION 1615	CENSEE AS
Any documentation that reflects the applicant's acquisition of the interest in the owner category licensee as sole and separate property through gift or inheritance	
ANY DOCUMENTATION THAT DEMONSTRABLY SHOWS THE ACQUISITION OF THE OWNER CATEGORY LICENSEE INTEREST TRACED TO SOLE AND SEPARATE PROPERTY OR FUNDS OF API	PLICANT
ANY COURT ORDERS CONCERNING THE OWNERSHIP CHARACTERIZATION OF THE OWNER CATEGORY LICENSER INTEREST AS SOLE AND SEPARATE PROPERTY	
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, a	nd that
this declaration is executed by me at	
City and State	
APPLICANT'S NAME APPLICANT'S SIGNATURE DATE (MM/DD	VYYYY)
SPOUSE'S NAME SPOUSE'S SIGNATURE DATE (MM/DD	VYYYY)