1	CALIFORNIA CODE OF REGULATIONS
2	TITLE 4. BUSINESS REGULATIONS.
3	
4	DIVISION 18. CALIFORNIA GAMBLING CONTROL COMMISSION.
5	(AMENDED REGULATIONS EFFECTIVE OCTOBER 1, 2023)
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	
11	CHAPTER 1. GENERAL PROVISIONS
12	ARTICLE 3. DESIGNATED AGENT
13	0.42000 D
14 15	§ 12080. Requirements.  (a) An applicant, licensee, or holder of a Commission work permit may designate a natural person(s)
16	to serve as their designated agent(s) pursuant to Title 11, Cal. Code Regs., Section 2030, using the
17	Appointment of Designated Agent, CGCC-CH1-04 (Rev. 07/22), which is attached in Appendix A to this
18	chapter.
19	
20 21 22	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.
23	CHAPTER 2. LICENSES AND WORK PERMITS
24 25	ARTICLE 2. INITIAL AND RENEWAL LICENSES AND WORK PERMITS
26 27	§ 12112. Initial License Applications; Required Forms.  A person applying for Commission approval must submit the following to the Bureau:
28	(a) A completed Application for Employee Category License, CGCC-CH2-04 (Rev. 11/21) or
29	Application for Owner Category License, CGCC-CH2-05 (Rev. 04/23), which are attached in Appendix
30	A to this chapter, any applicable fees required in Section 12090, and the applicable background
31	investigation deposit required by Title 11, CCR, Section 2037.
32	(b) Any applicable completed supplemental information forms, all of which are attached in Appendix
33	A to this chapter:
34	···
35	(2) Individual Owner/Principal: Supplemental Information, CGCC-CH2-07 (Rev. 07/22).
36	(3) Key Employee or TPPPS Supervisor: Supplemental Information, CGCC-CH2-08 (Rev. 07/22).

1	
2	(5) Commission Work Permit or TPPPS Worker: Supplemental Information, CGCC-CH2-10 (Rev.
3	07/22).
4	(6) Supplemental Information: Schedules, CGCC-CH2-11 (New 05/20).
5	(7) Request for Copy of Personal Income or Fiduciary Tax Return, FTB- 3516 (Rev. 08-2015) C1
6	PAGE 1.
7	(8) Request for Copy of Corporation, Exempt Organization, Partnership, or Limited Liability
8	Company Tax Return, FTB- 3516 (Rev. 08- 2015) C1 PAGE 2.
9	
10	(e) An Appointment of Designated Agent, CGCC-CH1-04.
11	(f) If the application is an Application for Owner Category License, CGCC-CH2-05, and the
12	applicant is a natural person, then a completed copy of the Spousal Information, CGCC-CH2-12 (Rev.
13	07/22), which is attached in Appendix A to this chapter.
14 15 16 17 18	Note: Authority cited: Sections 19811, 19824, 19840, 19841, 19850, 19912 and 19984, Business and Professions Code. Reference: Sections 19801, 19811, 19824, 19826, 19841, 19850, 19851, 19852, 19855, 19864, 19865, 19866, 19867, 19868, 19878, 19880(d), 19883, 19890(e), 19893, 19912, 19951, 19982 and 19984, Business and Professions Code.
19 20	§ 12114. Renewal License Applications; Required Forms.
21	(c) For the purposes of this section, a "complete application" must consist of all of the following:
22	(5) If the continuous and the first of the Continuous Cotton and the continuous Cotton and the cotton and t
23	(5) If the application is an Application for Owner Category License, CGCC-CH2-05, and the
24	applicant is a natural person, then a completed copy of the Spousal Information, CGCC-CH2-12.
25 26 27 28 29 30	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.
31	CHAPTER 3. CONDITIONS OF OPERATION FOR TPPPS BUSINESSES
32	
33 34	ARTICLE 3. TPPPS CONTRACTS
35 36	§ 12272. Review and Approval of TPPPS Contracts. (a)
37	
38	(2) A complete application for TPPPS contract approval must include all of the following:

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

## **Appointment of Designated Agent**

CGCC-CH1-04 (Rev. 07/22) Page 1 of 2

В	UREAU USE ONLY
BGC ID#	



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

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

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: APPLICANT INFORMATION						
REQUESTOR						
OWNER CATEGORY LICE (BUSINESS)		R CATEGORY LICENSEE	KEY EMPLOYEE OR TPPPS SUPERVISOR LICENSEE	WORK PERMIT, TPPPS WORKER LICENSEE		
GAMING RESOURCE SUP	PLIER TRIB	l Key	Other			
NAME OF REQUESTOR						
TYPE OF ASSOCIATED BU	SINESS					
CARDROOM BUSINESS L	ICENSEE	TRIBAL GAMING RESOURCE SUPPLIES	/FINANCIAL SOURCE (VENDOR) TPP	PS Business License		
NAME OF ASSOCIATED BU	JSINESS					
SECTION 2: DESIGNATED AGENT INFORMATION If no designated agent is being appointed, indicate N/A.						
NAME OF DESIGNATED AGENT						
RELATIONSHIP TO APPLICANT						
PROVIDED BY EMPLOYER						
WAILING ADDRESS (STREET, CITT, STATE, ZIP CODE)						
PRIMARY TELEPHONE NUMBER	ALTERNATE TELEPHON NUMBER	E FAX NUMBER	EMAIL ADDRESS	COMMISSION LICENSE NUMBER(S), IF APPLICABLE		
NOMBER	NOMBER			NOMBER(S), IF ALL EICABLE		

DOES THE DESIGNATED AGENT'S SCOPE OF AUTHORITY INCLUDE REPRESENTATION IN ALL MATTERS ON YOUR BEHALF WITH THE BUREAU OR COMMISSION?  IF NO, SPECIFY THE LIMITED 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 APPO	DINTED 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 ADD APPOINTED TO:	Please note: this cannot include a designation to assist in an evident	ary hearing					
	DESIGNATED AGE agent is being appointed, inc	NT ACKNOWLEDGMENT licate N/A.						
	THE DESIGNATED AGENT MUST COMPLETE THIS SECTION:  IF APPLICABLE, PROVIDE A VALID LICENSE NUMBER ISSUED BY EITHER THE COMMISSION, CALIFORNIA STATE BAR, OR CALIFORNIA BOARD OF ACCOUNTANCY.							
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							
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.  INITIAL							
PRINTED NAME		SIGNATURE	DATE (MM/DD/	YYYY)				

SECTION 4: SIGNATURE OF APPLICANT	Γ		
PRINTED NAME	SIGNATURE	CAPACITY	DATE (MM/DD/YYYY)

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

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

Chapter 2: Appendix A (Amended Forms)

### **Application for Owner Category License**

CGCC-CH2-05 (Rev. 04/23) Page 1 of 4

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BGC ID#	
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### MAIL COMPLETED FORM AND FEE/DEPOSIT TO:

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

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

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

All responses must be <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 F	ıll Name
Associated Owner Co	tagami Liaangaa
Associated Owner Ca	negory Licensee

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

PLEASE PRINT NAME ON BACK OF PHOTOGRAPH

SECTION 1: APPLICATION					
A) Type of Application (Check Appropriate Box)					
CARDROOM BUSINESS LICENSE The sole proprietor, LLC, corporation, partnership, trust, operates a gambling establishment	trust, or other busines as an independent c				
CARDROOM ENDORSEE LICENSE An endorsed licensee is any other type not covered above, such as: an officer in a corporation, a shareholder, a limited partner in a partnership, any person who receives any percentage share of the revenues earned, or any funding source.  TPPPS ENDORSEE LICENSE An endorsed licensee is any other type not covered above, such as: an officer in a corporation, a shareholder, a limited partner in a partnership, any percentage share of the revenues earned, or any funding					
B) SELECT IF THIS IS AN APPLICATION FOR AN INIT	AL OR RENEWAL LICENSE (CHECK APPROPRIATE BO	x)			
Initial Application	Initial Application with Request for <u>Temporary License</u>	RENEWAL APPLIC	CATION		
MUST INCLUDE THE FOLLOWING (AS APPLICABLE):	MUST INCLUDE THE FOLLOWING (AS APPLICABLE):	MUST INCLUDE THE FOL	LOWING (AS APPLIC	ABLE):	
<ul> <li>Application Fee required in Title 4, CCR, Section 12090</li> <li>A background investigation deposit required in Title 11, CCR, Section 2037</li> </ul>	<ul> <li>Application Fee required in Title 4, CCR, Section 12090</li> <li>Additional Application Fee for a Temporary Owner Category License required in Title 4, CCR, Section 12090</li> <li>A background investigation deposit required in Title 11, CCR, Section 2037</li> </ul>	<ul> <li>Application Fee required in Title 4, CCR, Section 12090</li> <li>A delinquency fee in the amount specified in Section 12090, if applicable</li> <li>A background investigation deposit required in Title 11, CCR, Section 2037</li> </ul>			
· · · · · · · · · · · · · · · · · · ·	Y LICENSE APPLICANTS: Check this box ONLY IF you need equest for Temporary License do not complete Section		approval of your app	olication.	
SECTION 2: RENEWAL INFORMATION Complete this section only for a renewal application marked "YES" on a separate sheet of paper and attractions.	. If you answer "YES" to any of the questions below,	please provide a detail	ed explanation fo	or each item	
ALL APPLICANTS  1. Have you been a party to any civil litigation since last fil	ing a license application?		☐ YES	□ No	
2. Have you been named in any administrative action affect	ting any license certification since last filing a license application	?	YES	□ No	
3. Have you been convicted of any crime (misdemeanor or felony) since last filing a license or Commission work permit application?  Note: It is your responsibility to verify the circumstances and status of all crimes and you should err on the side of disclosure as failing to disclose a conviction can weigh against your application being approved.					
Have you acquired or increased your financial interest in application?	☐ YES	□ No			
5. Have you transferred any ownership interest to any individual or into a Trust since last filing a license application?					
6. Do you have a financial interest in the cannabis industry? If yes, answer question 7.					
7. If the answer to Question 6 was yes, do you currently ha	☐ YES	□ No			
CARDROOM BUSINESS LICENSEE OR TPPPS BUSINI  8. Have there been any changes affecting ownership or con	☐ YES	□ No			
Have there been any changes affecting ownership or con application?	trolling interest in any entity that is endorsed upon the license sin	ce last filing a license	YES	□ No	
10. Has there been any newly acquired or increase to any fin filing a license application?	e the State since last	☐ YES	□ No		
CARDROOM BUSINESS LICENSEE  11. Has there been any change to the terms (financial or other	☐ YES	□ No			
TRUST 12. Has there been any amendment to any trust documents or	r any changes to a beneficiary, trustee, or trust asset since last fili	ng a license application?	☐ YES	□ No	

SECTION 3: CARDRO Complete this section only for			SE 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 Tab	BLES OPERATING	OR TO BE OPE	RATED IN THE GAMBL	ING ESTABLISHME	NT:		
NAME OF PROPOSED GAMES							
INDICATE ENDORSED OWNER: Identify all individual officers (Presidenty Trustees. For officers and direct space is needed, please use separate space)	dent, Secretary, Treas ors of corporations w						
Entity /Individua	l's Name		Title		/Membership Interest Percentage	(salary, hourly v	n Arrangement vage, incentives, es, etc.)
	%						
					%		
					%		
					%		
	%						
SECTION 4: ADDITIO	NAL REQUI	RED ITEM					
THE FOLLOWING ITEMS MUST BE SUBMITTED, AS APPLICABLE, WITH THIS COMPLETED FORM. PROVIDE COPIES OF DOCUMENTS UNLESS OTHERWISE STATED. ONLY DOCUMENTS THAT ARE DATED AND SIGNED BY THE APPLICANT WILL BE ACCEPTED. FAILURE TO PROVIDE REQUIRED ITEMS MAY RESULT IN DENIAL OF YOUR APPLICATION. PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 19868, SUBDIVISION (a), THE APPLICATION PACKAGE WILL NOT BE DEEMED COMPLETE UNTIL ALL REQUIRED FORMS, DOCUMENTATION, AND FEES HAVE BEEN COMPLETED AND RECEIVED BY THE STATE.  MARK THE BOX NEXT TO EACH ATTACHED ITEM.							
Completed Request for Livi	E SCAN SERVICE (BC	IA 8016), inclui	DING THE ATI NUMBER				
AUTHORIZATION TO RELEASE I	NFORMATION, CGCC	-CH2-13 – <b>Prov</b>	TIDE ORIGINAL				
Note: Initial applicants must also attach a completed Supplemental Background Information, CGCC-CH2-06 in addition to any other form required below Individual Applicants: Individual Owner/Principal: Supplemental Information, CGCC-CH2-07  Entity Applicants: Business Entity: Supplemental Information, CGCC-CH2-06  *Trust Applicants: Trust: Supplemental Information, CGCC-CH2-09  *Current beneficiaries do not need to submit an application if the beneficiary is less than 21 years of age. Contingent beneficiaries do not need to submit an application if benefits are contingent upon a specific future event or circumstance.							
Spousal Information, CGCC-CH2-12							
ADDITIONAL DOCUMENTATION MAY B	E REQUIRED BY THE E	BUREAU OF GAME	BLING CONTROL.				

Application for Owner Category License Page 4 of 4

SECTION 5: DECLARATION					
I declare under penalty of perjury under the laws of the State of California that the information in this form is true, accurate, and complete, and that this declaration is executed by me at					
	City and State				
PRINTED NAME	SIGNATURE	DATE (MM/DD/YYYY)			

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

# Individual Owner/Principal: Supplemental Information

CGCC-CH2-07 (Rev. 07/22) Page 1 of 15

Camornic	a Cambing Control Commission						
BUREAU USE ONLY							
BGC ID# _							



### MAIL COMPLETED FORM AND DEPOSIT TO:

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

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

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

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

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

Applicant's Full Name
11
Title/Capacity
Title Capacity
1 10 0 1
Associated Owner Category Licensee
Associated Endorsed Owner, if Applicable
, 11

TYPE OF OWNER APPLICANT (CHECK APPROPRIATE BOX):	
TPPPS BUSINESS LICENSEE	CARDROOM BUSINESS LICENSEE
TPPPS ENDORSEE LICENSEE	CARDROOM ENDORSEE LICENSEE

SECTION 1: PERSONAL INFORMATION								
FULL NAME: LAST	FIRST		MIDDLE					
ALIAS(ES), NICKNAME(S), OTHER FORMER LEGAL NAMES								
CURRENT RESIDENCE (STREET, CITY, STATE, ZIP CODE)								
MAILING ADDRESS IF DIFFERENT THAN CURRENT RESIDENCE (STREET, CITY, STATE, ZIP CODE)								
PRIMARY TELEPHONE NUMBER	ALTERNATE TELEPHONE NU	JMBER EMAIL ADDRESS						
DATE OF BIRTH (MM/DD/YYYY)	DRIVER'S LICENSE/IDENTIFICATION	CARD NUMBER	STATE EXPIRATION DATE (MM/DD/YYYY)					
IF BORN OUTSIDE THE U.S., IDENTIFY Y  RESIDENT ALIEN	Naturalized Citizen	EMPLOYMENT AUTHORIZED	ENTATION  OTHER:					
IF RESIDENT ALIEN OR NATURALIZED (	CITIZEN, PROVIDE YOUR A-NUMBER	SOCIAL SECURITY NUMBER						
DISCLOSURE								
405(C)(2)(C)] AUTHORIZE COLLECTION ( ENFORCEMENT PURPOSES, FOR PURPOSES)	OF YOUR SOCIAL SECURITY NUMBER. SES OF COMPLIANCE WITH ANY JUDGN JIRIES REQUIRED FOR LICENSURE. IF LL BE REPORTED TO THE FRANCHISE T	YOUR SOCIAL SECURITY NUMBER WI MENT OR ORDER FOR FAMILY SUPPOR YOU FAIL TO DISCLOSE YOUR SOCIAL FAX BOARD, WHICH MAY ASSESS A \$1	T IN ACCORDANCE WITH FAMILY CODE SECURITY NUMBER, YOUR APPLICATION 00 PENALTY AGAINST YOU.					
DO YOU HAVE A PASSPORT?	YES NO IF YES, IDE	NTIFY ALL COUNTRIES THAT HAVE IS:	SUED YOU A PASSPORT IN THE LAST 10 YEARS					
RELATIONSHIP TO OWNER CATEGORY LIST ALL THAT APPLY.	LICENSEE							
□ Sole Proprietor	☐ Officer	☐ Trustor	☐ Financial Interest Holder					
☐ General Partner	□ Director	☐ Trustee	☐ TPPPS Funding Source					
☐ Limited Partner	☐ Landlord	☐ Current Beneficiary	☐ Community Property Interest					
□ Shareholder	□ LLC Member	☐ Contingent Beneficiary	Other:					
SECTION 2: FAMILY/COHABITANT INFORMATION								
A) RELATIONSHIP STATUS								
Single Married	REGISTERED DOMESTIC PA	ARTNER DIVORCED	☐ WIDOWED ☐ SEPARATED					
B) CURRENT SPOUSE/REGISTERED DO	DMESTIC PARTNER							
FULL NAME: LAST	FIRST	MIDDLE	FORMER NAME					
DATE OF BIRTH (MM/DD/YYYY)	<b>'</b>	DATE OF MARRIAGE/RE	GISTRATION (MM/DD/YYYY)					
RESIDENCE IF DIFFERENT FROM APPLIC	CANT (STREET, CITY, STATE, ZIP CODE)	)						

C) Former Spouse/Registered Domestic Partner									
FULL NAME: LAST FIRST				MIDDLE			FORMER NAME		
DATE OF BIRTH (MM/DD/YYYY)  DATE OF MARRIAGE/REGISTRA (MM/DD/YYYY)				DATE OF DIV	VORCE (N		STATE IN WHICH D	IVORCE	
D) DO YOU HAVE ANY IMMEDIATE FAM INTEREST IN, OR ARE EMPLOYED BY IF YES, PROVIDE THE FOLLOWING DETAILS.				MMATES WHO	CURREN	VTLY HAVE A FINANC		YES NO	
1) FULL NAME: LAST	FIRST			MI	FORMI	ER NAME	RELATIONSHIP		
NAME OF BUSINESS				FINANCIAL	INTERES	ST (INC. PERCENTAGE	E OWNED) AND/OR	POSITION HELD	
2) FULL NAME: LAST	FIRST			MI	FORMI	ER NAME	RELATIONSHIP		
NAME OF BUSINESS	I			FINANCIAL	INTERES	ST (INC. PERCENTAGI	E OWNED) AND/OR	POSITION HELD	
E) CHILDREN AND DEPENDENTS PROVIDE THE FOLLOWING INFORMATION FOR	E) CHILDREN AND DEPENDENTS PROVIDE THE FOLLOWING INFORMATION FOR EACH OF YOUR CHILDREN (INCLUDING NATURAL, ADOPTED, CURRENT FOSTER AND STEP-CHILDREN) AND DEPENDENTS.								
Name (Last, First, Middle, Former Na	ме)	Date of Birth	RESIDENCE ADDRESS			RELATIONSHIP	OCCUPATION		
F) CO-HABITANTS AND ROOMMATES PROVIDE THE FOLLOWING INFORMATION FOR	ANY PERSO!	ns 18 years of age or old	ER (NOT OT	HERWISE DISCLO	osed) With	I WHOM YOU RESIDE.		□ N/A	
Name (Last, First, Middle, Former Na	ME)	DATE OF BIRTH	Емр	MPLOYER/OCCUPATION		Employer Addre	SS AND TELEPHONE	RELATIONSHIP	
G) PARENTS AND STEP-PARENTS PROVIDE THE FOLLOWING INFORMATION FOR OCCUPATION.	YOUR PARE	NTS AND STEP-PARENTS. IF	RETIRED, LI	ST LAST OCCUPA	TION, OR I	F DECEASED, PROVIDE DA	TE OF DEATH AND LIST	LAST ADDRESS AND	
Name (Last, First, Middle, Former Na	ME)	DATE OF BIRTH	RESIDENCE ADDRESS			DRESS	RELATIONSHIP	OCCUPATION	
		1					1	İ	

Individual Owner/Principal: Supplemental Information Page 4 of 15										
H) SIBLINGS PROVIDE THE FOLLOWING INFORMATION FOR YOUR BROT PROVIDE DATE OF DEATH AND LIST LAST ADDRESS AND O		RS, AND STEP-SISTERS. IF RETIRED, LIST LAST OCCUPATI	ON, OR IF DECEASED,	□ N/A						
Name (Last, First, Middle, Former Name)	DATE OF BIRTH	RESIDENCE ADDRESS	RELATIONSHIP	OCCUPATION						
SECTION 3: MILITARY EXPERIEN	NCE									
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 FROM (MM/DD/YYYY)	DATES OF SERVICE	TO (MM/DD/YYYY)						
RANK AT SEPARATION SERVICE NUMBER										
TYPE OF DISCHARGE: OTHER HONO	ORABLE GENI	ERAL OTHER THAN HONORABLE	BAD CONDUCT	DISHONORABLE						
IF YES, PROVIDE THE FOLLOWING DETAILS.  YES NO										

COURT LOCATION (CITY, STATE/PROVINCE/COUNTRY)

FINAL CHARGE

EXPLAIN THE INCIDENT THAT LED TO THE COURT-MARTIAL AND PROVIDE RELATED DOCUMENTS

DATE (MM/DD/YYYY)

SECTION 4: CRIMINAL CONVICTIONS/PENDING, CURRENT AND PAST LITIGATION AND ARBITRATION									
For T	HE FOLLOWING SECTION:								
You A	YOU ARE REQUIRED TO DISCLOSE ANY AND ALL CRIMINAL CONVICTIONS REGARDLESS OF:								
1)	1) THE DATE OF THE CONVICTION, I.E. IT MUST BE DISCLOSED NO MATTER HOW OLD THE CONVICTION IS;								
2)	THE DEGREE OF THE CONVICTION, I.E. IT MUST BE DISCLOSED WHETHER IT WAS A FELONY OR MISDEMEANOR, WHICH INCLUDES TRAFFIC VIOLATIONS CHARGED AS MISDEMEANORS OR FELONIES, INCLUDING DRIVING UNDER THE INFLUENCE, DRIVING ON A SUSPENDED LICENSE, ETC.;								
3)	THE STATUS OF THE CONVICTION, I.E. IT MUST BE DISCLOSED REGARDLESS OF WHETHER YOU HAD THE CONVICTION REDUCED, DISMISSED, OR EXPUNGED, OR WHETHER YOU ARE ON OR OFF PROBATION; AND								
You A	RE NOT REQUIRED TO DISCLOSE:								
1)	) INFRACTIONS, I.E. SPEEDING OR PARKING TICKETS. HOWEVER, IT IS YOUR RESPONSIBILITY TO VERIFY THE CIRCUMSTANCES AND STATUS OF ALL CRIMES AND YOU SHOULD ERR ON THE SIDE OF DISCLOSURE AS FAILING TO DISCLOSE A CONVICTION CAN WEIGH AGAINST YOUR APPLICATION BEING APPROVED.								
2)	ANY CONVICTION SEALED PURSUANT TO A COURT ORDER. PLEASE NOTE THAT ANY CONVICTIONS REDUCED, EXPUNGED, OR DISMISSED INCLUDING THOSE UNDER PENAL CODE SECTION 1203.4, 1203.4A, OR 1203.45 ARE NOT SEALED AS A MATTER OF COURSE AND MUST STILL BE DISCLOSED.								
A) HA	VE YOU <u>EVER</u> BEEN CONVICTED OR PLED	GUILTY OR NOLO CONTENDERE (NO CONTEST) TO A MISDEMEA	ANOR OR FELONY?						
IF Y	ES, PROVIDE THE FOLLOWING DETAILS FOR EACH CON	VICTION.							
	OU REQUIRE ADDITIONAL SPACE FOR EITHER THE NUMFORM.	BER OF CONVICTIONS OR TO EXPLAIN THE FACTUAL CIRCUMSTANCES, PLEASE	ATTACH ANOTHER PAGE TO	☐ YES ☐ NO					
	IS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THER SUPPLEMENTAL INFORMATION FORM WAS SUBM	THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LITTED AND LICENSURE GRANTED.	LAST TIME THIS FORM OR						
	ROXIMATE DATE OF CONVICTION D/YYYY)	ARRESTING AGENCY	COURT LOCATION (CITY,	STATE)					
ID	ENTIFY CRIMINAL CONVICTIONS BELOW A	ND ON A SEPARATE PIECE OF PAPER EXPLAIN THE FACTUAL CI	RCUMSTANCES THAT LED	TO THE CONVICTION.					
	ROXIMATE DATE OF CONVICTION D/YYYY)	ARRESTING AGENCY	COURT LOCATION (CITY,	STATE)					
(MINI B	5/1111)								
ID	ENTIFY CRIMINAL CONVICTIONS BELOW A	ND ON A SEPARATE PIECE OF PAPER EXPLAIN THE FACTUAL CI	RCUMSTANCES THAT LED	TO THE CONVICTION.					
	VE YOU EVER BEEN REMOVED FROM OR PI RING ESTABLISHMENT?	ROHIBITED FROM ENTERING THE PREMISES OF ANY GAMING O	R PARI-MUTUEL	☐ YES ☐ NO					
C) HA	VE YOU EVER ENGAGED IN ILLEGAL GAME	BLING ACTIVITIES THAT YOU KNEW OR SHOULD HAVE KNOWN	WERE ILLEGAL?	☐ YES ☐ NO					
D) HA	VE YOU EVER BEEN FOUND IN VIOLATION	OF ANY CAMPAIGN LAWS?		☐ YES ☐ NO					
E) Ar	E YOU CURRENTLY ON PROBATION?			☐ YES ☐ NO					
IF YES	TO ANY OF THE ABOVE, PROVIDE DETAILS								

F) HAVE YOU EVER BEEN FOUND IN VIOLATION OF THE U.S. FOREIGN CORRUPT PRACTICES ACT OR EQUIVALENT IN ANOTHER COUNTRY?						
IF YES TO ANY OF THE ABOVE, PROVIDE	DETAILS.					
	N CONNECTION WITH ANY BUSINESS ENTITY	, BEEN PARTY TO A LAWSUIT OR ARBIT	RATION			
WITHIN THE LAST 10 YEARS?  A LAWSUIT OR ARBITRATION THAT HAS BEEN S	SEALED, ALLOWED TO PROCEED ANONYMOUSLY PURSUA	ANT TO A COURT ORDER, OR WHERE THE APPLICA	NT IS A CLASS	☐ YES	□ No	
MEMBER IN A CLASS ACTION LAWSUIT NEED NO		,		L IES	□ NO	
IF YES, PROVIDE THE FOLLOWING DETAILS.						
	TIES INVOLVED		CASE NUMBE	R		
(MM/DD/YYYY)						
COURT LOCATION (CITY, STATE)	1	DISPOSITION DATE (MM/DD/YYYY)	FINAL DISPO	SITION		
		,				
BRIEFLY EXPLAIN THE GENERAL SUI	BJECT OF LITIGATION					
2) APPROXIMATE DATE FILED PAR	TIES INVOLVED		CASE NUMBI	ER		
(MM/DD/YYYY)						
COURT LOCATION (CITY, STATE)		DISPOSITION DATE (MM/DD/YYYY)	FINAL DISPO	SITION		
BRIEFLY EXPLAIN THE GENERAL SU	BJECT OF LITIGATION					

S	ECTION 5: RESIDENCES							
	.) LIST ALL RESIDENCES DURING THE LAST ARKERS SUCH AS STREET, DRIVE, ETC., AN				RESIDE	NCE). PROVIDE COM	PLETE ADDRE	SSES AND
	THIS APPLICANT CURRENTLY HOLDS A VALID LICENS FORMATION FORM WAS SUBMITTED AND LICENSURE		NEED ONLY BE ANSWERED IN A MANN	ER TO UPDATE SINCE	THE LAST	TIME THIS FORM OR ANOTH	HER SUPPLEMENTA	AL
1)	CURRENT ADDRESS (NUMBER/STREET/APT	Γ)					FROM (MM/I	DD/YYYY)
	CITY	STATE	COUNTRY IF OUTSIDE U.S.		ZI	P CODE	Own	☐ RENT
2)	FORMER ADDRESS (NUMBER/STREET/APT)				FR	ROM (MM/DD/YYYY)	TO (MM/DD/	YYYY)
	CITY	STATE	COUNTRY IF OUTSIDE U.S.		ZI	P CODE	☐ Own	☐ RENT
3)	FORMER ADDRESS (NUMBER/STREET/APT)	<u> </u>			FR	ROM (MM/DD/YYYY)	TO (MM/DD/	YYYY)
	CITY	STATE	COUNTRY IF OUTSIDE U.S.		ZI	P CODE	Own	☐ RENT
4)	FORMER ADDRESS (NUMBER/STREET/APT)				FR	ROM (MM/DD/YYYY)	TO (MM/DD/	YYYY)
	CITY	STATE	COUNTRY IF OUTSIDE U.S.		ZI	P CODE	Own	☐ RENT
S	ECTION 6: EXPERIENCE AND	<b>EMPLOY</b>	MENT					
IN TI IF	EGINNING WITH YOUR CURRENT EMPLOYN NCLUDING PART-TIME, TEMPORARY, AND SITLE/DUTIES SECTION, EXPLAIN HOW YOU THIS APPLICANT CURRENTLY HOLDS A VALID LICENS FORMATION FORM WAS SUBMITTED AND LICENSURE	SELF-EMPLOYN SUPPORTED YO	MENT (CONSULTING, INDEPEND OURSELF.	DENT CONTRACTO	OR, ETC.	). For unemployed	PERIODS, IN	ГНЕ ЈОВ
1)	CURRENT EMPLOYER						FROM (MM/I	DD/YYYY)
	JOB TITLE/DUTIES			MONTHLY EAR	NINGS	GAMING RELATED?	☐ YES	□ No
	ADDRESS					SUPERVISOR		
•	CITY		STATE/PROVINCE & COUNT	RY ZIP/POSTAL	CODE	TELEPHONE NUMBI	ER	EXT
	DO YOU HAVE A WRITTEN EMPLOYMENT IF YES, PROVIDE A COPY. IF NOT SUBMIT A COPY						☐ YES	□ No
2)	NAME OF PRIOR EMPLOYER					FROM (MM/DD/YYY	Y) TO (MM/	DD/YYYY)
	JOB TITLE/DUTIES			MONTHLY EAR	NINGS	GAMING RELATED?	☐ YES	□ No
	ADDRESS					SUPERVISOR		
•	CITY	STA	ATE/PROVINCE & COUNTRY	ZIP/POSTAL	CODE	TELEPHONE NUMBI	ER	EXT
	REASON FOR LEAVING. IF TERMINATED,	EXPLAIN THE C	CIRCUMSTANCES.	1				1

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JO	JRRENT EMPLOYER				FROM (MN	M/DD/YYYY)
	DB TITLE/DUTIES		MONTHLY EARNINGS	GAMING RELATED?	☐ YES	□ No
AI	DDRESS			SUPERVISOR		
CI	TTY	STATE/PROVINCE & CO	UNTRY ZIP/POSTAL CODE	TELEPHONE NUM	1BER	EXT
RI	EASON FOR LEAVING. IF TERMINATED, EXPLAIN 1	THE CIRCUMSTANCES.				
4) NA	AME OF PRIOR EMPLOYER			FROM (MM/DD/Y	YYY) TO (M	M/DD/YYYY)
JO	DB TITLE/DUTIES		MONTHLY EARNINGS	GAMING RELATED?	☐ YES	□ No
AI	DDRESS			SUPERVISOR		
CI	TTY	STATE/PROVINCE & COUNTRY	Y ZIP/POSTAL CODE	TELEPHONE NUM	MBER	EXT
RI	EASON FOR LEAVING. IF TERMINATED, EXPLAIN 1	THE CIRCUMSTANCES.				
SEC	CTION 7: LICENSING INFORMATION	ON				
R	HAVE YOU EVER APPLIED FOR OR BEEN ISSUED A ELATED TO GAMING IN ANY JURISDICTION?	LICENSE, PERMIT, CERTIFICATI	E, REGISTRATION, OR FINDIN	G OF SUITABILITY		
IF	YES, LIST BELOW ANY LICENSING OR REGULATORY AGENCY (OMMISSION, TO WHICH YOU HAVE APPLIED (INCLUDE ANY API- THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS Q NOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED	PLICATIONS THAT WERE APPROVED, SU QUESTION NEED ONLY BE ANSWERED IN	RRENDERED, WITHDRAWN, DENIED,	AND/OR ARE PENDING).	☐ YES	s 🗖 No
IF AN	OMMISSION, TO WHICH YOU HAVE APPLIED (INCLUDE ANY APF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS Q	PLICATIONS THAT WERE APPROVED, SU QUESTION NEED ONLY BE ANSWERED IN D AND LICENSURE GRANTED.	RRENDERED, WITHDRAWN, DENIED, A MANNER TO UPDATE SINCE THE L	AND/OR ARE PENDING). AST TIME THIS FORM OR	☐ YES	s 🗖 No
IF AN	OMMISSION, TO WHICH YOU HAVE APPLIED (INCLUDE ANY API THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS Q NOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED	PLICATIONS THAT WERE APPROVED, SU QUESTION NEED ONLY BE ANSWERED IN D AND LICENSURE GRANTED.	RRENDERED, WITHDRAWN, DENIED, A MANNER TO UPDATE SINCE THE L	AND/OR ARE PENDING). AST TIME THIS FORM OR ISSI		s 🔲 No
IF AN	OMMISSION, TO WHICH YOU HAVE APPLIED (INCLUDE ANY APF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS C NOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED CENSE/PERMIT/CERTIFICATION/REGISTRATION NU	PLICATIONS THAT WERE APPROVED, SU QUESTION NEED ONLY BE ANSWERED IN D AND LICENSURE GRANTED.	RRENDERED, WITHDRAWN, DENIED,  A MANNER TO UPDATE SINCE THE L  ION	AND/OR ARE PENDING).  AST TIME THIS FORM OR  ISSU  Y)	UING AGENCY	
IF AN	OMMISSION, TO WHICH YOU HAVE APPLIED (INCLUDE ANY API THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS Q NOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTEE CENSE/PERMIT/CERTIFICATION/REGISTRATION NU  DATE HELD FROM (MM/DD/YYYY)	PLICATIONS THAT WERE APPROVED, SUI QUESTION NEED ONLY BE ANSWERED IN D AND LICENSURE GRANTED.  JMBER TYPE OF APPLICATION	RRENDERED, WITHDRAWN, DENIED, A MANNER TO UPDATE SINCE THE L  ION  DATE HELD TO (MM/DD/YYY  ACTION TAKEN (ISSUED, REVOKED, OTHER)	AND/OR ARE PENDING). AST TIME THIS FORM OR ISSI  Y)  DENIED, SUSPENDE	UING AGENCY	
IF AN 1) LIG	OMMISSION, TO WHICH YOU HAVE APPLIED (INCLUDE ANY APPLIED AND A VALID LICENSE, THIS QUESTION AND APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION AND ADDRESS OF THE SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED CENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBERS OF THE PROPERTY OF TH	PLICATIONS THAT WERE APPROVED, SUI QUESTION NEED ONLY BE ANSWERED IN D AND LICENSURE GRANTED.  JMBER TYPE OF APPLICATION  ED, OR CONDITIONED, BRIEFLY	RRENDERED, WITHDRAWN, DENIED, I A MANNER TO UPDATE SINCE THE L  ION  DATE HELD TO (MM/DD/YYY  ACTION TAKEN (ISSUED, REVOKED, OTHER)  EXPLAIN THE CIRCUMSTANCE	AND/OR ARE PENDING). AST TIME THIS FORM OR ISSI  Y) DENIED, SUSPENDE ES.	UING AGENCY	
IF AN 1) LIG	OMMISSION, TO WHICH YOU HAVE APPLIED (INCLUDE ANY APPLIED AND AND ADDRESS OF THIS QUARTERS OF THE SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED CENSE/PERMIT/CERTIFICATION/REGISTRATION NUTBER OF THE PROPERTY O	PLICATIONS THAT WERE APPROVED, SUI QUESTION NEED ONLY BE ANSWERED IN D AND LICENSURE GRANTED.  JMBER TYPE OF APPLICATION  ED, OR CONDITIONED, BRIEFLY	RRENDERED, WITHDRAWN, DENIED, I A MANNER TO UPDATE SINCE THE L  ION  DATE HELD TO (MM/DD/YYY  ACTION TAKEN (ISSUED, REVOKED, OTHER)  EXPLAIN THE CIRCUMSTANCE	AND/OR ARE PENDING). AST TIME THIS FORM OR  ISSI  Y)  DENIED, SUSPENDE  ES.	UING AGENCY ED, PENDING, W	
IF AN 1) LIG	OMMISSION, TO WHICH YOU HAVE APPLIED (INCLUDE ANY APPLIED OF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUENTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED CENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER OF THE PROPERTY OF THE PROPERTY OF THE PROVINCE, COUNTRY  IF DENIED, SUSPENDED, WITHDRAWN, REVOKE CENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER OF THE PROPERTY OF THE	PLICATIONS THAT WERE APPROVED, SUI QUESTION NEED ONLY BE ANSWERED IN D AND LICENSURE GRANTED.  JMBER TYPE OF APPLICATION  ED, OR CONDITIONED, BRIEFLY	A MANNER TO UPDATE SINCE THE LEST OF THE L	AND/OR ARE PENDING).  AST TIME THIS FORM OR  ISSI  Y)  DENIED, SUSPENDE  ES.  ISSI	UING AGENCY ED, PENDING, W	/ITHDRAWN,
IF AN 1) LIG	OMMISSION, TO WHICH YOU HAVE APPLIED (INCLUDE ANY APPLIED OF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS CONTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED CENSE/PERMIT/CERTIFICATION/REGISTRATION NUTBER OF THE PROPERTY OF THE PR	PLICATIONS THAT WERE APPROVED, SUI QUESTION NEED ONLY BE ANSWERED IN D AND LICENSURE GRANTED.  JUMBER TYPE OF APPLICATION  JUMBER TYPE OF APPL	ION  DATE HELD TO (MM/DD/YYY  ACTION TAKEN (ISSUED, REVOKED, OTHER)  EXPLAIN THE CIRCUMSTANCE  TON  DATE HELD TO (MM/DD/YYY)  ACTION TAKEN (ISSUED, REVOKED, OTHER)	AND/OR ARE PENDING).  AST TIME THIS FORM OR  ISSI  Y)  DENIED, SUSPENDE  ISSI  Y)  DENIED, SUSPENDE	UING AGENCY ED, PENDING, W	/ITHDRAWN,
IF AN	OMMISSION, TO WHICH YOU HAVE APPLIED (INCLUDE ANY APPLIED AND A VALID LICENSE, THIS QUESTION AND APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION AND ADDRESS OF THE SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED CENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBERS OF THE PROPERTY OF TH	PLICATIONS THAT WERE APPROVED, SUI QUESTION NEED ONLY BE ANSWERED IN D AND LICENSURE GRANTED.  JMBER TYPE OF APPLICATION	RRENDERED, WITHDRAWN, DENIED, A MANNER TO UPDATE SINCE THE L  ION  DATE HELD TO (MM/DD/YYY  ACTION TAKEN (ISSUED, REVOKED, OTHER)	AND/OR ARE PENDING). AST TIME THIS FORM OR ISSI  Y)  DENIED, SUSPENDE	UING AGENCY	

INTER	AVE YOU EVER BEEN DISCIPLINED, FIN RNATIONAL)? YES, PROVIDE THE FOLLOWING DETAIL	ŕ	G REGULATORY AG	GENCY (LOCAL, STATE, TRIBAL, C	DR .	YES NO
IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.  ISSUING AGENCY  DATE OF FINAL ACTION  ACTION TAKEN (SUSPENDED, CITY, COUNTY)						
ISSUI	NG AGENCY	DATE OF FINAL AC (MM/DD/YYYY)	TION	ACTION TAKEN (SUSPENDED, REVOKED, ETC.)	CITY, COUNT COUNTRY	TY, STATE/PROVINCE,
BRIEF	FLY EXPLAIN THE CIRCUMSTANCES AN	D INCLUDE ANY AMO	UNTS PAID.			
/	AVE YOU EVER HELD OR APPLIED FOR A					
FIN	NDING OF SUITABILITY <u>NOT</u> RELATED T NDING OF SUITABILITY <u>NOT</u> RELATED T	O GAMING DENIED, S			ICATION, OR	YES NO
IF T	YES, PROVIDE THE FOLLOWING DETAIL THIS APPLICANT CURRENTLY HOLDS A VALID LICE	ENSE, THIS QUESTION NEED		I A MANNER TO UPDATE SINCE THE LAST T	TIME THIS FORM OR	
	OTHER SUPPLEMENTAL INFORMATION FORM WAS ENSE/PERMIT/CERTIFICATION/REGISTR		RE GRANTED.  TYPE OF APPLICAT	ION	ISSUING	AGENCY
,	DATE HELD FROM A DATE NAME.			DITTE VELOCIO A DICENTINA		
	DATE HELD FROM (MM/DD/YYYY)			DATE HELD TO (MM/DD/YYYY)		
	CITY, COUNTY, STATE/PROVINCE, CO	UNTRY	ACTION TAKEN	N (ISSUED, DENIED, SUSPENDED, P.	ENDING, WITHDRAW	/N, REVOKED, OTHER)
	IF DENIED, SUSPENDED, WITHDRAWN	N, REVOKED, OR COND	DITIONED, BRIEFLY	EXPLAIN THE CIRCUMSTANCES.		
2) LIC	ENSE/PERMIT/CERTIFICATION/REGISTR	ATION NUMBER	TYPE OF APPLICAT	ION	ISSUING	AGENCY
	DATE HELD FROM (MM/DD/YYYY)			DATE HELD TO (MM/DD/YYYY)		
	CITY, COUNTY, STATE/PROVINCE, CO	UNTRY	ACTION TAKEN	N (ISSUED, DENIED, SUSPENDED, P.	ENDING, WITHDRAW	/N, REVOKED, OTHER)
	IF DENIED, SUSPENDED, WITHDRAWN	J, REVOKED, OR COND	DITIONED, BRIEFLY	EXPLAIN THE CIRCUMSTANCES.		
3) LIC	EENSE/PERMIT/CERTIFICATION/REGISTR	ATION NUMBER	TYPE OF APPLICAT	ION	ISSUING	AGENCY
	DATE HELD FROM (MM/DD/YYYY)			DATE HELD TO (MM/DD/YYYY)		
	,			DATE HELD TO (MIM/DD/1111)		
	CITY, COUNTY, STATE/PROVINCE, CO	UNTRY	ACTION TAKEN	N (ISSUED, DENIED, SUSPENDED, P.	ENDING, WITHDRAW	N, REVOKED, OTHER)
	IF DENIED, SUSPENDED, WITHDRAWN	N, REVOKED, OR COND	DITIONED, BRIEFLY	EXPLAIN THE CIRCUMSTANCES.		

SECTION 8: BUSINESS INTEREST – GAMING RELATED									
A) WILL YOU HAVE ANY INVOLVEMENT IN THE OPERATION OF THE CARDROOM BUSINESS LICENSE OR TPPPS BUSINESS LICENSE IDENTIFIED ON PAGE ONE? IF YES, EXPLAIN BELOW.  IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.							☐ YE	s 🗆 No	)
B) Has your interest in the Gambling enterprise/business entity been assigned, pledged, or hypothecated to any person, firm, or corporation, or has any agreement been entered into whereby your interest is to be assigned, pledged, or sold either in whole or in part?  If Yes, explain below.									)
	C) OTHER THAN THE CARDROOM BUSINESS LICENSE OR TPPPS BUSINESS LICENSE IDENTIFIED ON PAGE ONE, HAVE YOU HELD A FINANCIAL INTEREST IN ANY GAMING RELATED VENTURE OR BUSINESS ENTITY WITHIN THE LAST 10 YEARS?  IF YES, PROVIDE THE FOLLOWING DETAILS. IF NECESSARY, ATTACH A SEPARATE SHEET OF PAPER.  IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.								
1) 1	NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE	NUMBER	INVOLVED FROM (MM/DD/YYYY)	INVOLV	ED TO (MI	M/DD/YYYY)	,
	BUSINESS ENTITY MAILING ADDRESS (STREE	T, CIT	TY, STATE, ZIP CODE)	PRIMARY I	PURPOSE OF BUSINESS				
	YOUR CAPACITY/TITLE	IND	IVIDUALS OR ENTITIES S	SHARING INT	EREST AND PERCENTAGE OWNED				
2) 1	NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE	NUMBER	INVOLVED FROM (MM/DD/YYYY)	INVOLV	ED TO (MI	M/DD/YYYY)	)
	BUSINESS ENTITY MAILING ADDRESS (STREE	T, CIT	Y, STATE, ZIP CODE)	PRIMARY I	PURPOSE OF BUSINESS				
	YOUR CAPACITY/TITLE	IND	VIVIDUALS OR ENTITIES S	SHARING INT	TEREST AND PERCENTAGE OWNED				
3) 1	NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE	NUMBER	INVOLVED FROM (MM/DD/YYYY)	INVOLV	ED TO (MN	M/DD/YYYY)	)
	BUSINESS ENTITY MAILING ADDRESS (STREE	T, CIT	TY, STATE, ZIP CODE)	PRIMARY I	PURPOSE OF BUSINESS	1			
	YOUR CAPACITY/TITLE	IND	IVIDUALS OR ENTITIES S	I SHARING INT	TEREST AND PERCENTAGE OWNED				
4) 1	NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE	NUMBER	INVOLVED FROM (MM/DD/YYYY)	INVOLV	ED TO (MN	M/DD/YYYY)	)
	BUSINESS ENTITY MAILING ADDRESS (STREE	T, CIT	Y, STATE, ZIP CODE)	PRIMARY I	PURPOSE OF BUSINESS				
	YOUR CAPACITY/TITLE	IND	VIVIDUALS OR ENTITIES S	I SHARING INT	TEREST AND PERCENTAGE OWNED				

SI	ECTION 9: BUSINESS INTEREST	– NON-GAMING REI	LATED							
	AVE YOU HELD A FINANCIAL INTEREST IN ANY IF YES, PROVIDE THE FOLLOWING DETAILS. IF NECESSAR IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBJ	Y, ATTACH A SEPARATE SHEET OF PA THIS QUESTION NEED ONLY BE ANSV	APER.		YES NO					
1) ]	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 BUSINESS							
	YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES	SHARING INTEREST AND PER	CENTAGE OWNED						
2)]	NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY)	M (MM/DD/YYYY) TO					
	BUSINESS ENTITY MAILING ADDRESS (STREE	ET, CITY, STATE, ZIP CODE)	PRIMARY PURPOSE OF BUS	INESS						
	YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES	SHARING INTEREST AND PER	CENTAGE OWNED						
3)]	NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY)	M (MM/DD/YYYY) TO					
	BUSINESS ENTITY MAILING ADDRESS (STREE	ET, CITY, STATE, ZIP CODE)	PRIMARY PURPOSE OF BUSINESS							
	YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES	I SHARING INTEREST AND PER	CENTAGE OWNED						
4) ]	NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY)	M (MM/DD/YYYY) TO					
	BUSINESS ENTITY MAILING ADDRESS (STREE	ET, CITY, STATE, ZIP CODE)	PRIMARY PURPOSE OF BUS	INESS						
	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)	M (MM/DD/YYYY) TO					
	BUSINESS ENTITY MAILING ADDRESS (STREE	ET, CITY, STATE, ZIP CODE)	PRIMARY PURPOSE OF BUSINESS							
	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)	M (MM/DD/YYYY) TO					
	BUSINESS ENTITY MAILING ADDRESS (STREE	ET, CITY, STATE, ZIP CODE)	PRIMARY PURPOSE OF BUS	INESS						
	YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES	SHARING INTEREST AND PER	CENTAGE OWNED						
7) ]	NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY)	M (MM/DD/YYYY) TO					
	BUSINESS ENTITY MAILING ADDRESS (STREE	ET, CITY, STATE, ZIP CODE)	PRIMARY PURPOSE OF BUSINESS							
	YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES	SHARING INTEREST AND PER	CENTAGE OWNED						

SECTION 10:	PERSONAL FINANCIAL	HISTORY						
IF YES, PROVIDE A C IF THIS APPLICANT C	D FOR BANKRUPTCY WITHIN THE OPY OF THE BANKRUPTCY PETITION/ORDE URRENTLY HOLDS A VALID LICENSE, THIS INTAL INFORMATION FORM WAS SUBMITTI	ER AND THE FOLLOWING DETAILS. QUESTION NEED ONLY BE ANSWER	RED IN A MANNER TO UPDATE SI	NCE THE LAST TIME THIS FORM OR	☐ YES	□ No		
DATE FILED (MM/DI	DATE OF DISCHARGE (MM/D	D/YYYY)						
FEDERAL PLOTRICT	COLUMNIA		A MOVEMENT OF BUSCHARDS	S. H. ADDI IGADI E				
FEDERAL DISTRICT COURT WHERE FILED  AMOUNT OF DISCHARGE, IF APPLICABLE								
BRIEFLY EXPLAIN THE CIRCUMSTANCES THAT LED TO THE BANKRUPTCY FILING, INCLUDING THE NATURE OF THE DEBT.								
	ANY JUDGMENT OR LIEN FILED A	AGAINST YOU OR HAD YOUF	R WAGES GARNISHED WIT	HIN THE LAST 10 YEARS?				
IF THIS APPLICANT C ANOTHER SUPPLEME	E FOLLOWING DETAILS. URRENTLY HOLDS A VALID LICENSE, THIS INTAL INFORMATION FORM WAS SUBMITTI	ED AND LICENSURE GRANTED.			YES	□ No		
☐ JUDGMENT☐ LIEN	DATE FILED (MM/DD/YYYY)	NAME OF PERSON/ENTITY	THAT FILED THE JUDGM	ENT OR LIEN				
EXPLAIN THE	E REASON FOR THE JUDGMENT/LIE ASE. IF JUDGMENT/LIEN IS NOT S.			RSON ENTITY JUDGMENT OR LIE	N WAS FILED A	GAINST		
THE COURT O	ATTACH A COPY OF THE PAYMEN' OR CREDITOR. IF YOU ARE NOT M O SATISFY THE JUDGMENT/LIEN.	AKING PAYMENTS, EXPLAIN	N HOW					
☐ JUDGMENT ☐ LIEN	DATE FILED (MM/DD/YYYY)	NAME OF PERSON/ENTITY	THAT FILED THE JUDGM	ENT OR LIEN				
OF THE RELE	E REASON FOR THE JUDGMENT/LIE ASE. IF JUDGMENT/LIEN IS NOT S.	ATISFIED, AND YOU ARE MA	AKING	RSON ENTITY JUDGMENT OR LIE	N WAS FILED A	GAINST		
THE COURT O	ATTACH A COPY OF THE PAYMEN' OR CREDITOR. IF YOU ARE NOT M O SATISFY THE JUDGMENT/LIEN.							
IF YES, PROVIDE THE	N AUDITED BY ANY TAX AUTHOR FOLLOWING DETAILS. URRENTLY HOLDS A VALID LICENSE, THIS INTAL INFORMATION FORM WAS SUBMITTI	QUESTION NEED ONLY BE ANSWER		NCE THE LAST TIME THIS FORM OR	☐ YES	□ No		
AGENCY (STATE/FE	DERAL/FOREIGN)	DATE AUDIT COMMENCEI	D (MM/DD/YYYY)	TAX YEAR AUDITED (MM/DD	D/YYYY)			
EXPLAIN FINDINGS								

UNCOLLECTIBLE (CHARGE-OFF) FOR ANY REASON WI IF YES, PROVIDE THE FOLLOWING DETAILS. DO NOT INCLUDE ANY			☐ YES ☐ NO					
ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.								
1) NAME OF CREDITOR	ACTION TAKEN (REPOSSESSION, COLLECTION, CHARC	,	TE OF ACTION M/DD/YYYY)					
EXPLAIN THE REASON FOR THIS ACTION. ATTACH IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HO	A COPY OF THE PAYMENT PLAN OR OTHER DOCUMENT SHO W YOU PLAN TO REPAY THE DEBT(S).	WING HOW THE DEB	Γ WILL BE SATISFIED.					
2) NAME OF CREDITOR	ACTION TAKEN (REPOSSESSION, COLLECTION, CHARG		TE OF ACTION M/DD/YYYY)					
EXPLAIN THE REASON FOR THIS ACTION. ATTACH IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HO	A COPY OF THE PAYMENT PLAN OR OTHER DOCUMENT SHO W YOU PLAN TO REPAY THE DEBT(S).	WING HOW THE DEBT	Г WILL BE SATISFIED.					
3) NAME OF CREDITOR	ACTION TAKEN (REPOSSESSION, COLLECTION, CHARGE-OF		TE OF ACTION M/DD/YYYY)					
EXPLAIN THE REASON FOR THIS ACTION. ATTACH A IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW	A COPY OF THE PAYMENT PLAN OR OTHER DOCUMENT SHOWN YOU PLAN TO REPAY THE DEBT(S).	VING HOW THE DEBT	WILL BE SATISFIED.					
	TION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST	TIME THIS FORM OR	☐ YES ☐ NO					
ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AN ADDRESS OF FORECLOSED PROPERTY (STREET, CITY, STATE, ZIP CODE)	D LICENSURE GRANTED.  DATE OF FORECLOSURE (MM/DD/YYYY)	NAME OF LENDER						
EXPLAIN THE CIRCUMSTANCES THAT LEAD TO THE FORE	CLOSURE							
IF YES, PROVIDE THE FOLLOWING DETAILS.  IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUES	UTSIDE THE ${ m U.S.}$ , OR HAVE ANY LIABILITIES OUTSIDE OF THE THE THE USE OF THE LAST		YES NO					
ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AN  1) DESCRIPTION OF ASSET/LIABILITY	DATE ACQUIRED (MM/DD/YYYY)	LOCATION (CITY, S	STATE/PROVINCE,					
2) DESCRIPTION OF ASSET/LIABILITY	DATE ACQUIRED (MM/DD/YYYY)	LOCATION (CITY, S COUNTRY)	STATE/PROVINCE,					

G) DO YOU CONTROL, MANAGE, OR HOLD AI IF YES, PROVIDE THE FOLLOWING DETAILS.	NY ASSETS OR LIABILITIES F	FOR ANOTHER INDIVIDUAL OR EN	птү?	☐ YES ☐ NO
1) NAME OF PERSON/ENTITY	RELATIONSHIP	PURPOSE	DESCF	RIBE ASSET/LIABILITY
2) NAME OF PERSON/ENTITY	RELATIONSHIE	P PURPOSE	DESCR	RIBE ASSET/LIABILITY
H) IS YOUR INTEREST IN THIS OWNER CATEGORY IF YES, YOU MUST ALSO COMPLETE AND SUBMIT A TO				☐ YES ☐ NO
NAME OF TRUST				
I) DO YOU HAVE ANY AGREEMENTS OR CON' IF YES, PROVIDE THE FOLLOWING DETAILS.	TRACTS WITH ANY PARTY, (	OTHER THAN THE BUREAU-APPRO	OVED TPPPS CONT	RACT? YES NO
1) NAMES OF THE PARTIES TO THE AGREEMEN	NT/CONTRACT	NAMES OF THE OWNERS AND E	EXECUTIVES OF THE	E OTHER PARTY
TYPE OF AGREEMENT		AMOUNT PAID		FREQUENCY OF THE PAYMENT
TERMS OF THE AGREEMENT				
2) NAMES OF THE PARTIES TO THE AGREEMEN	NT/CONTRACT	NAMES OF THE OWNERS AND E	EXECUTIVES OF THE	E OTHER PARTY
TYPE OF AGREEMENT		AMOUNT PAID	FREQUENCY OF THE PAYMENT	
TERMS OF THE AGREEMENT	TERMS OF THE ACREMENT			
A) NAMES OF THE PARTIES TO THE AGREEMEN	UT/CONTRACT	NAMES OF THE OWNERS AND E	EVECUTIVES OF THE	COTHER BARTY
3) NAMES OF THE PARTIES TO THE AGREEMEN	NI/CONTRACT	NAMES OF THE OWNERS AND E	EXECUTIVES OF THE	COTHER PARTY
TYPE OF AGREEMENT		AMOUNT PAID		FREQUENCY OF THE PAYMENT
TERMS OF THE AGREEMENT				
3) NAMES OF THE PARTIES TO THE AGREEMEN	NT/CONTRACT	NAMES OF THE OWNERS AND E	EXECUTIVES OF THE	E OTHER PARTY
TYPE OF AGREEMENT		AMOUNT PAID		FREQUENCY OF THE PAYMENT
TERMS OF THE AGREEMENT				
TERMS OF THE AGREEMENT				
J) HAVE YOU GIVEN OR RECEIVED ANY GIFT AGGREGATE EXCEEDED \$10,000 IN VALU IF YES, PROVIDE THE FOLLOWING DETAILS.				HE YES NO
1) NAMES OF THE PARTIES GIVING OR RECEIV	TNG GIFT	TOTAL AMOUNT OF GIFT	GIVEN	OR RECEIVED
2) NAMES OF THE PARTIES GIVING OR RECEIV	TNG GIFT	TOTAL AMOUNT OF GIFT	OR RECEIVED	
K) HAVE YOU EXCHANGED CURRENCY IN A	N AMOUNT OF MORE THAN \$	I S10,000 WITHIN THE LAST THREE	YEARS?	☐ YES ☐ NO

SECTION 11: ADDITIONAL REQUIRED ITEMS
The following items must be submitted, as applicable, with this completed form. Provide copies of documents unless otherwise stated. Only documents that are dated and signed by the applicant will be accepted. Failure to provide required items may result in denial of your application. Pursuant to Business and Professions Code section 19868, subdivision (a), the application package will not be deemed complete until all required forms, documentation, and fees have been completed and received by the State.  Mark the box next to each attached item.
BACKGROUND INVESTIGATION DEPOSIT REQUIRED IN TITLE 11, CAL. CODE REGS., SECTION 2037
APPOINTMENT OF DESIGNATED AGENT, CGCC-CH1-04 – 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 K 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.

## **Key Employee or TPPPS Supervisor: Supplemental Information**

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04	a cameny control comme	
BU	UREAU USE ONLY	
BGC ID#		



## MAIL COMPLETED FORM AND DEPOSIT TO:

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

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

This form is used to provide supplemental information for individuals required to apply 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 Name	
Associated Owner Category Licensee	

TYPE OF APPLICANT (CHECK APPROPRIATE BOX):	
TPPPS SUPERVISOR LICENSEE	KEY EMPLOYEE LICENSEE

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

SEC	CTION 1: PERSONAL INF	ORMA'	TION		SECTION 1: PERSONAL INFORMATION						
FULL NAME: LAST FIRST						MIDDLE					
ALIAS(ES), NICKNAME(S), OTHER FORMER LEGAL NAMES											
CURR	RENT RESIDENCE (STREET, CITY, STA	ATE, ZIP C	CODE)								
PRIMARY TELEPHONE NUMBER  ALTERNATE TELEPHONE NUMBER  EMAIL ADDRESS NUMBER											
DATE	E OF BIRTH (MM/DD/YYYY)	DRIVER'S	S LICENSE/IDEN	NTIFICATION CA	RD NUM	BER		S	ГАТЕ		RATION DATE DD/YYYY)
IF BO	RN OUTSIDE THE U.S., IDENTIFY YO	UR ELIGII	BILITY TO WOF	RK IN THE U.S. A	ND PROV	/IDE SU	PPORTING DOCUMI	ENTATION	1		
		ATURALIZE		☐ EMPLOYME			Отн	ER:			
IF RE	SIDENT ALIEN OR NATURALIZED CI	TIZEN, PR	OVIDE YOUR A	A-NUMBER	SO	CIAL SE	ECURITY NUMBER				
DISC	LOSURE										
DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS MANDATORY. BUSINESS AND PROFESSIONS CODE SECTION 30 AND PUBLIC LAW 94-455 [42 USC SECTION 405(C)(2)(C)] AUTHORIZE COLLECTION OF YOUR SOCIAL SECURITY NUMBER. YOUR SOCIAL SECURITY NUMBER WILL BE USED EXCLUSIVELY FOR TAX ENFORCEMENT PURPOSES, FOR PURPOSES OF COMPLIANCE WITH ANY JUDGMENT OR ORDER FOR FAMILY SUPPORT IN ACCORDANCE WITH FAMILY CODE SECTION 17520 OR FOR DATABASE INQUIRIES REQUIRED FOR LICENSURE. IF YOU FAIL TO DISCLOSE YOUR SOCIAL SECURITY NUMBER, YOUR APPLICATION WILL NOT BE PROCESSED AND YOU WILL BE REPORTED TO THE FRANCHISE TAX BOARD, WHICH MAY ASSESS A \$100 PENALTY AGAINST YOU.											
C) D	O YOU HAVE A PASSPORT?		□ YE		IF YES, I LAST 10		Y ALL COUNTRIES	THAT HAV	VE ISSUI	ED YOU	A PASSPORT IN THE
SECTION 2: FAMILY/COHABITANT INFORMATION											
		DITAIN	TINFORM	IATION							
A) R	ELATIONSHIP STATUS	DITAN	TINFORM	IATION							
		DITAN		ED DOMESTIC PARTN	ier [	Div	ORCED [	☐ Wido	WED		☐ SEPARATED
	ELATIONSHIP STATUS		REGISTERE		er [	] Div	ORCED [	] Wido	WED		SEPARATED
A) C	ELATIONSHIP STATUS  SINGLE MARRIED		REGISTERE		er [	Div		☐ Wido		FORME	SEPARATED  R NAME
A) C	ELATIONSHIP STATUS  SINGLE MARRIED  URRENT SPOUSE/REGISTERED DOI		☐ REGISTERE		ier [	MIDD					R NAME
A) C FULL DATE	ELATIONSHIP STATUS  SINGLE	MESTIC PA	REGISTERE ARTNER FIRST	ED DOMESTIC PARTN	IER [	MIDD	DLE				R NAME
A) C FULL DATE	ELATIONSHIP STATUS  SINGLE	MESTIC PA	REGISTERE  ARTNER  FIRST  EET, CITY, STAT	ED DOMESTIC PARTN	ier C	MIDD	DLE				R NAME
A) C FULL  DATE  RESII	ELATIONSHIP STATUS  SINGLE	MESTIC PA	REGISTERE  ARTNER  FIRST  EET, CITY, STAT	ED DOMESTIC PARTN	ier [	MIDD	E OF MARRIAGE/REC		DN (MM/	/DD/YY	R NAME
A) C FULL  DATE  RESII  B) Fo	ELATIONSHIP STATUS  SINGLE	MESTIC PA	REGISTERE  ARTNER  FIRST  EET, CITY, STAT	ED DOMESTIC PARTN		MIDD DATE	E OF MARRIAGE/REC		DN (MM/	FORME	R NAME
A) C FULL  DATE  RESII  B) FC  FULL  C) D  IN'	ELATIONSHIP STATUS  SINGLE	MESTIC PAI	REGISTERE  ARTNER  FIRST  EET, CITY, STATE  RTNER  FIRST  FIRST  EE OF MARRIAG  (I/DD/YYYY)  BERS, COHABI	ED DOMESTIC PARTN  TE, ZIP CODE)  GE/REGISTRATIC  TANTS, OR ROOM	on on	MIDD DATE MIDD DATE (MM/I	OLE  OF MARRIAGE/RECO  OLE  OLE  OOF DIVORCE  DD/YYYY)	GISTRATIO	ON (MM/	FORME	R NAME  YY)  R NAME
A) C FULL  DATE  RESIL  B) FC  FULL  C) D  IN' IF Y	ELATIONSHIP STATUS  SINGLE	MESTIC PAI	REGISTERE  ARTNER  FIRST  EET, CITY, STATE  RTNER  FIRST  FIRST  EE OF MARRIAG  (I/DD/YYYY)  BERS, COHABI	ED DOMESTIC PARTN  TE, ZIP CODE)  GE/REGISTRATIC  TANTS, OR ROOM	on on	MIDD DATE (MM/)	OLE  OF MARRIAGE/RECO  OLE  OLE  OOF DIVORCE  DD/YYYY)	GISTRATIO	ON (MM/	FORME	R NAME  YY)  R NAME  HICH DIVORCE  YES NO

Key Employee or TPPPS Supervisor: Supplemental Information Page 3 of 12

2) FULL NAME: LAST	FIRST		MI	FORME	ER NAME	RELATIONSHI	RELATIONSHIP		
NAME OF BUSINESS	FINANCIAL INTEREST (INC. PERCENTAGE OWNED) AND/OR POSITION HELD								
			•						
D) CHILDREN AND DEPENDENTS PROVIDE THE FOLLOWING INFORMATION FOR	R EACH OF YO	OUR CHILDREN (INCLUDING NATURA	AL, ADOPTED, CURREN	NT FOSTER,	, AND STEP-CHILDREN) AND	DEPENDENTS.	□ N/A		
Name (Last, First, Middle, Former)	Jame)	DATE OF BIRTH	RESIE	DENCE ADE	DRESS	RELATIONSHIP	OCCUPATION		
E) CO-HABITANTS AND ROOMMATE PROVIDE THE FOLLOWING INFORMATION FOR		NS 18 YEARS OF AGE OR OLDER (NO	OT DISCLOSED ABOVE)	) WITH WHO	OM YOU RESIDE.		□ N/A		
Name (Last, First, Middle, Former)	Jame)	DATE OF BIRTH	EMPLOYER/OCCUPA	TION	Employer Addres	S AND TELEPHONE	RELATIONSHIP		
SECTION 3: MILITARY EX	PERIEN	NCE							
A) HAVE YOU EVER SERVED IN ANY IF YES, PROVIDE THE FOLLOWING DETAILS. ANOTHER APPLICATION, ONE NEED NOT BE	(IF THE MILIT		D-214 has been pre	VIOUSLY P	ROVIDED TO THE BUREAU A	AS PART OF	YES NO		
BRANCH OF SERVICE AND COUNTRY	F NOT THE	U.S.	DATES OF SERVIC	E FROM	(MM/DD/YYYY) DA	ATES OF SERVICE	E TO (MM/DD/YYYY)		
RANK AT SEPARATION		I_			SERV	ICE NUMBER			
_ Entry Level	☐ Hono	ORABLE GENERAL	. 🗆	OTHER THA	AN HONORABLE	BAD CONDUCT	DISHONORABLE		
TYPE OF DISCHARGE: OTHER									
B) HAVE YOU EVER BEEN CONVICTE IF YES, PROVIDE THE FOLLOWING DETAILS.	O IN A COU	RT-MARTIAL?					YES NO		
DATE (MM/DD/YYYY)	FINAL CH	ARGE		COU	URT LOCATION (CITY,	STATE/PROVINC	E/COUNTRY)		
EXPLAIN THE INCIDENT THAT LED TO	THE COUR	T-MARTIAL AND PROVIDE R	ELATED DOCUME	NTS					

SECTION 4: CRIMINAL CONVICTIONS/PENDING, CURRENT AND PAST LITIGATION AND ARBITRATION								
For T	HE FOLLOWING SECTION:							
You A	ARE REQUIRED TO DISCLOSE AN	NY AND ALL CRIMINAL CONVICTIONS REGAR	DLESS OF:					
1)	THE DATE OF THE CONVICTION	I, I.E. IT MUST BE DISCLOSED <u>NO MATTER HO</u>	OW OLD THE CONVICTION IS;					
2)			T <b>WAS A FELONY OR MISDEMEANOR, WHICH INCL</b> NG UNDER THE INFLUENCE, DRIVING ON A SUSPEND					
3)		ON, I.E. <b>IT MUST BE DISCLOSED REGARDLESS</b> J ARE ON OR OFF PROBATION; AND	S OF WHETHER YOU HAD THE CONVICTION REDUC	CED, DISMISSED, OR				
You A	ARE NOT REQUIRED TO DISCLO	SE:						
1)	· · · · · · · · · · · · · · · · · · ·		RESPONSIBILITY TO VERIFY THE CIRCUMSTANCES AT TO DISCLOSE A CONVICTION CAN WEIGH AGAINST					
2)			THAT ANY CONVICTIONS REDUCED, EXPUNGED, OR C SEALED AS A MATTER OF COURSE AND <b>MUST STIL</b>					
A) HA	VE YOU <u>EVER</u> BEEN CONVICTED	O OR PLED GUILTY OR NOLO CONTENDERE (NO	CONTEST) TO A MISDEMEANOR OR FELONY?					
IF Y	ES, PROVIDE THE FOLLOWING DETAILS FO	DR EACH CONVICTION.						
	OU REQUIRE ADDITIONAL SPACE FOR EITH FORM.	IER THE NUMBER OF CONVICTIONS OR TO EXPLAIN THE FA	CTUAL CIRCUMSTANCES, PLEASE ATTACH ANOTHER PAGE TO	YES NO				
	IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.							
	ROXIMATE DATE OF CTION (MM/DD/YYYY)	ARRESTING AGENCY	COURT LOCATION (CITY, STATE)					
ID	ENTIFY CRIMINAL CONVICTIONS	BELOW AND ON A SEPARATE PIECE OF PAPER	EXPLAIN THE FACTUAL CIRCUMSTANCES THAT LED	TO THE CONVICTION.				
	ROXIMATE DATE OF CTION (MM/DD/YYYY)	ARRESTING AGENCY	COURT LOCATION (CITY, STATE)					
COITT	CHON (MINDER 1111)							
ID	ENTIFY CRIMINAL BELOW CONV	ICTIONS AND ON A SEPARATE PIECE OF PAPER	EXPLAIN THE FACTUAL CIRCUMSTANCES THAT LED	TO THE CONVICTION.				
	VE YOU EVER BEEN REMOVED F RING ESTABLISHMENT?	ROM OR PROHIBITED FROM ENTERING THE PRI	EMISES OF ANY GAMING OR PARI-MUTUEL	☐ YES ☐ NO				
C) HA	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	E) ARE YOU CURRENTLY ON PROBATION?  IF YES TO ANY OF THE ABOVE, PROVIDE DETAILS.							

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	E YOU, AS AN INDIV IN THE LAST 10 YEA		WITH ANY BU	JSINESS ENTITY, BEEN PART	Y TO A LAWSUI	T OR ARBITR	ATION	
A LAW	A LAWSUIT OR ARBITRATION THAT HAS BEEN SEALED OR ALLOWED TO PROCEED ANONYMOUSLY PURSUANT TO A COURT ORDER NEED NOT BE PROVIDED.							
	, PROVIDE THE FOLLOWI		UESTION NEED ON	ILY BE ANSWERED IN A MANNER TO	) UPDATE SINCE THI	E LAST TIME THIS	S FORM OR	
ANOTH	IER SUPPLEMENTAL INFO	RMATION FORM WAS SUBMITTED	AND LICENSURE	GRANTED.				
1) APPROXIMATE DATE PARTIES INVOLVED CASE NUM FILED (MM/DD/YYYY)								BER
COU	RT LOCATION (CITY	, STATE)		DISPOSITION DATE (MM/DE	D/YYYY)		FINAL DIS	POSITION
BRIE	EFLY EXPLAIN THE	GENERAL SUBJECT OF LITIO	GATION					
	OXIMATE DATE MM/DD/YYYY)	PARTIES INVOLVED					CASE NUM	BER
COU	RT LOCATION (CITY	[ 7, STATE)		DISPOSITION DATE (MM/DE	D/YYYY)		FINAL DIS	POSITION
BRIE	EFLY EXPLAIN THE	GENERAL SUBJECT OF LITIC	GATION					
SECTI	ION 5: RESID	ENCES						
				FIRST, INCLUDING YOUR CU		nce). Provi	DE COMPLE	TE ADDRESSES AND
				NUMBER. DO NOT USE P.C				
		LDS A VALID LICENSE, THIS QUES' ED AND LICENSURE GRANTED.	STION NEED ONLY	BE ANSWERED IN A MANNER TO UP	PDATE SINCE THE LA	AST TIME THIS FO	RM OR ANOTH	ER SUPPLEMENTAL
1) CURRI	ENT ADDRESS (NUM	BER/STREET/APT)						FROM (MM/DD/YYYY)
CITY	7	STATE	COUNTRY	IF OUTSIDE U.S.		ZIP/POSTA	AL CODE	
		SIMILE		ir de ISIBE e.s.		211/1 0511	IE CODE	Own Rent
2) FORM	ER ADDRESS (NUME	BER/STREET/APT)	1		]	FROM (MM/DI	D/YYYY)	TO (MM/DD/YYYY)
CITY	7	STATE	COUNTRY	IF OUTSIDE U.S.		ZIP/POSTA	AL CODE	
2) FORM	ED ADDRESS SHR	NED (CEDEFIT (A DE)					Sanan	OWN RENT
3) FORM	ER ADDRESS (NUME	BER/STREET/APT)				FROM (MM/DI	D/YYYY)	TO (MM/DD/YYYY)
CITY	?	STATE	COUNTRY	IF OUTSIDE U.S.		ZIP/POSTA	AL CODE	
								Own Rent
4) FORM	ER ADDRESS (NUME	BER/STREET/APT)				FROM (MM/DI	D/YYYY)	TO (MM/DD/YYYY)
CITY	7	STATE	COUNTRY	IF OUTSIDE U.S.		ZIP/POSTA		
								Own Rent

SECTION	6: EXPERIENCE AND EMPI	LOYMENT				
JOBS, INCLUD	G WITH YOUR CURRENT EMPLOYMENT ING PART-TIME, TEMPORARY, AND SEL TIES, EXPLAIN HOW YOU SUPPORTED Y	F-EMPLOYMENT (CONSULTING, INI				
	T CURRENTLY HOLDS A VALID LICENSE, THIS QUI RM WAS SUBMITTED AND LICENSURE GRANTED.	ESTION NEED ONLY BE ANSWERED IN A MANN	NER TO UPDATE SINCE THE LAST	TIME THIS FORM OR ANOT	HER SUPPLEMENT	TAL
1) CURRENT E	MPLOYER				FROM (MM/	DD/YYYY)
JOB TITLE/	DUTIES		MONTHLY EARNINGS	GAMING RELATED?	☐ YES	□ No
ADDRESS				SUPERVISOR		
CITY		STATE/PROVINCE & COUNTRY	ZIP/POSTAL CODE	TELEPHONE NUMB	ER	EXT
REASON FO	OR LEAVING. IF TERMINATED, EXPLAIN	THE CIRCUMSTANCES.				
	AVE A WRITTEN EMPLOYMENT AGREEN OVIDE A COPY. IF NOT SUBMIT A COPY OF YOUR O				☐ YES	□ No
	RIOR EMPLOYER	CORRENT DOTT STATEMENT/YOU DESCRIPTION		FROM (MM/DD/YYY	YY) TO (MIV	I/DD/YYYY)
JOB TITLE/	DUTIES		MONTHLY EARNINGS	GAMING RELATED?	YES YES	□ No
ADDRESS			1	SUPERVISOR		
CITY		STATE/PROVINCE & COUNTRY	ZIP/POSTAL CODE	TELEPHONE NUMB	ER	EXT
REASON FO	OR LEAVING. IF TERMINATED, EXPLAIN	THE CIRCUMSTANCES.				
3) NAME OF PI	RIOR EMPLOYER			FROM (MM/DD/YYY	yy) I to (MV	1/DD/YYYY)
5) WHILE OF T	NOK EMI EO LEK			TROM (MINIDD) TT	i i i i i i i i i i i i i i i i i i i	"DD" 1111)
JOB TITLE/	DUTIES		MONTHLY EARNINGS	GAMING RELATED?	☐ YES	□ No
ADDRESS				SUPERVISOR		
CITY		STATE/PROVINCE & COUNTRY	ZIP/POSTAL CODE	TELEPHONE NUMB	ER	EXT
REASON FO	OR LEAVING. IF TERMINATED, EXPLAIN	THE CIRCUMSTANCES.				
4) NAME OF PI	RIOR EMPLOYER			FROM (MM/DD/YYY	YY) TO (MM	I/DD/YYYY)
JOB TITLE/	DUTIES		MONTHLY EARNINGS	GAMING RELATED?	☐ YES	□ No
ADDRESS			1	SUPERVISOR		
CITY		STATE/PROVINCE & COUNTRY	ZIP/POSTAL CODE	TELEPHONE NUMB	ER	EXT
REASON FO	OR LEAVING. IF TERMINATED, EXPLAIN	THE CIRCUMSTANCES.		<u> </u>		

SECTION 7: LICENSING INFORMATION						
A) FOR THE LAST TEN YEARS OF EMPLOYMENT WITHIN THE GAM LOCATIONS RELATED TO GAMING IN ANY JURISDICTION.  IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ON INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.						
1) NAME OF EMPLOYER	E/PROVINCE, COUNTRY	FROM (MM/DD/	YYYY)	TO (MM/DD/YYYY)		
2) NAME OF EMPLOYER	E/PROVINCE, COUNTRY	FROM (MM/DD/	YYYYY)	TO (MM/DD/YYYY)		
3) NAME OF EMPLOYER	CITY, COUNTY, STAT	TY, COUNTY, STATE/PROVINCE, COUNTRY			TO (MM/DD/YYYY)	
B) HAVE YOU EVER APPLIED FOR OR BEEN ISSUED A LICENSE, PERELATED TO GAMING IN ANY JURISDICTION?  IF YES, LIST BELOW ANY LICENSING OR REGULATORY AGENCY (TRIBAL, STATAPPLIED (INCLUDE ANY APPLICATIONS THAT WERE APPROVED, SURRENDERED IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSU	E, LOCAL, OR INTERNATION.  , WITHDRAWN, DENIED, ANI  O ONLY BE ANSWERED IN A M	AL), INCLUDING THE COMMISSION OF ARE PENDING).	ON, TO WHICH YOU HA	AVE	☐ YES ☐ NO	
1) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER		TYPE OF APPLICATION		ISSUING AGENCY		
DATE HELD FROM (MM/DD/YYYY)		DATE HELD TO (MM/DD/	YYYYY)			
CITY, COUNTY, STATE/PROVINCE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)				
2) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER		TYPE OF APPLICATION		ISSUING	G AGENCY	
DATE HELD FROM (MM/DD/YYYY)		DATE HELD TO (MM/DD/	YYYY)			
CITY, COUNTY, STATE/PROVINCE, COUNTRY	ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)					
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, BRIEFLY EXPLAIN THE CIRCUMSTANCES.						
3) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER		TYPE OF APPLICATION		ISSUING	G AGENCY	
DATE HELD FROM (MM/DD/YYYY)		DATE HELD TO (MM/DD/	YYYY)			
CITY, COUNTY, STATE/PROVINCE, COUNTRY	ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)					
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONI	DITIONED, BRIEFLY EX	PLAIN THE CIRCUMSTANG	CES.			

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C) HAVE YOU EVER BEEN DISCIPLINED, FINED, ETC. BY A GAMING REGULATORY AGENCY (LOCAL, STATE, TRIBAL, OR INTERNATIONAL)?  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.						
ISSUING AGENCY	DATE OF FINAL ACTION (MM/DD/YYYY)	ACTION TAKEN (SUSPENDED, REVOKED, ETC.)	CITY, COUNT COUNTRY	TY, STATE/PROVINCE,		
BRIEFLY EXPLAIN THE CIRCUMSTANCES	AND INCLUDE ANY AMOUNTS PAID.		-			
D) HAVE YOU EVER HELD OR APPLIED FOR A VOCATIONAL, PROFESSIONAL, OR OCCUPATIONAL LICENSE, PERMIT, CERTIFICATE, OR FINDING OF SUITABILITY NOT RELATED TO GAMING? HAVE YOU EVER HAD ANY OTHER LICENSE PERMIT, CERTIFICATION, OR FINDING OF SUITABILITY NOT RELATED TO GAMING DENIED, SUSPENDED, OR REVOKED?  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 v  1) LICENSE/PERMIT/CERTIFICATION/REGIS		TYPE OF APPLICATION	ISSUIN	G AGENCY		
DATE HELD FROM (MM/DD/YYYY)		DATE HELD TO (MM/DD/YYYY)				
CITY, COUNTY, STATE/PROVINCE,	COUNTRY	ACTION TAKEN (ISSUED, DENIE REVOKED, OTHER)	D, SUSPENDED, PE	ENDING, WITHDRAWN,		
2) LICENSE/PERMIT/CERTIFICATION/REGIS	TRATION NUMBER	TYPE OF APPLICATION	ISSUIN	G AGENCY		
DATE HELD FROM (MM/DD/YYYY)	DATE HELD TO (MM/DD/YYYY)					
CITY, COUNTY, STATE/PROVINCE,	ACTION TAKEN (ISSUED, DENIE REVOKED, OTHER)	ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)				
IF DENIED, SUSPENDED, WITHDRA	WN, REVOKED, OR CONDITIONED, BRIE	FLY EXPLAIN THE CIRCUMSTANCES.				
3) LICENSE/PERMIT/CERTIFICATION/REGIS	TRATION NUMBER	TYPE OF APPLICATION	ISSUIN	G AGENCY		
DATE HELD FROM (MM/DD/YYYY)		DATE HELD TO (MM/DD/YYYY)	l l			
	TTY, COUNTY, STATE/PROVINCE, COUNTRY  ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PER REVOKED, OTHER)			ENDING, WITHDRAWN,		
IF DENIED, SUSPENDED, WITHDRA	WN, REVOKED, OR CONDITIONED, BRIE	FLY EXPLAIN THE CIRCUMSTANCES.				

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SECTION 8: BUSINESS INTEREST – GAMING RELATED							
HAVE YOU HELD A FINANCIAL INTEREST IN ANY GAMING RELATED VENTURE OR BUSINESS ENTITY WITHIN THE LAST 10 YEARS?  IF YES, PROVIDE THE FOLLOWING DETAILS. IF NECESSARY, ATTACH A SEPARATE SHEET OF PAPER.  IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.						□ No	
NAME OF BUSINESS ENTITY  BUSINESS TELEPHON					NE NUMBER	}	
DATE INVOLVED FROM (MM/DD/YYYY)		DATE INVOLVED TO (MM/DD/YYYY)					
BUSINESS ENTITY MAILING ADDRESS (STREET, O	DRESS (STREET, CITY, STATE, ZIP CODE/PROVINCE, COUNTRY)  PRIMARY PURPOSE OF BUSINESS						
YOUR CAPACITY/TITLE	NDIVIDUALS (LAST, FIRST, MID	DDLE) OR ENTITIES	SHARING INTERE	ST AND PERCENTAGE	E OWNED		
SECTION 9: BUSINESS INTEREST - N	NON-GAMING RELAT	ED					
HAVE YOU HELD A FINANCIAL INTEREST IN ANY NON-GAMING RELATED BUSINESS ENTITY WITHIN THE LAST 10 YEARS?  IF YES, PROVIDE THE FOLLOWING DETAILS. IF NECESSARY, ATTACH A SEPARATE SHEET OF PAPER.  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.							
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, O	CITY, STATE, ZIP CODE/PROVINCE, COUNTRY) PRIMARY PURPOSE OF BUSINESS						
YOUR CAPACITY/TITLE	IDIVIDUALS (LAST, FIRST, MIDDLE) OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED						
SECTION 10: PERSONAL FINANCIAL	L HISTORY						
A) HAVE YOU FILED FOR BANKRUPTCY WITHIN THE LAST 10 YEARS?  IF YES, PROVIDE A COPY OF THE BANKRUPTCY PETITION/ORDER AND THE FOLLOWING DETAILS.  IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR							
DATE FILED (MM/DD/YYYY)  CASE NUMBER (IF KNOWN)  DATE OF DISCHARGE (M				F DISCHARGE (MM/DD	)/YYYY)		
2.112.1222 (23).1.1.1)			31112 01	2.0 cm. 11.02 ( 2.2			
FEDERAL DISTRICT COURT WHERE FILED	AMOUNT OF DISCH	ARGE, IF APPLICA	ABLE				
BRIEFLY EXPLAIN THE CIRCUMSTANCES THAT LED	TO THE BANKRUPTCY FILING,	INCLUDING THE NA	ATURE OF THE DE	BT.			

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B) HAVE YOU HAD A JUDGMENT OR LIEN FILED AGAINST YOU OR HAD YOUR WAGES GARNISHED WITHIN THE LAST 10 YEARS?  IF YES, PROVIDE THE FOLLOWING DETAILS.  IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.							☐ YES	□ No	
	JUDGMENT DATE FILED (MM/DD/YYYY) NAME OF PERSON/ENTITY THAT FILED THE JUDGMENT OR LIEN								
		HE REASON FOR THE JUDGMENT/LIE EASE. IF JUDGMENT/LIEN IS NOT SA			NAME OF PERS	SON ENTITY JUDGM	ENT OR LIEN	N WAS FILED	AGAINST
	THE COURT	, ATTACH A COPY OF THE PAYMENT OR CREDITOR. IF YOU ARE NOT M. TO SATISFY THE JUDGMENT/LIEN.							
	UDGMENT LIEN	DATE FILED (MM/DD/YYYY)		NAME OF PERSON/ENTITY	THAT FILED THE	E JUDGMENT OR LIE	EN		
	OF THE REL	HE REASON FOR THE JUDGMENT/LIE EASE. IF JUDGMENT/LIEN IS NOT S ATTACH A COPY OF THE PAYMENT	ATISFIED,	AND YOU ARE MAKING	NAME OF PERS	SON ENTITY JUDGM	ENT OR LIEN	N WAS FILED	AGAINST
	THE COURT	OR CREDITOR. IF YOU ARE NOT MA							
C) H	AVE YOU BE	EN AUDITED BY ANY TAX AUTHORI	ITY WITH	IN THE LAST 10 YEARS?					
IF YES, PROVIDE THE FOLLOWING DETAILS.  IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.							□ No		
AGE	NCY (STATE/F	EDERAL/FOREIGN)	DATE A	UDIT COMMENCED (MM/DD	/YYYY)	TAX YEAR AUDIT	ΓED (MM/DD	YYYY)	
EXPI	AIN FINDING	S							
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									
AN	ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.								
1) NA	AME OF CRED	TIOR		ACTION TAKEN (REPOSSES	SION, COLLECTIC	ON, CHARGE-OFF)	DATE OF A	CTION (MM/	DD/YYYY)
		IE REASON FOR THIS ACTION. ATTA NOT MAKING PAYMENTS, EXPLAIN				MENT SHOWING HO	W THE DEBT	T WILL BE SA	ATISFIED.

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2) NAME OF CREDITOR	ACTION TA	AKEN (REPOSSESSION, COLLECTION,	CHARGE-OFF	) DATE OF A	CTION (MM/DD	/YYYY)
EXPLAIN THE REASON FOR THIS ACTION. ATTACH A COURT IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YOU			NT SHOWING	HOW THE DEBT	WILL BE SATI	SFIED.
3) NAME OF CREDITOR	ACTION TA	AKEN (REPOSSESSION, COLLECTION,	CHARGE-OFF	) DATE OF A	CTION (MM/DD	/YYYY)
EXPLAIN THE REASON FOR THIS ACTION. ATTACH A CO IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YO			NT SHOWING	HOW THE DEBT	TWILL BE SATI	SFIED.
FN II						
E) HAVE YOU BEEN A PARTY TO A FORECLOSURE WITHIN THE IF YES, PROVIDE THE FOLLOWING DETAILS.  IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSE.	NEED ONLY BE	ANSWERED IN A MANNER TO UPDATE SINCE T	THE LAST TIME TI	HIS FORM OR	☐ YES [	□ No
ADDRESS OF FORECLOSED PROPERTY (STREET, CITY, STATE, 2	ZIP CODE)	DATE OF FORECLOSURE (MM/DD/Y	YYY)	NAME OF LE	NDER	
EXPLAIN THE CIRCUMSTANCES THAT LEAD TO THE FORECLO	SURE					
F) DO YOU OWN, CONTROL, OR MANAGE ANY ASSETS OUTSI IF YES, PROVIDE THE FOLLOWING DETAILS.	DE THE U.S.	., OR HAVE ANY LIABILITIES OUTSID	E OF THE U.S	5.?	□ YES [	□ No
1) DESCRIPTION OF ASSET/LIABILITY	DATE ACQ	UIRED (MM/DD/YYYY)	LOCATION (	CITY, STATE/PR	OVINCE, COUN	TRY)
2) DESCRIPTION OF ASSET/LIABILITY	DATE ACQ	UIRED (MM/DD/YYYY)	LOCATION (	CITY, STATE/PR	ROVINCE, COUN	TRY)
G) DO YOU CONTROL, MANAGE, OR HOLD ANY ASSETS OR L. IF YES, PROVIDE THE FOLLOWING DETAILS.	IABILITIES F	OR ANOTHER INDIVIDUAL OR ENTIT	Y?		YES [	□ No
NAME OF PERSON	RELATIONS	SHIP	Pi	URPOSE		
DESCRIBE ASSET/LIABILITY						
H) DO YOU HAVE ANY AGREEMENTS OR CONTRACTS (NOT DOTHER THAN THE BUREAU-APPROVED THIRD-PARTY PROFIF YES, PROVIDE THE FOLLOWING DETAILS.				Y PARTY,	☐ YES [	□ No
IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSE.			THE LAST TIME T	HIS FORM OR		
1) NAMES OF THE PARTIES TO THE AGREEMENT/CONTRACT		NAMES OF THE OWNERS AND EXE	ECUTIVES OF	THE OTHER PAR	RTY	
TYPE OF AGREEMENT		AMOUNT PAID		FREQUEN	CY OF THE PAY	MENT
TERMS OF THE AGREEMENT		1		<u> </u>		

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2) NAMES OF THE PARTIES TO THE AGREEMENT/CONTRACT	NAMES OF THE OWNERS AND EX	ECUTIVES OF THE OTHER PARTY
TYPE OF AGREEMENT	AMOUNT PAID	FREQUENCY OF THE PAYMENT
TERMS OF THE ACREEMENT		
TERMS OF THE AGREEMENT		
SECTION 11: ADDITIONAL REQUIRED ITE	MS	
THE FOLLOWING ITEMS MUST BE SUBMITTED, AS APPLICABL ONLY DOCUMENTS THAT ARE DATED AND SIGNED BY THE AI OF YOUR APPLICATION. PURSUANT TO BUSINESS AND PROFE DEEMED COMPLETE UNTIL ALL REQUIRED FORMS, DOCUMEN	PPLICANT WILL BE ACCEPTED. FAILURE TO PROSSIONS CODE SECTION 19868, SUBDIVISION (A	OVIDE REQUIRED ITEMS MAY RESULT IN DENIAL A), THE APPLICATION PACKAGE WILL NOT BE
MARK THE BOX NEXT TO EACH ATTACHED ITEM.		
BACKGROUND INVESTIGATION DEPOSIT REQUIRED IN TITLE 11, CAL.	CODE REGS., SECTION 2037	
APPOINTMENT OF DESIGNATED AGENT, CGCC-CH1-04 – PROVIDE (	Original	
MILITARY FORM, DD-214 (A COMPLETE "UNDELETED" COPY), IF APP	LICABLE	
ALL ACTIVE BADGES, PERMITS, ETC. ISSUED BY A CALIFORNIA CITY OF	R COUNTY (FRONT AND BACK COPY)	
EMPLOYMENT AGREEMENT OR DUTY STATEMENT FOR THE POSITION FOR	OR WHICH YOU ARE APPLYING	
REQUEST FOR COPY OF PERSONAL INCOME OR FIDUCIARY TAX RETU	RN, FTB 3516 C1 PAGE 1	
FEDERAL AND STATE INDIVIDUAL AND BUSINESS TAX RETURNS. INC	LUDE ALL SCHEDULES AND ATTACHMENTS FOR THE LAST T	HREE YEARS
INTERNAL REVENUE SERVICE REQUEST FOR TRANSCRIPT OF TAX RET	TURN (4506-T). PROVIDE ORIGINAL	
MONTHLY BANK STATEMENTS FOR ALL PERSONAL AND BUSINESS ACC	COUNTS FOR THE LAST 12 MONTHS	
MONTHLY/QUARTERLY INVESTMENT ACCOUNT STATEMENTS FOR ALL	L PERSONAL AND BUSINESS ACCOUNTS FOR THE LAST 12 M	ONTHS
BANKRUPTCY COURT PETITION AND ORDER		
SCHEDULES A THROUGH K FROM FORM SUPPLEMENTAL INFORMATION	i: SCHEDULES, CGCC-CH2-11 – <b>Provide Original</b>	
ADDITIONAL DOCUMENTATION MAY BE REQUIRED BY THE BUREAU OF GAME	BLING CONTROL.	
Pursuant to Business and Professions Code section 19867	, the applicant is responsible for all costs in	curred by the Bureau related to the
background investigation. At the conclusion of the investigation	-	_
received in excess of the actual costs incurred will be refu	inded. 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 St this declaration is executed by me at	ate of California that the information in this	form is true, accurate, and complete, and that
and declaration is executed by the at	City and State	
PRINTED NAME	SIGNATURE	DATE (MM/DD/YYYY)

This form must be signed by the applicant.

# **Commission Work Permit or TPPPS Worker: Supplemental Information**

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В	UREAU USE ONLY	
BGC ID#		



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

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

This form is used to provide supplemental information for individuals applying for either a Commission work permit or a TPPPS worker license.

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 (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

Associated Owner Category Licensee

TYPE OF APPLICANT (CHECK APPROPRIATE BOX):	
☐ TPPPS WORKER LICENSEE	COMMISSION WORK PERMITEE

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

SECTION 1: PERSONAL INFORM	ATION			
FULL NAME: LAST	FIRST	M	IIDDLE	
ALIAS(ES), NICKNAME(S), OTHER FORMER	LEGAL NAMES			
CURRENT RESIDENCE (STREET, CITY, STAT	E ZIP CODE)			
CORRENT RESIDENCE (STREET, CITT, STAT	E, ZII CODE)			
MAILING ADDRESS IF DIFFERENT THAN CU	RRENT RESIDENCE (STREET, CITY, STATE	E, ZIP CODE)		
PRIMARY TELEPHONE NUMBER A	LTERNATE TELEPHONE NUMBER E	MAIL ADDRESS		
DATE OF BIRTH (MM/DD/YYYY) D	RIVER'S LICENSE/IDENTIFICATION CARD	NUMBER	STATE	EXPIRATION DATE
				(MM/DD/YYYY)
IF BORN OUTSIDE THE U.S., IDENTIFY YOUR	R ELIGIBILITY TO WORK IN THE U.S. AND	PROVIDE SUPPORTING DOCUMENT	ΓATION	
RESIDENT ALIEN NATURALIZED C	CITIZEN EMPLOYMENT AUTHORIZED	OTHER:		
IF RESIDENT ALIEN OR NATURALIZED CITI	ZEN, PROVIDE YOUR A-NUMBER	SOCIAL SECURITY NUMBER		
DISCLOSURE				
DISCLOSURE OF YOUR SOCIAL SECURITY N 405(C)(2)(C)] AUTHORIZE COLLECTION OF Y ENFORCEMENT PURPOSES, FOR PURPOSES SECTION 17520 OR FOR DATABASE INQUIRI WILL NOT BE PROCESSED AND YOU WILL F	OUR SOCIAL SECURITY NUMBER. YOUR OF COMPLIANCE WITH ANY JUDGMENT O ES REQUIRED FOR LICENSURE. IF YOU FA	SOCIAL SECURITY NUMBER WILL F OR ORDER FOR FAMILY SUPPORT IN AIL TO DISCLOSE YOUR SOCIAL SEC	BE USED EXCL NACCORDANC CURITY NUMB	USIVELY FOR TAX E WITH FAMILY CODE ER, YOUR APPLICATION
SECTION 2: FAMILY/COHABI	TANT INFORMATION			
A) RELATIONSHIP STATUS				
Single Married	REGISTERED DOMESTIC PARTNER	DIVORCED	WIDOWED	☐ SEPARATED
A) CURRENT SPOUSE/REGISTERED DOME	ESTIC PARTNER			
FULL NAME: LAST	FIRST	MIDDLE		FORMER NAME
DATE OF BIRTH (MM/DD/YYYY)		DATE OF MARRIAGE/REGIS	TRATION (MM/	(DD/YYYY)
RESIDENCE IF DIFFERENT FROM APPLICAN	T (STREET, CITY, STATE, ZIP CODE)			
B) FORMER SPOUSE/REGISTERED DOMES	TIC PARTNER			
FULL NAME: LAST	FIRST	MIDDLE		FORMER NAME
DATE OF BIRTH (MM/DD/YYYY)	DATE OF MARRIAGE/REGISTRATION (MM/DD/YYYY)	DATE OF DIVORCE (MM/DD/YYYY)		E IN WHICH DIVORCE URRED

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C) DO YOU HAVE ANY IMMED INTEREST IN, OR ARE EMPL IF YES, PROVIDE THE FOLLOWING	OYED BY, A GAMING RELATED		MMATES WH	O CURRENTLY HAVE A FI	NANCIAL	☐ YES [	□ No
1) FULL NAME: LAST	FIRST		MI	FORMER NAME	RELATIO	NSHIP	
NAME OF BUSINESS			FINANCIA	L INTEREST (INC. PERCE)	NTAGE OWNED) AN	D/OR POSITION H	ELD
2) FULL NAME: LAST	FIRST		MI	FORMER NAME	RELATIO	NSHIP	
NAME OF BUSINESS			FINANCIA	L INTEREST (INC. PERCE	NTAGE OWNED) AN	D/OR POSITION H	ELD
SECTION 3: MILITAR	RY EXPERIENCE						
A) HAVE YOU EVER SERVED I IF YES, PROVIDE THE FOLLOWING ANOTHER APPLICATION, ONE NEED	DETAILS. (IF THE MILITARY SERVICE I	HAS ENDED AND A DD-2	14 has been pi	REVIOUSLY PROVIDED TO THE E	<b>3</b> UREAU AS PART OF	□ YES □	] No
BRANCH OF SERVICE AND COL	UNTRY IF NOT THE U.S.	DAT	TES OF SERV	ICE FROM (MM/DD/YYYY)	DATES OF SER	VICE TO (MM/DD/	YYYY)
RANK AT SEPARATION		1			SERVICE NUMBE	R	
TYPE OF DISCHARGE: OTHER	L HONORABLE	GENERAL		OTHER THAN HONORABLE	BAD CONDUCT	DISHONO	RABLE
B) HAVE YOU EVER BEEN CON IF YES, PROVIDE THE FOLLOWING		L?				☐ YES ☐	] No
DATE (MM/DD/YYYY)	FINAL CHARGE			COURT LOCATION	(CITY, STATE/PROV	VINCE/COUNTRY)	
EXPLAIN THE INCIDENT THAT	LED TO THE COURT-MARTIAL	AND PROVIDE RELA	TED DOCUM	IENTS			

SEC	ΓΙΟΝ 4: CRIMINAL CONVICT	IONS				
For T	HE FOLLOWING SECTION:					
You A	RE REQUIRED TO DISCLOSE ANY AND A	LL CRIMINAL CONVICTIONS REGARDLESS OF:				
1)	1) THE DATE OF THE CONVICTION, I.E. IT MUST BE DISCLOSED NO MATTER HOW OLD THE CONVICTION IS;					
2)	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)	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 A	RE NOT REQUIRED TO DISCLOSE:					
1)		IG TICKETS. HOWEVER, IT IS YOUR RESPONSIBILITY TO VERIFY SIDE OF DISCLOSURE AS FAILING TO DISCLOSE A CONVICTION				
2)		<b>TO A COURT ORDER.</b> PLEASE NOTE THAT ANY CONVICTIONS R 03.4, 1203.4a, or 1203.45 are not sealed as a matter of				
A) HA	VE YOU <u>EVER</u> BEEN CONVICTED OR PLED	GUILTY OR NOLO CONTENDERE (NO CONTEST) TO A MISDEME	ANOR OR FELONY?			
IF Y	ES, PROVIDE THE FOLLOWING DETAILS FOR EACH COM	IVICTION.				
	OU REQUIRE ADDITIONAL SPACE FOR EITHER THE NUMFORM.	IBER OF CONVICTIONS OR TO EXPLAIN THE FACTUAL CIRCUMSTANCES, PLEASE	ATTACH ANOTHER PAGE TO	☐ YES ☐ NO		
	IS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THER SUPPLEMENTAL INFORMATION FORM WAS SUBP	THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THI HITTED AND LICENSURE GRANTED.	E LAST TIME THIS FORM OR			
	ROXIMATE DATE OF CONVICTION D/YYYY)	ARRESTING AGENCY	COURT LOCATION (CITY,	STATE)		
ID	ENTIFY CRIMINAL BELOW CONVICTIONS A	ND ON A SEPARATE PIECE OF PAPER EXPLAIN THE FACTUAL C	RCUMSTANCES THAT LED	TO THE CONVICTION.		
	ROXIMATE DATE OF CONVICTION D/YYYY)	ARRESTING AGENCY	COURT LOCATION (CITY,	STATE)		
`	,					
ID	ENTIFY CRIMINAL BELOW CONVICTIONS A	ND ON A SEPARATE PIECE OF PAPER EXPLAIN THE FACTUAL C	RCUMSTANCES THAT LED	TO THE CONVICTION.		
0.040	ROXIMATE DATE OF CONVICTION D/YYYY)	ARRESTING AGENCY	COURT LOCATION (CITY,	STATE)		
ID	ENTIFY CRIMINAL BELOW CONVICTIONS A	ND ON A SEPARATE PIECE OF PAPER EXPLAIN THE FACTUAL C	RCUMSTANCES THAT LED	TO THE CONVICTION.		
B) HAVE YOU EVER BEEN REMOVED FROM OR PROHIBITED FROM ENTERING THE PREMISES OF ANY GAMING OR PARI-MUTUEL WAGERING ESTABLISHMENT?						
C) HAVE YOU EVER ENGAGED IN ILLEGAL GAMBLING ACTIVITIES THAT YOU KNEW OR SHOULD HAVE KNOWN WERE ILLEGAL?						
D) Are you currently on probation?						
IF YES	TO ANY OF THE ABOVE, PROVIDE DETAILS	s.				

Commission Work Permit or TPPPS Worker: Supplemental Information Page 5 of 8  $\,$ 

SECTION 5: RESIDENCES						
A) LIST ALL RESIDENCES DURING THE I AND MARKERS SUCH AS STREET, DRIVE				DENCE). PROVIDE CO	OMPLETE ADDI	RESSES
IF THIS APPLICANT CURRENTLY HOLDS A VALID LI INFORMATION FORM WAS SUBMITTED AND LICENS		STION NEED ONLY BE ANSWERED IN A MANY	NER TO UPDATE SINCE THE LAST	TIME THIS FORM OR ANOT	THER SUPPLEMENT	AL
1) CURRENT ADDRESS (NUMBER/STREET	C/APT)				FROM (MM/	DD/YYYY)
CITY	STATE	COUNTRY IF OUTSIDE U.S.		ZIP CODE	Own	☐ RENT
2) FORMER ADDRESS (NUMBER/STREET/	APT)				FROM (MM/	DD/YYYY)
CITY	STATE	COUNTRY IF OUTSIDE U.S.		ZIP CODE	☐ Own	☐ RENT
3) FORMER ADDRESS (NUMBER/STREET/	APT)				FROM (MM/	DD/YYYY)
CITY	STATE	COUNTRY IF OUTSIDE U.S.		ZIP CODE	Own	☐ RENT
4) FORMER ADDRESS (NUMBER/STREET/	APT)				FROM (MM/	DD/YYYY)
CITY	STATE	COUNTRY IF OUTSIDE U.S.		ZIP CODE	☐ Own	☐ RENT
SECTION ( EVDEDIENCE A	ND EMBI	OVMENT				
SECTION 6: EXPERIENCE A					<b>.</b>	
BEGINNING WITH YOUR CURRENT EMPI JOBS, INCLUDING PART-TIME, TEMPORA DUTIES/ASSIGNMENTS SECTION EXPLAI	ARY, AND SELI	F-EMPLOYMENT (CONSULTING, INI				
IF THIS APPLICANT CURRENTLY HOLDS A VALID LI INFORMATION FORM WAS SUBMITTED AND LICENS		STION NEED ONLY BE ANSWERED IN A MANN	NER TO UPDATE SINCE THE LAST	TIME THIS FORM OR ANOT	THER SUPPLEMENT	`AL
1) CURRENT EMPLOYER					FROM (MM/	DD/YYYY)
JOB TITLE/DUTIES MONTHLY EARNINGS GAMING RELATED?				GAMING RELATED?	☐ YES	□ No
ADDRESS			1	SUPERVISOR		
CITY		STATE/PROVINCE & COUNTRY	ZIP/POSTAL CODE	TELEPHONE NUME	BER	EXT
REASON FOR LEAVING. IF TERMINAT	TED, EXPLAIN	THE CIRCUMSTANCES.				

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

DO YOU HAVE A WRITTEN EMPLOYMENT AGREEMENT IF YES, PROVIDE A COPY. IF NOT, SUBMIT A COPY OF YOUR CURR		☐ YES	□ No		
2) NAME OF PRIOR EMPLOYER			FROM (MM/DD/YYYY)	TO (MM/I	OD/YYYY)
JOB TITLE/DUTIES		MONTHLY EARNINGS	GAMING RELATED?	YES	□ No
ADDRESS			SUPERVISOR		
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/I	DD/YYYY)
JOB TITLE/DUTIES		MONTHLY EARNINGS	GAMING RELATED?	YES	□ No
ADDRESS			SUPERVISOR		
CITY	STATE/PROVINCE & COUNTRY	ZIP/POSTAL CODE	TELEPHONE NUMBER		EXT
REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE  4) NAME OF PRIOR EMPLOYER	CIRCUMSTANCES.		FROM (MM/DD/YYYY)	TO (MM/I	DD/YYYY)
JOB TITLE/DUTIES		MONTHLY EARNINGS	GAMING RELATED?	YES	□ No
ADDRESS		l	SUPERVISOR		
CITY	STATE/PROVINCE & COUNTRY	ZIP/POSTAL CODE	TELEPHONE NUMBER		EXT
REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE  5) NAME OF PRIOR EMPLOYER	CIRCUMSTANCES.	1	FROM (MM/DD/YYYY)	TO (MM/)	DD/YYYY)
JOB TITLE/DUTIES		MONTHLY EARNINGS		<u> </u>	
ADDRESS		Morring 22 Marines	GAMING RELATED?  SUPERVISOR	YES	□ No
	STATE/PROVINCE & COUNTRY	ZIP/POSTAL CODE			EXT
CITY	STATE/PROVINCE & COUNTRY	ZIP/POSTAL CODE	TELEPHONE NUMBER		EXI
REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE	CIRCUMSTANCES.	,			•

SECTION 7: LICENSING INFOR	MATION					
A) FOR THE LAST TEN YEARS OF EMPLOYME LOCATIONS RELATED TO GAMING IN ANY JUIF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE INFORMATION FORM WAS SUBMITTED AND LICENSURE G	RISDICTION. , THIS QUESTION NEED ONLY BE AN					
1) NAME OF EMPLOYER	CITY, 0	COUNTY, STAT	E/PROVINCE, COUNTRY	FROM (MM/DD	/YYYY)	TO (MM/DD/YYYY)
2) NAME OF EMPLOYER	CITY, o	COUNTY, STAT	E/PROVINCE, COUNTRY	FROM (MM/DD	/YYYY)	TO (MM/DD/YYYY)
3) NAME OF EMPLOYER	CITY, 0	COUNTY, STAT	E/PROVINCE, COUNTRY	FROM (MM/DD	/YYYY)	TO (MM/DD/YYYY)
B) HAVE YOU EVER APPLIED FOR OR BEEN IS  RELATED TO GAMING IN ANY JURISDICTION IF YES, LIST BELOW ANY LICENSING OR REGULATORY APPLIED (INCLUDE ANY APPLICATIONS THAT WERE AS IF THIS APPLICANT CURRENTLY HOLDS A VALID LICEN ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SERVED.	ON? AGENCY (TRIBAL, STATE, LOCAL, PPROVED, SURRENDERED, WITHDRA ISE, THIS QUESTION NEED ONLY BE SUBMITTED AND LICENSURE GRANT	OR INTERNATIONA AWN, DENIED, AND ANSWERED IN A M	.L), INCLUDING THE COMMISSIO /OR ARE PENDING). ANNER TO UPDATE SINCE THE L.	n, то which you h	AVE 11 OR	YES NO
1) LICENSE/PERMIT/CERTIFICATION/REGISTRA	TION NUMBER		TYPE OF APPLICATION		ISSUING	G AGENCY
DATE HELD FROM (MM/DD/YYYY)			DATE HELD TO (MM/DD/	YYYY)		
CITY, COUNTY, STATE/PROVINCE, COL	NTRY		ACTION TAKEN (ISSUED, REVOKED, OTHER)	, DENIED, SUSPE	NDED, PE	NDING, WITHDRAWN,
IF DENIED, SUSPENDED, WITHDRAWN,  2) LICENSE/PERMIT/CERTIFICATION/REGISTRA		,	TYPE OF APPLICATION		ISSUING	G AGENCY
DATE HELD FROM (MM/DD/YYYY)			DATE HELD TO (MM/DD/	YYYY)		
CITY, COUNTY, STATE/PROVINCE, COU	NTRY		ACTION TAKEN (ISSUED, REVOKED, OTHER)	, DENIED, SUSPE	NDED, PE	NDING, WITHDRAWN,
IF DENIED, SUSPENDED, WITHDRAWN,	REVOKED, OR CONDITIONE	D, BRIEFLY EX	PLAIN THE CIRCUMSTANC	ES.		
C) HAVE YOU EVER BEEN DISCIPLINED, FINE INTERNATIONAL)?  IF YES, PROVIDE THE FOLLOWING DETAILS.	,			,	400	☐ YES ☐ NO
IF THIS APPLICANT CURRENTLY HOLDS A VALID LICEN ANOTHER SUPPLEMENTAL INFORMATION FORM WAS S LICENTRY OF THE STREET	SUBMITTED AND LICENSURE GRANT	ΓED.				AV COM A TIPL (DP CV M V C
ISSUING AGENCY	DATE OF FINAL ACTION (MM/DD/YYYY)		ACTION TAKEN (SUSPEND REVOKED, ETC.)		Y, COUNT JNTRY	Y, STATE/PROVINCE,
BRIEFLY EXPLAIN THE CIRCUMSTANCES AND	INCLUDE ANY AMOUNTS PA	AID.		ľ		

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SECTION 8: ADDITIONAL REQUIRED ITEMS
The following items <b>must</b> 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.
APPOINTMENT OF DESIGNATED AGENT, CGCC-CH1-04 – Provide Original
MILITARY FORM, DD-214 (A COMPLETE "UNDELETED" COPY), IF APPLICABLE
ALL ACTIVE BADGES, PERMITS, ETC. ISSUED BY A CALIFORNIA CITY OR COUNTY (FRONT AND BACK COPY)
EMPLOYMENT AGREEMENT OR DUTY STATEMENT FOR THE POSITION FOR WHICH YOU ARE APPLYING
ADDITIONAL DOCUMENTATION MAY BE REQUIRED BY THE BUREAU OF GAMBLING CONTROL.

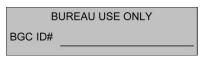
Pursuant to Business and Professions Code section 19867, the applicant is responsible for all costs incurred by the Bureau related to the background investigation. At the conclusion of the investigation, the applicant will receive an itemized accounting of all such costs. Monies received in excess of the actual costs incurred will be refunded. A license will not be issued until the required deposits and fees are received.

SECTION 9: DECLARATION		
	f the State of California that the information in this for	
	City and State	
PRINTED NAME	SIGNATURE	DATE (MM/DD/YYYY)

This form must be signed by the applicant.

# **Spousal Information**

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## 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 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.

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

SECTION 1: F	PERSONAI	LINFORMATION					
SPOUSE'S FULL NAI	ME: LAST		FIRST		MIDDLE		
CURRENT RESIDEN	CE (STREET, CI	TY, STATE, ZIP CODE)			,		
MAILING ADDRESS	IF DIFFERENT	THAN CURRENT RESIDENCE (S	TREET, CITY, STATE,	ZIP CODE)			
PRIMARY TELEPHO	NE NUMBER			EMAIL ADDRESS			
PRIMARY TELEPHO	NE NUMBER			EMAIL ADDRESS			
APPLICANT'S FULL	NAME: LAS	ST	FIRST		MIDDLE		
CECTION 2. I	DEL ATION	ICHID OF CDOLICE TO	DUCINECC				
		SHIP OF SPOUSE TO ly describe the spouse's relation		ategory licensee.			
	te uppropriate	ij deserroe tile spouse s reidit	onship to the owner ex	negory needseed			
1) THE OWNER CA	ATEGORY LICENSE	OR OWNERSHIP INTEREST IN THE OW	NER CATEGORY LICENSE IS	COMMUNITY PROPERTY OF THE APPL	ICANT AND SPOUSE.		
2) THE SPOUSE IS	2) THE SPOUSE IS INVOLVED, DIRECTLY OR INDIRECTLY, WITH ANY MANAGEMENT DECISIONS, OF ANY NATURE, REGARDING THE OPERATION OF THE OWNER CATEGORY LICENSE.						
3) THE SPOUSE H	AS DIRECT OR IND	IRECT AUTHORITY OR INFLUENCE IN T	HE DECISION-MAKING PRO	CESS RELATED TO THE OPERATION OF	F THE OWNER CATEGORY LICENSE		
					LICENSURE COULD BE REQUIRED PURSUANT TO		
		E SECTIONS 19850, 19851, 19853, 198		PPS BUSINESS LICENSE FOR WHICH	LICENSURE COULD BE REQUIRED PURSUANT TO		
NOTE: IF ANY OF ITEM	s 1) through 4)	ARE SELECTED, THE SPOUSE IS REQ	UIRED TO SUBMIT A COMP	LETE APPLICATION AS A CARDROO	M ENDORSED OWNER OR TPPPS ENDORSED OWNER.		
5) THE OWNER CA	ATEGORY LICENSE	E IS THE SOLE AND SEPARATE PROPERT	Y OF THE APPLICANT.				
NOTE: IF ITEM 5) IS SE	LECTED BUT ITEM	MS 2) THROUGH 4) ARE NOT SELECTI	ED, COMPLETE SECTION 3				
6) THE APPLICANT IS NOT AN OWNERSHIP INTEREST HOLDER.							
,							
		SEPARATE PROPERT					
		item 5) is selected and items 2 at to the following items:	l) through 4) are not s	selected. Both the applicant a	and the spouse are required to read,		
	<b>-</b>						
					ER CATEGORY LICENSEE IS THE SOLE AND IN IS TRUE. THAT INCLUDED AS PART OF THIS		
Spouse	Applicant	DECLARATION IS DOCUMENTATION	N OF A LEGAL NATURE SUF	FICIENT TO SUBSTANTIATE THE DECL	ARATION.		
					TE THIS DECLARATION UNDER SECTION 4. I		
					ASED ON THE ADVICE OF LEGAL COUNSEL, OR UNSEL BUT WAIVED THAT OPPORTUNITY.		
Spouse	Applicant	THE SPOUSE WILL NOT BE INVOLVE	ED DIBECTI V OB INDIBECT	FLV WITH ANY MANAGEMENT DECIC	IONS, OF ANY NATURE, REGARDING THE		
		OPERATION OF THE OWNER CATEG	*	ter, with any management becis	ions, or an i nature, regarding the		
Spouse	Applicant	THE SPOUSE WILL HAVE NO DIREC	T OR INDIRECT AUTHORITY	OR INFLUENCE IN THE DECISION-MA	KING PROCESS RELATED TO THE OPERATION		
- Constant	A1:	OF THE OWNER CATEGORY LICENS		OK II I DOLL VOL II VIII DECIDIO VIII			
Spouse	Applicant	THE SPOUSE WILL NOT BE ENGAGE	ED IN ANY CONDUCT AS PAI	RT OF THE OWNER CATEGORY LICENS	SEE FOR WHICH LICENSURE COULD BE		
					854, 19912, or 19984 or Commission		
Spouse	Applicant	REGULATIONS.					
				, OR OTHERWISE OBTAINING ANY OW DERGO LICENSURE PRIOR TO RECEIVE	/NERSHIP INTEREST IN THE OWNER ING ANY OWNERSHIP INTEREST OR REVENUES		
	A1:4	FROM THE BUSINESS.	WILL BE ILL COILLES TO ON	DENGO EIGENGORE I MIGICIO REGENT	and an analogue and an analogue and an analogue		
Spouse	Applicant	ANY INVOLVEMENT BY THE SPOU	SE IN ANY ACTIVITY OR CO	NDUCT FOR WHICH A FINDING OF SUI	TABILITY, A PERMIT, OR A LICENSE IS, OR		
		MAY BE, REQUIRED PURSUANT TO	THE ACT WITHOUT FIRST O		F SUITABILITY, PERMIT OR LICENSE MAY BE		
Spouse	Applicant	=					
		THAT IF ANY STATEMENT IN THIS I DENIAL, OR SUBSEQUENT REVOCA			AT FACT MAY BE USED AS GROUNDS FOR A		
Spouse	Applicant						

SE	CTION 4: ADDITIONAL REQUIRED ITEMS
ONI REQ APP BY T	E FOLLOWING ITEMS MUST BE SUBMITTED, AS APPLICABLE, WITH THIS COMPLETED FORM. PROVIDE COPIES OF DOCUMENTS UNLESS OTHERWISE STATED. LY DOCUMENTS THAT ARE DATED AND SIGNED BY THE APPLICANT AND/OR SPOUSE, AS APPLICABLE, WILL BE ACCEPTED. FAILURE TO PROVIDE QUIRED ITEMS MAY RESULT IN DENIAL OF THE APPLICATION. PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 19868, SUBDIVISION (A), THE LICATION PACKAGE WILL NOT BE DEEMED COMPLETE UNTIL ALL REQUIRED FORMS, DOCUMENTATION, AND FEES HAVE BEEN COMPLETED AND RECEIVED THE STATE. IF THE APPLICANT HAS SELECTED SECTION 2 ITEM 6), NO ADDITIONAL DOCUMENTS ARE NECESSARY UNLESS REQUIRED BY THE BUREAU OF MBLING CONTROL.  RK THE BOX NEXT TO EACH ATTACHED ITEM.
THE	SPOUSE MUST SUBMIT ONE 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 licensee as sole and separate property and complies with family code section 1615
	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 applicant
	Any court orders concerning the ownership characterization of the owner category licensee interest as sole and separate property
Add	ITIONAL DOCUMENTATION MAY BE REQUIRED BY THE BUREAU OF GAMBLING CONTROL.
SE	CTION 5: DECLARATION
I de	sclare 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
APP	LICANT'S NAME APPLICANT'S SIGNATURE DATE (MM/DD/YYYY)
SPO	USE'S NAME SPOUSE'S SIGNATURE DATE (MM/DD/YYYY)