

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

14 **§ 12080. Requirements.**

15 (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 Note: Authority cited: Sections 19823, 19824, 19826, 19840, 19841, 19853 and 19984, Business and Professions
21 Code. Reference: Sections 19841, 19853 and 19984, Business and Professions Code.
22

23 **CHAPTER 2. LICENSES AND WORK PERMITS**

24 **ARTICLE 2. INITIAL AND RENEWAL LICENSES AND WORK PERMITS**
25

26 **§ 12112. Initial License Applications; Required Forms.**

27 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 Note: Authority cited: Sections 19811, 19824, 19840, 19841, 19850, 19912 and 19984, Business and Professions
15 Code. Reference: Sections 19801, 19811, 19824, 19826, 19841, 19850, 19851, 19852, 19855, 19864, 19865, 19866,
16 19867, 19868, 19878, 19880(d), 19883, 19890(e), 19893, 19912, 19951, 19982 and 19984, Business and
17 Professions Code.

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19 **§ 12114. Renewal License Applications; Required Forms.**

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

22 ...

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 Note: Authority cited: Sections 19811, 19823, 19824, 19840, 19841, 19850, 19851, 19854, 19951 and 19984,
27 Business and Professions Code. Reference: Sections 19811, 19823, 19824, 19826, 19841, 19850, 19851, 19852,
28 19854, 19855, 19856, 19857, 19864, 19865, 19866, 19867, 19868, 19876, 19912, 19951 and 19984, Business and
29 Professions Code.

30

31 **CHAPTER 3. CONDITIONS OF OPERATION FOR TPPPS BUSINESSES**

32

33 **ARTICLE 3. TPPPS CONTRACTS**

34

35 **§ 12272. Review and Approval of TPPPS Contracts.**

36 (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 Note: Authority cited: Sections 19840, 19841 and 19984, Business and Professions Code. Reference: Sections
5 19951 and 19984, Business and Professions Code.

6

7 **§ 12274. Expedited Review and Approval of TPPPS Contracts.**

8 ...

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 Note: Authority cited: Sections 19840, 19841 and 19984, Business and Professions Code. Reference: Sections
15 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

| |
|-----------------|
| BUREAU USE ONLY |
| BGC ID# _____ |



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

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU COMPLETE THIS FORM

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, if it 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 | | | | |
| <input type="checkbox"/> OWNER CATEGORY LICENSEE (BUSINESS) | <input type="checkbox"/> OWNER CATEGORY LICENSEE (INDIVIDUAL) | <input type="checkbox"/> KEY EMPLOYEE OR TPPPS SUPERVISOR LICENSEE | <input type="checkbox"/> WORK PERMIT, TPPPS WORKER LICENSEE | |
| <input type="checkbox"/> GAMING RESOURCE SUPPLIER | <input type="checkbox"/> TRIBAL KEY | <input type="checkbox"/> OTHER _____ | | |
| NAME OF REQUESTOR | | | | |
| TYPE OF ASSOCIATED BUSINESS | | | | |
| <input type="checkbox"/> CARDROOM BUSINESS LICENSEE | <input type="checkbox"/> TRIBAL GAMING RESOURCE SUPPLIER/FINANCIAL SOURCE (VENDOR) | <input type="checkbox"/> TPPPS BUSINESS LICENSE | | |
| NAME OF ASSOCIATED BUSINESS | | | | |

| SECTION 2: DESIGNATED AGENT INFORMATION | | | | |
|---|-----------------------------------|-----------------------------------|--|---|
| If no designated agent is being appointed, indicate N/A. | | | | |
| NAME OF DESIGNATED AGENT | | | | |
| RELATIONSHIP TO APPLICANT | | | | |
| <input type="checkbox"/> PROVIDED BY EMPLOYER | <input type="checkbox"/> EMPLOYEE | <input type="checkbox"/> ATTORNEY | <input type="checkbox"/> CERTIFIED PUBLIC ACCOUNTANT | OTHER _____ |
| MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE) | | | | |
| PRIMARY TELEPHONE NUMBER | ALTERNATE TELEPHONE NUMBER | FAX NUMBER | EMAIL ADDRESS | COMMISSION LICENSE NUMBER(S), IF APPLICABLE |

| | |
|---|---|
| <p>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.</p> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>_____ THE DESIGNATED AGENT IS APPOINTED TO ASSIST IN THE PREPARATION OF FORMS, APPLICATIONS AND OTHER PAPERWORK FOR SUBMITTAL TO THE BUREAU AND COMMISSION. INITIAL</p> <p>_____ THE DESIGNATED AGENT IS APPOINTED TO COMMUNICATE TO THE BUREAU ON MY BEHALF. INITIAL</p> <p>_____ THE DESIGNATED AGENT IS APPOINTED TO COMMUNICATE WITH COMMISSION STAFF ON MY BEHALF. INITIAL</p> <p>_____ THE DESIGNATED AGENT IS APPOINTED TO REPRESENT ME BEFORE THE COMMISSION AT A NON-EVIDENTIARY HEARING MEETING. INITIAL</p> <p>_____ THE DESIGNATED AGENT IS ADDITIONALLY APPOINTED TO: _____ INITIAL</p> | <p>_____ Please note: this cannot include a designation to assist in an evidentiary hearing</p> |

| | | |
|--|---|-------------------|
| <p>SECTION 3: DESIGNATED AGENT ACKNOWLEDGMENT If no designated agent is being appointed, indicate N/A.</p> | | |
| <p>THE DESIGNATED AGENT MUST COMPLETE THIS SECTION:</p> | <p>IF APPLICABLE, PROVIDE A VALID LICENSE NUMBER ISSUED BY EITHER THE COMMISSION, CALIFORNIA STATE BAR, OR CALIFORNIA BOARD OF ACCOUNTANCY.</p> | |
| <p>_____ 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</p> <p>_____ 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</p> | | |
| PRINTED NAME | SIGNATURE | DATE (MM/DD/YYYY) |

| | | | |
|---|-----------|----------|-------------------|
| <p>SECTION 4: SIGNATURE OF APPLICANT</p> | | | |
| 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

| |
|---|
| BUREAU USE ONLY BGC ID# _____ |
|---|



MAIL COMPLETED FORM AND FEE/DEPOSIT TO:

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

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU COMPLETE THIS FORM

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

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

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

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

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

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

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

Applicant's Full Name

Associated Owner Category Licensee

Date of Photograph

| |
|--|
| <p>Affix a passport quality photography taken within the last 30 calendar days here.</p> <p>PLEASE PRINT NAME ON BACK OF PHOTOGRAPH</p> |
|--|

| SECTION 1: APPLICATION | | |
|---|---|--|
| A) TYPE OF APPLICATION (CHECK APPROPRIATE BOX) | | |
| <input type="checkbox"/> CARDROOM BUSINESS LICENSE The sole proprietor, LLC, corporation, partnership, trust, or business entity that operates a gambling establishment | <input type="checkbox"/> TPPPS BUSINESS LICENSE The sole proprietor, LLC, corporation, partnership, trust, or other business entity that proposes to provide third-party proposition services as an independent contractor in a gambling establishment. | |
| <input type="checkbox"/> 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. | <input type="checkbox"/> 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 person who receives any percentage share of the revenues earned, or any funding source. | |
| B) SELECT IF THIS IS AN APPLICATION FOR AN INITIAL OR RENEWAL LICENSE (CHECK APPROPRIATE BOX) | | |
| <input type="checkbox"/> <u>INITIAL APPLICATION</u> <u>MUST INCLUDE THE FOLLOWING (AS APPLICABLE):</u> <ul style="list-style-type: none"> Application Fee required in Title 4, CCR, Section 12090 A background investigation deposit required in Title 11, CCR, Section 2037 | <input type="checkbox"/> <u>INITIAL APPLICATION WITH REQUEST FOR TEMPORARY LICENSE</u> <u>MUST INCLUDE THE FOLLOWING (AS APPLICABLE):</u> <ul style="list-style-type: none"> Application Fee required in Title 4, CCR, Section 12090 Additional Application Fee for a Temporary Owner Category License required in Title 4, CCR, Section 12090 A background investigation deposit required in Title 11, CCR, Section 2037 | <input type="checkbox"/> <u>RENEWAL APPLICATION</u> <u>MUST INCLUDE THE FOLLOWING (AS APPLICABLE):</u> <ul style="list-style-type: none"> Application Fee required in Title 4, CCR, Section 12090 A delinquency fee in the amount specified in Section 12090, if applicable A background investigation deposit required in Title 11, CCR, Section 2037 |
| <input type="checkbox"/> <u>ALL INITIAL OR RENEWAL OWNER CATEGORY LICENSE APPLICANTS:</u> Check this box ONLY IF you need to be issued a badge upon approval of your application. | | |
| NOTE: INITIAL APPLICANTS AND INITIAL APPLICANTS WITH REQUEST FOR TEMPORARY LICENSE DO NOT COMPLETE SECTION 2. | | |

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

SECTION 3: CARDROOM BUSINESS LICENSE OPERATIONS

Complete this section only for a cardroom business licensee.

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

NUMBER OF PERMANENT TABLES OPERATING OR TO BE OPERATED IN THE GAMBLING ESTABLISHMENT:

NAME OF PROPOSED GAMES

INDICATE ENDORSED OWNERS

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

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

SECTION 4: ADDITIONAL REQUIRED ITEMS

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

MARK THE BOX NEXT TO EACH ATTACHED ITEM.

COMPLETED REQUEST FOR LIVE SCAN SERVICE (BCIA 8016), INCLUDING THE ATI NUMBER

AUTHORIZATION TO RELEASE INFORMATION, CGCC-CH2-13 – **PROVIDE ORIGINAL**

NOTE: INITIAL APPLICANTS MUST ALSO ATTACH A COMPLETED SUPPLEMENTAL BACKGROUND INFORMATION FORM, AS INDICATED BELOW:

Cardroom business licensee or TPPPS business licensee: Business Entity: Supplemental Information, CGCC-CH2-06 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 BE REQUIRED BY THE BUREAU OF GAMBLING CONTROL.

SECTION 5: DECLARATION

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

City and State

PRINTED NAME

SIGNATURE

DATE (MM/DD/YYYY)

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

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

Individual Owner/Principal: Supplemental Information

CGCC-CH2-07 (Rev. 07/22)

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|-----------------|
| BUREAU USE ONLY |
| BGC ID# _____ |



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

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU COMPLETE THIS FORM

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

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

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

Applicant’s Full Name

Title/Capacity

Associated Owner Category Licensee

Associated Endorsed Owner, if Applicable

TYPE OF OWNER APPLICANT (CHECK APPROPRIATE BOX):

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 NUMBER | EMAIL ADDRESS |
|--------------------------|----------------------------|---------------|

| | | | |
|----------------------------|---|-------|------------------------------|
| DATE OF BIRTH (MM/DD/YYYY) | DRIVER'S LICENSE/IDENTIFICATION CARD NUMBER | STATE | EXPIRATION DATE (MM/DD/YYYY) |
|----------------------------|---|-------|------------------------------|

IF BORN OUTSIDE THE U.S., IDENTIFY YOUR ELIGIBILITY TO WORK IN THE U.S. AND PROVIDE SUPPORTING DOCUMENTATION

RESIDENT ALIEN
 NATURALIZED CITIZEN
 EMPLOYMENT AUTHORIZED
 OTHER: _____

| | |
|---|------------------------|
| IF RESIDENT ALIEN OR NATURALIZED CITIZEN, PROVIDE YOUR A-NUMBER | SOCIAL SECURITY NUMBER |
|---|------------------------|

DISCLOSURE

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS MANDATORY. BUSINESS AND PROFESSIONS CODE SECTION 30 AND PUBLIC LAW 94-455 [42 USC SECTION 405(C)(2)(C)] AUTHORIZE COLLECTION OF YOUR SOCIAL SECURITY NUMBER. YOUR SOCIAL SECURITY NUMBER WILL BE USED EXCLUSIVELY FOR TAX ENFORCEMENT PURPOSES, FOR PURPOSES OF COMPLIANCE WITH ANY JUDGMENT OR ORDER FOR FAMILY SUPPORT IN ACCORDANCE WITH FAMILY CODE SECTION 17520 OR FOR DATABASE INQUIRIES REQUIRED FOR LICENSURE. IF YOU FAIL TO DISCLOSE YOUR SOCIAL SECURITY NUMBER, YOUR APPLICATION WILL NOT BE PROCESSED AND YOU WILL BE REPORTED TO THE FRANCHISE TAX BOARD, WHICH MAY ASSESS A \$100 PENALTY AGAINST YOU.

| | | |
|-------------------------|--|---|
| DO YOU HAVE A PASSPORT? | <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, IDENTIFY ALL COUNTRIES THAT HAVE ISSUED YOU A PASSPORT IN THE LAST 10 YEARS |
|-------------------------|--|---|

RELATIONSHIP TO OWNER CATEGORY LICENSEE
 LIST ALL THAT APPLY.

| | | | |
|--|-------------------------------------|---|--|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Officer | <input type="checkbox"/> Trustor | <input type="checkbox"/> Financial Interest Holder |
| <input type="checkbox"/> General Partner | <input type="checkbox"/> Director | <input type="checkbox"/> Trustee | <input type="checkbox"/> TPPPS Funding Source |
| <input type="checkbox"/> Limited Partner | <input type="checkbox"/> Landlord | <input type="checkbox"/> Current Beneficiary | <input type="checkbox"/> Community Property Interest |
| <input type="checkbox"/> Shareholder | <input type="checkbox"/> LLC Member | <input type="checkbox"/> Contingent Beneficiary | <input type="checkbox"/> Other: _____ |

SECTION 2: FAMILY/COHABITANT INFORMATION

A) RELATIONSHIP STATUS

SINGLE
 MARRIED
 REGISTERED DOMESTIC PARTNER
 DIVORCED
 WIDOWED
 SEPARATED

B) CURRENT SPOUSE/REGISTERED DOMESTIC PARTNER

| | | | |
|-----------------|-------|--------|-------------|
| FULL NAME: LAST | FIRST | MIDDLE | FORMER NAME |
|-----------------|-------|--------|-------------|

| | |
|----------------------------|--|
| DATE OF BIRTH (MM/DD/YYYY) | DATE OF MARRIAGE/REGISTRATION (MM/DD/YYYY) |
|----------------------------|--|

RESIDENCE IF DIFFERENT FROM APPLICANT (STREET, CITY, STATE, ZIP CODE)

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

| H) SIBLINGS | | | | <input type="checkbox"/> N/A |
|--|---------------|-------------------|--------------|------------------------------|
| PROVIDE THE FOLLOWING INFORMATION FOR YOUR BROTHERS, SISTERS, STEP-BROTHERS, AND STEP-SISTERS. IF RETIRED, LIST LAST OCCUPATION, OR IF DECEASED, PROVIDE DATE OF DEATH AND LIST LAST ADDRESS AND OCCUPATION. | | | | |
| NAME (LAST, FIRST, MIDDLE, FORMER NAME) | DATE OF BIRTH | RESIDENCE ADDRESS | RELATIONSHIP | OCCUPATION |
| | | | | |
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SECTION 3: MILITARY EXPERIENCE

| | | | |
|--|------------------------------------|----------------------------------|--|
| A) HAVE YOU EVER SERVED IN ANY ARMED FORCES? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IF YES, PROVIDE THE FOLLOWING DETAILS. (IF THE MILITARY SERVICE HAS ENDED AND A DD-214 HAS BEEN PREVIOUSLY PROVIDED TO THE BUREAU AS PART OF ANOTHER APPLICATION, ONE NEED NOT BE PROVIDED.) | | | |
| BRANCH OF SERVICE AND COUNTRY IF NOT THE U.S. | DATES OF SERVICE FROM (MM/DD/YYYY) | DATES OF SERVICE TO (MM/DD/YYYY) | |
| RANK AT SEPARATION | | | SERVICE NUMBER |
| TYPE OF DISCHARGE: <input type="checkbox"/> ENTRY LEVEL <input type="checkbox"/> HONORABLE <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER THAN HONORABLE <input type="checkbox"/> BAD CONDUCT <input type="checkbox"/> DISHONORABLE <input type="checkbox"/> OTHER _____ | | | |

| | | | |
|--|--------------|---|--|
| B) HAVE YOU EVER BEEN CONVICTED IN A COURT-MARTIAL? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IF YES, PROVIDE THE FOLLOWING DETAILS. | | | |
| DATE (MM/DD/YYYY) | FINAL CHARGE | COURT LOCATION (CITY, STATE/PROVINCE/COUNTRY) | |
| EXPLAIN THE INCIDENT THAT LED TO THE COURT-MARTIAL AND PROVIDE RELATED DOCUMENTS | | | |

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

FOR THE FOLLOWING SECTION:

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

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

YOU ARE NOT REQUIRED TO DISCLOSE:

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

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

IF YES, PROVIDE THE FOLLOWING DETAILS FOR EACH CONVICTION.

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

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

YES NO

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

ARRESTING AGENCY

COURT LOCATION (CITY, STATE)

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

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

ARRESTING AGENCY

COURT LOCATION (CITY, STATE)

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

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

YES NO

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

YES NO

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

YES NO

E) ARE YOU CURRENTLY ON PROBATION?

YES NO

IF YES TO ANY OF THE ABOVE, PROVIDE DETAILS.

| | |
|---|--|
| F) HAVE YOU EVER BEEN FOUND IN VIOLATION OF THE U.S. FOREIGN CORRUPT PRACTICES ACT OR EQUIVALENT IN ANOTHER COUNTRY? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|--|

IF YES TO ANY OF THE ABOVE, PROVIDE DETAILS.

| | |
|--|--|
| G) HAVE YOU, AS AN INDIVIDUAL OR IN CONNECTION WITH ANY BUSINESS ENTITY, BEEN PARTY TO A LAWSUIT OR ARBITRATION WITHIN THE LAST 10 YEARS? <small>A LAWSUIT OR ARBITRATION THAT HAS BEEN SEALED, ALLOWED TO PROCEED ANONYMOUSLY PURSUANT TO A COURT ORDER, OR WHERE THE APPLICANT IS A CLASS MEMBER IN A CLASS ACTION LAWSUIT NEED NOT BE PROVIDED.</small> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IF YES, PROVIDE THE FOLLOWING DETAILS. | |

| | | |
|--|------------------|-------------|
| 1) APPROXIMATE DATE FILED (MM/DD/YYYY) | PARTIES INVOLVED | CASE NUMBER |
|--|------------------|-------------|

| | | |
|------------------------------|-------------------------------|-------------------|
| COURT LOCATION (CITY, STATE) | DISPOSITION DATE (MM/DD/YYYY) | FINAL DISPOSITION |
|------------------------------|-------------------------------|-------------------|

BRIEFLY EXPLAIN THE GENERAL SUBJECT OF LITIGATION

| | | |
|--|------------------|-------------|
| 2) APPROXIMATE DATE FILED (MM/DD/YYYY) | PARTIES INVOLVED | CASE NUMBER |
|--|------------------|-------------|

| | | |
|------------------------------|-------------------------------|-------------------|
| COURT LOCATION (CITY, STATE) | DISPOSITION DATE (MM/DD/YYYY) | FINAL DISPOSITION |
|------------------------------|-------------------------------|-------------------|

BRIEFLY EXPLAIN THE GENERAL SUBJECT OF LITIGATION

SECTION 5: RESIDENCES

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

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

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

SECTION 6: EXPERIENCE AND EMPLOYMENT

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

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

| | | | | | |
|--|--------------------------|------------------|--|-----------------|--|
| 1) CURRENT EMPLOYER | | | | | FROM (MM/DD/YYYY) |
| JOB TITLE/DUTIES | | MONTHLY EARNINGS | GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| ADDRESS | | | SUPERVISOR | | |
| CITY | STATE/PROVINCE & COUNTRY | ZIP/POSTAL CODE | TELEPHONE NUMBER | EXT | |
| DO YOU HAVE A WRITTEN EMPLOYMENT AGREEMENT WITH YOUR CURRENT EMPLOYER? IF YES, PROVIDE A COPY. IF NOT SUBMIT A COPY OF YOUR CURRENT DUTY STATEMENT/JOB DESCRIPTION. | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2) NAME OF PRIOR EMPLOYER | | | FROM (MM/DD/YYYY) | TO (MM/DD/YYYY) | |
| JOB TITLE/DUTIES | | MONTHLY EARNINGS | GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| ADDRESS | | | SUPERVISOR | | |
| CITY | STATE/PROVINCE & COUNTRY | ZIP/POSTAL CODE | TELEPHONE NUMBER | EXT | |
| REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES. | | | | | |

| | | | | | |
|---|--------------------------|------------------|--|-------------------|-----------------|
| 3) CURRENT EMPLOYER | | | | FROM (MM/DD/YYYY) | |
| JOB TITLE/DUTIES | | MONTHLY EARNINGS | GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| ADDRESS | | | SUPERVISOR | | |
| CITY | STATE/PROVINCE & COUNTRY | ZIP/POSTAL CODE | TELEPHONE NUMBER | | EXT |
| REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES. | | | | | |
| 4) NAME OF PRIOR EMPLOYER | | | | FROM (MM/DD/YYYY) | TO (MM/DD/YYYY) |
| JOB TITLE/DUTIES | | MONTHLY EARNINGS | GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| ADDRESS | | | SUPERVISOR | | |
| CITY | STATE/PROVINCE & COUNTRY | ZIP/POSTAL CODE | TELEPHONE NUMBER | | EXT |
| REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES. | | | | | |

SECTION 7: LICENSING INFORMATION

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|---|---------------------|--|--|--|--|
| A) HAVE YOU EVER APPLIED FOR OR BEEN ISSUED A LICENSE, PERMIT, CERTIFICATE, REGISTRATION, OR FINDING OF SUITABILITY RELATED TO GAMING IN ANY JURISDICTION? IF YES, LIST BELOW ANY LICENSING OR REGULATORY AGENCY (TRIBAL, STATE, LOCAL, OR INTERNATIONAL), INCLUDING THE CALIFORNIA GAMBLING CONTROL COMMISSION, TO WHICH YOU HAVE APPLIED (INCLUDE ANY APPLICATIONS THAT WERE APPROVED, SURRENDERED, WITHDRAWN, DENIED, AND/OR ARE PENDING). IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED. | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 1) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER | TYPE OF APPLICATION | | ISSUING AGENCY | | |
| DATE HELD FROM (MM/DD/YYYY) | | DATE HELD TO (MM/DD/YYYY) | | | |
| CITY, COUNTY, STATE/PROVINCE, COUNTRY | | ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER) | | | |
| IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, BRIEFLY EXPLAIN THE CIRCUMSTANCES. | | | | | |
| 2) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER | TYPE OF APPLICATION | | ISSUING AGENCY | | |
| DATE HELD FROM (MM/DD/YYYY) | | DATE HELD TO (MM/DD/YYYY) | | | |
| CITY, COUNTY, STATE/PROVINCE, COUNTRY | | ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER) | | | |
| IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, BRIEFLY EXPLAIN THE CIRCUMSTANCES. | | | | | |

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

SECTION 8: BUSINESS INTEREST – GAMING RELATED

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

IF YES, EXPLAIN BELOW.

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.

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

IF YES, EXPLAIN BELOW.

YES NO

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

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

YES NO

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

| | | | |
|----------------------------|---------------------------|----------------------------|--------------------------|
| 1) NAME OF BUSINESS ENTITY | BUSINESS TELEPHONE NUMBER | INVOLVED FROM (MM/DD/YYYY) | INVOLVED TO (MM/DD/YYYY) |
|----------------------------|---------------------------|----------------------------|--------------------------|

| | |
|---|-----------------------------|
| BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE) | PRIMARY PURPOSE OF BUSINESS |
|---|-----------------------------|

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

| | | | |
|----------------------------|---------------------------|----------------------------|--------------------------|
| 2) NAME OF BUSINESS ENTITY | BUSINESS TELEPHONE NUMBER | INVOLVED FROM (MM/DD/YYYY) | INVOLVED TO (MM/DD/YYYY) |
|----------------------------|---------------------------|----------------------------|--------------------------|

| | |
|---|-----------------------------|
| BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE) | PRIMARY PURPOSE OF BUSINESS |
|---|-----------------------------|

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

| | | | |
|----------------------------|---------------------------|----------------------------|--------------------------|
| 3) NAME OF BUSINESS ENTITY | BUSINESS TELEPHONE NUMBER | INVOLVED FROM (MM/DD/YYYY) | INVOLVED TO (MM/DD/YYYY) |
|----------------------------|---------------------------|----------------------------|--------------------------|

| | |
|---|-----------------------------|
| BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE) | PRIMARY PURPOSE OF BUSINESS |
|---|-----------------------------|

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

| | | | |
|----------------------------|---------------------------|----------------------------|--------------------------|
| 4) NAME OF BUSINESS ENTITY | BUSINESS TELEPHONE NUMBER | INVOLVED FROM (MM/DD/YYYY) | INVOLVED TO (MM/DD/YYYY) |
|----------------------------|---------------------------|----------------------------|--------------------------|

| | |
|---|-----------------------------|
| BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE) | PRIMARY PURPOSE OF BUSINESS |
|---|-----------------------------|

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

SECTION 9: BUSINESS INTEREST – NON-GAMING RELATED

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

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

Yes No

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

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

SECTION 10: PERSONAL FINANCIAL HISTORY

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

If Yes, provide a copy of the bankruptcy petition/order and the following details.

If this applicant currently holds a valid license, this question need only be answered in a manner to update since the last time this form or another supplemental information form was submitted and licensure granted.

Yes No

| | | |
|-------------------------|------------------------|--------------------------------|
| DATE FILED (MM/DD/YYYY) | CASE NUMBER (IF KNOWN) | DATE OF DISCHARGE (MM/DD/YYYY) |
|-------------------------|------------------------|--------------------------------|

| | |
|------------------------------------|------------------------------------|
| FEDERAL DISTRICT COURT WHERE FILED | AMOUNT OF DISCHARGE, IF APPLICABLE |
|------------------------------------|------------------------------------|

BRIEFLY EXPLAIN THE CIRCUMSTANCES THAT LED TO THE BANKRUPTCY FILING, INCLUDING THE NATURE OF THE DEBT.

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

If Yes, provide the following details.

If this applicant currently holds a valid license, this question need only be answered in a manner to update since the last time this form or another supplemental information form was submitted and licensure granted.

Yes No

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

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

| |
|--|
| NAME OF PERSON ENTITY JUDGMENT OR LIEN WAS FILED AGAINST |
|--|

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

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

| |
|--|
| NAME OF PERSON ENTITY JUDGMENT OR LIEN WAS FILED AGAINST |
|--|

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

If Yes, provide the following details.

If this applicant currently holds a valid license, this question need only be answered in a manner to update since the last time this form or another supplemental information form was submitted and licensure granted.

Yes No

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

EXPLAIN FINDINGS

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

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

SECTION 11: ADDITIONAL REQUIRED ITEMS

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

MARK THE BOX NEXT TO EACH ATTACHED ITEM.

- BACKGROUND INVESTIGATION DEPOSIT REQUIRED IN TITLE 11, CAL. CODE REGS., SECTION 2037
- APPOINTMENT OF DESIGNATED AGENT, CGCC-CH1-04 – **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

| | |
|-----------------|-------|
| 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 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 truthful and complete. All responses and supplemental documentation are subject to verification and will be used to determine suitability under the Act and California Gambling Control Commission 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): | |
|--|--|
| <input type="checkbox"/> TPPPS SUPERVISOR LICENSEE | <input type="checkbox"/> KEY EMPLOYEE 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)

| | | |
|--------------------------|----------------------------|---------------|
| PRIMARY TELEPHONE NUMBER | ALTERNATE TELEPHONE NUMBER | EMAIL ADDRESS |
|--------------------------|----------------------------|---------------|

| | | | |
|----------------------------|---|-------|------------------------------|
| DATE OF BIRTH (MM/DD/YYYY) | DRIVER'S LICENSE/IDENTIFICATION CARD NUMBER | STATE | EXPIRATION DATE (MM/DD/YYYY) |
|----------------------------|---|-------|------------------------------|

IF BORN OUTSIDE THE U.S., IDENTIFY YOUR ELIGIBILITY TO WORK IN THE U.S. AND PROVIDE SUPPORTING DOCUMENTATION

RESIDENT ALIEN
 NATURALIZED CITIZEN
 EMPLOYMENT AUTHORIZED
 OTHER: _____

| | |
|---|------------------------|
| IF RESIDENT ALIEN OR NATURALIZED CITIZEN, PROVIDE YOUR A-NUMBER | SOCIAL SECURITY NUMBER |
|---|------------------------|

DISCLOSURE

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS MANDATORY. BUSINESS AND PROFESSIONS CODE SECTION 30 AND PUBLIC LAW 94-455 [42 USC SECTION 405(C)(2)(C)] AUTHORIZE COLLECTION OF YOUR SOCIAL SECURITY NUMBER. YOUR SOCIAL SECURITY NUMBER WILL BE USED EXCLUSIVELY FOR TAX ENFORCEMENT PURPOSES, FOR PURPOSES OF COMPLIANCE WITH ANY JUDGMENT OR ORDER FOR FAMILY SUPPORT IN ACCORDANCE WITH FAMILY CODE SECTION 17520 OR FOR DATABASE INQUIRIES REQUIRED FOR LICENSURE. IF YOU FAIL TO DISCLOSE YOUR SOCIAL SECURITY NUMBER, YOUR APPLICATION WILL NOT BE PROCESSED AND YOU WILL BE REPORTED TO THE FRANCHISE TAX BOARD, WHICH MAY ASSESS A \$100 PENALTY AGAINST YOU.

| | | |
|----------------------------|--|---|
| C) DO YOU HAVE A PASSPORT? | <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, IDENTIFY ALL COUNTRIES THAT HAVE ISSUED YOU A PASSPORT IN THE LAST 10 YEARS |
|----------------------------|--|---|

SECTION 2: FAMILY/COHABITANT INFORMATION

A) RELATIONSHIP STATUS

SINGLE
 MARRIED
 REGISTERED DOMESTIC PARTNER
 DIVORCED
 WIDOWED
 SEPARATED

A) CURRENT SPOUSE/REGISTERED DOMESTIC PARTNER

| | | | |
|-----------------|-------|--------|-------------|
| FULL NAME: LAST | FIRST | MIDDLE | FORMER NAME |
|-----------------|-------|--------|-------------|

| | |
|----------------------------|--|
| DATE OF BIRTH (MM/DD/YYYY) | DATE OF MARRIAGE/REGISTRATION (MM/DD/YYYY) |
|----------------------------|--|

RESIDENCE IF DIFFERENT FROM APPLICANT (STREET, CITY, STATE, ZIP CODE)

B) FORMER SPOUSE/REGISTERED DOMESTIC PARTNER

| | | | |
|-----------------|-------|--------|-------------|
| FULL NAME: LAST | FIRST | MIDDLE | FORMER NAME |
|-----------------|-------|--------|-------------|

| | | | |
|----------------------------|--|------------------------------|---------------------------------|
| DATE OF BIRTH (MM/DD/YYYY) | DATE OF MARRIAGE/REGISTRATION (MM/DD/YYYY) | DATE OF DIVORCE (MM/DD/YYYY) | STATE IN WHICH DIVORCE OCCURRED |
|----------------------------|--|------------------------------|---------------------------------|

| | |
|---|--|
| C) DO YOU HAVE ANY IMMEDIATE FAMILY MEMBERS, COHABITANTS, OR ROOMMATES WHO CURRENTLY HAVE A FINANCIAL INTEREST IN, OR ARE EMPLOYED BY, A GAMING RELATED BUSINESS? IF YES, PROVIDE THE FOLLOWING DETAILS. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|--|

| | | | | |
|--------------------|-------|----|-------------|--------------|
| 1) FULL NAME: LAST | FIRST | MI | FORMER NAME | RELATIONSHIP |
|--------------------|-------|----|-------------|--------------|

| | |
|------------------|---|
| NAME OF BUSINESS | FINANCIAL INTEREST (INC. PERCENTAGE OWNED) AND/OR POSITION HELD |
|------------------|---|

| | | | | |
|--------------------|-------|---|-------------|--------------|
| 2) FULL NAME: LAST | FIRST | MI | FORMER NAME | RELATIONSHIP |
| NAME OF BUSINESS | | FINANCIAL INTEREST (INC. PERCENTAGE OWNED) AND/OR POSITION HELD | | |

| D) CHILDREN AND DEPENDENTS | | | | <input type="checkbox"/> N/A |
|---|---------------|-------------------|--------------|------------------------------|
| PROVIDE THE FOLLOWING INFORMATION FOR EACH OF YOUR CHILDREN (INCLUDING NATURAL, ADOPTED, CURRENT FOSTER, AND STEP-CHILDREN) AND DEPENDENTS. | | | | |
| NAME (LAST, FIRST, MIDDLE, FORMER NAME) | DATE OF BIRTH | RESIDENCE ADDRESS | RELATIONSHIP | OCCUPATION |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| E) CO-HABITANTS AND ROOMMATES | | | | <input type="checkbox"/> N/A |
|--|---------------|---------------------|--------------------------------|------------------------------|
| PROVIDE THE FOLLOWING INFORMATION FOR ANY PERSONS 18 YEARS OF AGE OR OLDER (NOT DISCLOSED ABOVE) WITH WHOM YOU RESIDE. | | | | |
| NAME (LAST, FIRST, MIDDLE, FORMER NAME) | DATE OF BIRTH | EMPLOYER/OCCUPATION | EMPLOYER ADDRESS AND TELEPHONE | RELATIONSHIP |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SECTION 3: MILITARY EXPERIENCE

| A) HAVE YOU EVER SERVED IN ANY ARMED FORCES? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|--------------------------------------|---------------------------------------|--------------------------------------|---|
| IF YES, PROVIDE THE FOLLOWING DETAILS. (IF THE MILITARY SERVICE HAS ENDED AND A DD-214 HAS BEEN PREVIOUSLY PROVIDED TO THE BUREAU AS PART OF ANOTHER APPLICATION, ONE NEED NOT BE PROVIDED.) | | | | |
| BRANCH OF SERVICE AND COUNTRY IF NOT THE U.S. | DATES OF SERVICE FROM (MM/DD/YYYY) | DATES OF SERVICE TO (MM/DD/YYYY) | | |
| RANK AT SEPARATION | | | SERVICE NUMBER | |
| TYPE OF DISCHARGE: | <input type="checkbox"/> ENTRY LEVEL | <input type="checkbox"/> HONORABLE | <input type="checkbox"/> GENERAL | <input type="checkbox"/> OTHER THAN HONORABLE |
| | <input type="checkbox"/> BAD CONDUCT | <input type="checkbox"/> DISHONORABLE | <input type="checkbox"/> OTHER _____ | |

| B) HAVE YOU EVER BEEN CONVICTED IN A COURT-MARTIAL? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|--------------|---|------------------------------|-----------------------------|
| IF YES, PROVIDE THE FOLLOWING DETAILS. | | | | |
| DATE (MM/DD/YYYY) | FINAL CHARGE | COURT LOCATION (CITY, STATE/PROVINCE/COUNTRY) | | |

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

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

FOR THE FOLLOWING SECTION:

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

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

YOU ARE NOT REQUIRED TO DISCLOSE:

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

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

IF YES, PROVIDE THE FOLLOWING DETAILS FOR EACH CONVICTION.

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

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

YES NO

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

ARRESTING AGENCY

COURT LOCATION (CITY, STATE)

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

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

ARRESTING AGENCY

COURT LOCATION (CITY, STATE)

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

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

YES NO

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

YES NO

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

YES NO

E) ARE YOU CURRENTLY ON PROBATION?

YES NO

IF YES TO ANY OF THE ABOVE, PROVIDE DETAILS.

| | |
|---|--|
| <p>F) HAVE YOU, AS AN INDIVIDUAL OR IN CONNECTION WITH ANY BUSINESS ENTITY, BEEN PARTY TO A LAWSUIT OR ARBITRATION WITHIN THE LAST 10 YEARS?</p> <p>A LAWSUIT OR ARBITRATION THAT HAS BEEN SEALED OR ALLOWED TO PROCEED ANONYMOUSLY PURSUANT TO A COURT ORDER NEED NOT BE PROVIDED.</p> <p>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.</p> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|--|

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

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

SECTION 5: RESIDENCES

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

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

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

SECTION 6: EXPERIENCE AND EMPLOYMENT

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

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

| | | | | | | |
|--|--|--------------------------|------------------|-----------------|--|-----------------|
| 1) CURRENT EMPLOYER | | | | | FROM (MM/DD/YYYY) | |
| JOB TITLE/DUTIES | | | MONTHLY EARNINGS | | GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| ADDRESS | | | | SUPERVISOR | | |
| CITY | | STATE/PROVINCE & COUNTRY | | ZIP/POSTAL CODE | TELEPHONE NUMBER | EXT |
| REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES. | | | | | | |
| DO YOU HAVE A WRITTEN EMPLOYMENT AGREEMENT WITH YOUR CURRENT EMPLOYER? IF YES, PROVIDE A COPY. IF NOT SUBMIT A COPY OF YOUR CURRENT DUTY STATEMENT/JOB DESCRIPTION. | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 2) NAME OF PRIOR EMPLOYER | | | | | FROM (MM/DD/YYYY) | TO (MM/DD/YYYY) |
| JOB TITLE/DUTIES | | | MONTHLY EARNINGS | | GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| ADDRESS | | | | SUPERVISOR | | |
| CITY | | STATE/PROVINCE & COUNTRY | | ZIP/POSTAL CODE | TELEPHONE NUMBER | EXT |
| REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES. | | | | | | |
| 3) NAME OF PRIOR EMPLOYER | | | | | FROM (MM/DD/YYYY) | TO (MM/DD/YYYY) |
| JOB TITLE/DUTIES | | | MONTHLY EARNINGS | | GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| ADDRESS | | | | SUPERVISOR | | |
| CITY | | STATE/PROVINCE & COUNTRY | | ZIP/POSTAL CODE | TELEPHONE NUMBER | EXT |
| REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES. | | | | | | |
| 4) NAME OF PRIOR EMPLOYER | | | | | FROM (MM/DD/YYYY) | TO (MM/DD/YYYY) |
| JOB TITLE/DUTIES | | | MONTHLY EARNINGS | | GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| ADDRESS | | | | SUPERVISOR | | |
| CITY | | STATE/PROVINCE & COUNTRY | | ZIP/POSTAL CODE | TELEPHONE NUMBER | EXT |
| REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES. | | | | | | |

SECTION 7: LICENSING INFORMATION

A) FOR THE LAST TEN YEARS OF EMPLOYMENT WITHIN THE GAMBLING INDUSTRY, PROVIDE THE FOLLOWING INFORMATION REGARDING YOUR WORK LOCATIONS **RELATED TO GAMING** IN ANY JURISDICTION.

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

| | | | |
|---------------------|---------------------------------------|-------------------|-----------------|
| 1) NAME OF EMPLOYER | CITY, COUNTY, STATE/PROVINCE, COUNTRY | FROM (MM/DD/YYYY) | TO (MM/DD/YYYY) |
| 2) NAME OF EMPLOYER | CITY, COUNTY, STATE/PROVINCE, COUNTRY | FROM (MM/DD/YYYY) | TO (MM/DD/YYYY) |
| 3) NAME OF EMPLOYER | CITY, COUNTY, STATE/PROVINCE, COUNTRY | FROM (MM/DD/YYYY) | TO (MM/DD/YYYY) |

B) HAVE YOU EVER APPLIED FOR OR BEEN ISSUED A LICENSE, PERMIT, CERTIFICATE, REGISTRATION, OR FINDING OF SUITABILITY **RELATED TO GAMING** IN ANY JURISDICTION?

IF YES, LIST BELOW ANY LICENSING OR REGULATORY AGENCY (TRIBAL, STATE, LOCAL, OR INTERNATIONAL), INCLUDING THE COMMISSION, TO WHICH YOU HAVE APPLIED (INCLUDE ANY APPLICATIONS THAT WERE APPROVED, SURRENDERED, WITHDRAWN, DENIED, AND/OR ARE PENDING).

Yes No

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

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

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

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

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

SECTION 8: BUSINESS INTEREST – GAMING RELATED

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.

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.

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

SECTION 9: BUSINESS INTEREST – NON-GAMING RELATED

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

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

Yes No

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

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

SECTION 10: PERSONAL FINANCIAL HISTORY

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

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

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.

| | | |
|------------------------------------|------------------------|------------------------------------|
| DATE FILED (MM/DD/YYYY) | CASE NUMBER (IF KNOWN) | DATE OF DISCHARGE (MM/DD/YYYY) |
| FEDERAL DISTRICT COURT WHERE FILED | | AMOUNT OF DISCHARGE, IF APPLICABLE |

BRIEFLY EXPLAIN THE CIRCUMSTANCES THAT LED TO THE BANKRUPTCY FILING, INCLUDING THE NATURE OF THE DEBT.

| | | |
|--|--|--|
| B) 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. | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED. | | |

| | | |
|--|-------------------------|--|
| <input type="checkbox"/> JUDGMENT <input type="checkbox"/> LIEN | DATE FILED (MM/DD/YYYY) | NAME OF PERSON/ENTITY THAT FILED THE JUDGMENT OR LIEN |
| EXPLAIN THE REASON FOR THE JUDGMENT/LIEN. IF SATISFIED, PROVIDE A COPY OF THE RELEASE. IF JUDGMENT/LIEN IS NOT SATISFIED, AND YOU ARE MAKING PAYMENTS, ATTACH A COPY OF THE PAYMENT PLAN/AGREEMENT PROVIDED BY THE COURT OR CREDITOR. IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YOU PLAN TO SATISFY THE JUDGMENT/LIEN. | | NAME OF PERSON ENTITY JUDGMENT OR LIEN WAS FILED AGAINST |

| | | |
|--|-------------------------|--|
| <input type="checkbox"/> JUDGMENT <input type="checkbox"/> LIEN | DATE FILED (MM/DD/YYYY) | NAME OF PERSON/ENTITY THAT FILED THE JUDGMENT OR LIEN |
| EXPLAIN THE REASON FOR THE JUDGMENT/LIEN. IF SATISFIED, PROVIDE A COPY OF THE RELEASE. IF JUDGMENT/LIEN IS NOT SATISFIED, AND YOU ARE MAKING PAYMENTS, ATTACH A COPY OF THE PAYMENT PLAN/AGREEMENT PROVIDED BY THE COURT OR CREDITOR. IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YOU PLAN TO SATISFY THE JUDGMENT/LIEN. | | NAME OF PERSON ENTITY JUDGMENT OR LIEN WAS FILED AGAINST |

| | | |
|--|--|--|
| C) HAVE YOU BEEN AUDITED BY ANY TAX AUTHORITY WITHIN THE LAST 10 YEARS? IF YES, PROVIDE THE FOLLOWING DETAILS. | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED. | | |

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

| | | |
|---|--|--|
| 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. | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED. | | |

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

| | | |
|--|---|-----------------------------|
| 2) NAME OF CREDITOR | ACTION TAKEN (REPOSSESSION, COLLECTION, CHARGE-OFF) | DATE OF ACTION (MM/DD/YYYY) |
| EXPLAIN THE REASON FOR THIS ACTION. ATTACH A COPY OF THE PAYMENT PLAN OR OTHER DOCUMENT SHOWING HOW THE DEBT WILL BE SATISFIED. IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YOU PLAN TO REPAY THE DEBT(S). | | |
| 3) NAME OF CREDITOR | ACTION TAKEN (REPOSSESSION, COLLECTION, CHARGE-OFF) | DATE OF ACTION (MM/DD/YYYY) |
| EXPLAIN THE REASON FOR THIS ACTION. ATTACH A COPY OF THE PAYMENT PLAN OR OTHER DOCUMENT SHOWING HOW THE DEBT WILL BE SATISFIED. IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YOU PLAN TO REPAY THE DEBT(S). | | |

| | | |
|--|--|----------------|
| E) HAVE YOU BEEN A PARTY TO A FORECLOSURE 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. | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| ADDRESS OF FORECLOSED PROPERTY (STREET, CITY, STATE, ZIP CODE) | DATE OF FORECLOSURE (MM/DD/YYYY) | NAME OF LENDER |
| EXPLAIN THE CIRCUMSTANCES THAT LEAD TO THE FORECLOSURE | | |

| | | |
|--|--|--|
| F) DO YOU OWN, CONTROL, OR MANAGE ANY ASSETS OUTSIDE THE U.S., OR HAVE ANY LIABILITIES OUTSIDE OF THE U.S.? If YES, PROVIDE THE FOLLOWING DETAILS. | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 1) DESCRIPTION OF ASSET/LIABILITY | DATE ACQUIRED (MM/DD/YYYY) | LOCATION (CITY, STATE/PROVINCE, COUNTRY) |
| 2) DESCRIPTION OF ASSET/LIABILITY | DATE ACQUIRED (MM/DD/YYYY) | LOCATION (CITY, STATE/PROVINCE, COUNTRY) |

| | | |
|---|--|---------|
| G) DO YOU CONTROL, MANAGE, OR HOLD ANY ASSETS OR LIABILITIES FOR ANOTHER INDIVIDUAL OR ENTITY? If YES, PROVIDE THE FOLLOWING DETAILS. | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| NAME OF PERSON | RELATIONSHIP | PURPOSE |
| DESCRIBE ASSET/LIABILITY | | |

| | | |
|--|--|--------------------------|
| H) DO YOU HAVE ANY AGREEMENTS OR CONTRACTS (NOT DISCLOSED ABOVE OR IN SCHEDULES A THROUGH K) WITH ANY PARTY, OTHER THAN THE BUREAU-APPROVED THIRD-PARTY PROVIDER OF PROPOSITION PLAYER SERVICES CONTRACT? If YES, PROVIDE THE FOLLOWING DETAILS. IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED. | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 1) NAMES OF THE PARTIES TO THE AGREEMENT/CONTRACT | NAMES OF THE OWNERS AND EXECUTIVES OF THE OTHER PARTY | |
| TYPE OF AGREEMENT | AMOUNT PAID | FREQUENCY OF THE PAYMENT |
| TERMS OF THE AGREEMENT | | |

| | | | |
|---|--|---|--------------------------|
| 2) NAMES OF THE PARTIES TO THE AGREEMENT/CONTRACT | | NAMES OF THE OWNERS AND EXECUTIVES OF THE OTHER PARTY | |
| TYPE OF AGREEMENT | | AMOUNT PAID | FREQUENCY OF THE PAYMENT |
| TERMS OF THE AGREEMENT | | | |

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), 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
- 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
- INTERNAL REVENUE SERVICE REQUEST FOR TRANSCRIPT OF TAX RETURN (4506-T). **PROVIDE ORIGINAL**
- 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
- SCHEDULES A THROUGH K FROM FORM 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.

Commission Work Permit or TPPPS Worker: Supplemental Information

CGCC-CH2-10 (Rev. 07/22)

Page 1 of 8

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

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

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

Applicant's Full Name

Associated Owner Category Licensee

TYPE OF APPLICANT (CHECK APPROPRIATE BOX):

| | |
|--|---|
| <input type="checkbox"/> TPPPS WORKER LICENSEE | <input type="checkbox"/> COMMISSION WORK PERMITEE |
|--|---|

| SECTION 1: PERSONAL INFORMATION | | | | |
|---|---|------------------------|------------------------------|--|
| FULL NAME: LAST | | FIRST | MIDDLE | |
| ALIAS(ES), NICKNAME(S), OTHER FORMER LEGAL NAMES | | | | |
| CURRENT RESIDENCE (STREET, CITY, STATE, ZIP CODE) | | | | |
| MAILING ADDRESS IF DIFFERENT THAN CURRENT RESIDENCE (STREET, CITY, STATE, ZIP CODE) | | | | |
| PRIMARY TELEPHONE NUMBER | ALTERNATE TELEPHONE NUMBER | EMAIL ADDRESS | | |
| DATE OF BIRTH (MM/DD/YYYY) | DRIVER'S LICENSE/IDENTIFICATION CARD NUMBER | STATE | EXPIRATION DATE (MM/DD/YYYY) | |
| IF BORN OUTSIDE THE U.S., IDENTIFY YOUR ELIGIBILITY TO WORK IN THE U.S. AND PROVIDE SUPPORTING DOCUMENTATION | | | | |
| <input type="checkbox"/> RESIDENT ALIEN <input type="checkbox"/> NATURALIZED CITIZEN <input type="checkbox"/> EMPLOYMENT AUTHORIZED <input type="checkbox"/> OTHER: _____ | | | | |
| IF RESIDENT ALIEN OR NATURALIZED CITIZEN, PROVIDE YOUR A-NUMBER | | SOCIAL SECURITY NUMBER | | |
| DISCLOSURE | | | | |
| DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS MANDATORY. BUSINESS AND PROFESSIONS CODE SECTION 30 AND PUBLIC LAW 94-455 [42 USC SECTION 405(C)(2)(C)] AUTHORIZE COLLECTION OF YOUR SOCIAL SECURITY NUMBER. YOUR SOCIAL SECURITY NUMBER WILL BE USED EXCLUSIVELY FOR TAX ENFORCEMENT PURPOSES, FOR PURPOSES OF COMPLIANCE WITH ANY JUDGMENT OR ORDER FOR FAMILY SUPPORT IN ACCORDANCE WITH FAMILY CODE SECTION 17520 OR FOR DATABASE INQUIRIES REQUIRED FOR LICENSURE. IF YOU FAIL TO DISCLOSE YOUR SOCIAL SECURITY NUMBER, YOUR APPLICATION WILL NOT BE PROCESSED AND YOU WILL BE REPORTED TO THE FRANCHISE TAX BOARD, WHICH MAY ASSESS A \$100 PENALTY AGAINST YOU. | | | | |

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

| | | | | | |
|---|-------|---|-------------|--------------|--|
| C) DO YOU HAVE ANY IMMEDIATE FAMILY MEMBERS, COHABITANTS, OR ROOMMATES WHO CURRENTLY HAVE A FINANCIAL INTEREST IN, OR ARE EMPLOYED BY, A GAMING RELATED BUSINESS? IF YES, PROVIDE THE FOLLOWING DETAILS. | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 1) FULL NAME: LAST | FIRST | MI | FORMER NAME | RELATIONSHIP | |
| NAME OF BUSINESS | | FINANCIAL INTEREST (INC. PERCENTAGE OWNED) AND/OR POSITION HELD | | | |
| 2) FULL NAME: LAST | FIRST | MI | FORMER NAME | RELATIONSHIP | |
| NAME OF BUSINESS | | FINANCIAL INTEREST (INC. PERCENTAGE OWNED) AND/OR POSITION HELD | | | |

SECTION 3: MILITARY EXPERIENCE

| | | | |
|--|------------------------------------|----------------------------------|--|
| 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.) | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| BRANCH OF SERVICE AND COUNTRY IF NOT THE U.S. | DATES OF SERVICE FROM (MM/DD/YYYY) | DATES OF SERVICE TO (MM/DD/YYYY) | |
| RANK AT SEPARATION | | SERVICE NUMBER | |
| TYPE OF DISCHARGE: <input type="checkbox"/> ENTRY LEVEL <input type="checkbox"/> HONORABLE <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER THAN HONORABLE <input type="checkbox"/> BAD CONDUCT <input type="checkbox"/> DISHONORABLE <input type="checkbox"/> OTHER _____ | | | |

| | | | |
|---|--------------|---|--|
| B) HAVE YOU EVER BEEN CONVICTED IN A COURT-MARTIAL? IF YES, PROVIDE THE FOLLOWING DETAILS. | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DATE (MM/DD/YYYY) | FINAL CHARGE | COURT LOCATION (CITY, STATE/PROVINCE/COUNTRY) | |
| EXPLAIN THE INCIDENT THAT LED TO THE COURT-MARTIAL AND PROVIDE RELATED DOCUMENTS | | | |

SECTION 4: CRIMINAL CONVICTIONS

FOR THE FOLLOWING SECTION:

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

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

YOU ARE NOT REQUIRED TO DISCLOSE:

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

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

IF YES, PROVIDE THE FOLLOWING DETAILS FOR EACH CONVICTION.

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

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

YES NO

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

ARRESTING AGENCY

COURT LOCATION (CITY, STATE)

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

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

ARRESTING AGENCY

COURT LOCATION (CITY, STATE)

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

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

ARRESTING AGENCY

COURT LOCATION (CITY, STATE)

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

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

YES NO

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

YES NO

D) ARE YOU CURRENTLY ON PROBATION?

YES NO

IF YES TO ANY OF THE ABOVE, PROVIDE DETAILS.

SECTION 5: RESIDENCES

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

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

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

SECTION 6: EXPERIENCE AND EMPLOYMENT

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

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

| | | | |
|---|--------------------------|--|----------------------|
| 1) CURRENT EMPLOYER | | | FROM (MM/DD/YYYY) |
| JOB TITLE/DUTIES | MONTHLY EARNINGS | GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| ADDRESS | | SUPERVISOR | |
| CITY | STATE/PROVINCE & COUNTRY | ZIP/POSTAL CODE | TELEPHONE NUMBER EXT |
| REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES. | | | |

| | | | | | | |
|--|--------------------------|------------------|--|-----------------|--|--|
| DO YOU HAVE A WRITTEN EMPLOYMENT AGREEMENT WITH YOUR CURRENT EMPLOYER? If YES, PROVIDE A COPY. IF NOT, SUBMIT A COPY OF YOUR CURRENT DUTY STATEMENT/JOB DESCRIPTION. | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 2) NAME OF PRIOR EMPLOYER | | | FROM (MM/DD/YYYY) | TO (MM/DD/YYYY) | | |
| JOB TITLE/DUTIES | | MONTHLY EARNINGS | GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| ADDRESS | | | SUPERVISOR | | | |
| CITY | STATE/PROVINCE & COUNTRY | ZIP/POSTAL CODE | TELEPHONE NUMBER | EXT | | |
| REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES. | | | | | | |
| 3) NAME OF PRIOR EMPLOYER | | | FROM (MM/DD/YYYY) | TO (MM/DD/YYYY) | | |
| JOB TITLE/DUTIES | | MONTHLY EARNINGS | GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| ADDRESS | | | SUPERVISOR | | | |
| CITY | STATE/PROVINCE & COUNTRY | ZIP/POSTAL CODE | TELEPHONE NUMBER | EXT | | |
| REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES. | | | | | | |
| 4) NAME OF PRIOR EMPLOYER | | | FROM (MM/DD/YYYY) | TO (MM/DD/YYYY) | | |
| JOB TITLE/DUTIES | | MONTHLY EARNINGS | GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| ADDRESS | | | SUPERVISOR | | | |
| CITY | STATE/PROVINCE & COUNTRY | ZIP/POSTAL CODE | TELEPHONE NUMBER | EXT | | |
| REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES. | | | | | | |
| 5) NAME OF PRIOR EMPLOYER | | | FROM (MM/DD/YYYY) | TO (MM/DD/YYYY) | | |
| JOB TITLE/DUTIES | | MONTHLY EARNINGS | GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| ADDRESS | | | SUPERVISOR | | | |
| CITY | STATE/PROVINCE & COUNTRY | ZIP/POSTAL CODE | TELEPHONE NUMBER | EXT | | |
| REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES. | | | | | | |

SECTION 7: LICENSING INFORMATION

A) FOR THE LAST TEN YEARS OF EMPLOYMENT WITHIN THE GAMBLING INDUSTRY, PROVIDE THE FOLLOWING INFORMATION REGARDING YOUR WORK LOCATIONS **RELATED TO GAMING** IN ANY JURISDICTION.

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

| | | | |
|---------------------|---------------------------------------|-------------------|-----------------|
| 1) NAME OF EMPLOYER | CITY, COUNTY, STATE/PROVINCE, COUNTRY | FROM (MM/DD/YYYY) | TO (MM/DD/YYYY) |
| 2) NAME OF EMPLOYER | CITY, COUNTY, STATE/PROVINCE, COUNTRY | FROM (MM/DD/YYYY) | TO (MM/DD/YYYY) |
| 3) NAME OF EMPLOYER | CITY, COUNTY, STATE/PROVINCE, COUNTRY | FROM (MM/DD/YYYY) | TO (MM/DD/YYYY) |

B) HAVE YOU EVER APPLIED FOR OR BEEN ISSUED A LICENSE, PERMIT, CERTIFICATE, REGISTRATION, OR FINDING OF SUITABILITY **RELATED TO GAMING** IN ANY JURISDICTION?

IF YES, LIST BELOW ANY LICENSING OR REGULATORY AGENCY (TRIBAL, STATE, LOCAL, OR INTERNATIONAL), INCLUDING THE COMMISSION, TO WHICH YOU HAVE APPLIED (INCLUDE ANY APPLICATIONS THAT WERE APPROVED, SURRENDERED, WITHDRAWN, DENIED, AND/OR ARE PENDING).

Yes No

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

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

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

C) HAVE YOU EVER BEEN DISCIPLINED, FINED, ETC. BY A GAMING REGULATORY AGENCY (LOCAL, STATE, TRIBAL, OR INTERNATIONAL)?

IF YES, PROVIDE THE FOLLOWING DETAILS.

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 (MM/DD/YYYY) | ACTION TAKEN (SUSPENDED, REVOKED, ETC.) | CITY, COUNTY, STATE/PROVINCE, COUNTRY |
|----------------|-----------------------------------|---|---------------------------------------|

BRIEFLY EXPLAIN THE CIRCUMSTANCES AND INCLUDE ANY AMOUNTS PAID.

SECTION 8: 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.

- 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

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.

Spousal Information

| |
|-----------------|
| BUREAU USE ONLY |
| BGC ID# _____ |



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

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU COMPLETE THIS FORM

This form is 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 truthful and complete. All responses are subject to verification and will be used to determine suitability under gambling laws and regulations. Any misrepresentation or failure to disclose required information or documentation may constitute cause for denial of the application or discipline of the licensee.

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: PERSONAL INFORMATION

| | | |
|---|---------------|--------|
| SPOUSE'S FULL NAME: LAST | FIRST | MIDDLE |
| CURRENT RESIDENCE (STREET, CITY, STATE, ZIP CODE) | | |
| MAILING ADDRESS IF DIFFERENT THAN CURRENT RESIDENCE (STREET, CITY, STATE, ZIP CODE) | | |
| PRIMARY TELEPHONE NUMBER | EMAIL ADDRESS | |
| APPLICANT'S FULL NAME: LAST | FIRST | MIDDLE |

SECTION 2: RELATIONSHIP OF SPOUSE TO BUSINESS

Check all boxes that appropriately describe the spouse's relationship to the owner category licensee.

1) THE OWNER CATEGORY LICENSE OR OWNERSHIP INTEREST IN THE OWNER CATEGORY LICENSE IS COMMUNITY PROPERTY OF THE APPLICANT AND SPOUSE.

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 HAS DIRECT OR INDIRECT AUTHORITY OR INFLUENCE IN THE DECISION-MAKING PROCESS RELATED TO THE OPERATION OF THE OWNER CATEGORY LICENSE.

4) THE SPOUSE IS ENGAGED IN ANY CONDUCT AS PART OF THE CARDROOM BUSINESS LICENSE OR TPPPS BUSINESS LICENSE FOR WHICH LICENSURE COULD BE REQUIRED PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTIONS 19850, 19851, 19853, 19854, 19912, OR 19984.
NOTE: IF ANY OF ITEMS 1) THROUGH 4) ARE SELECTED, THE SPOUSE IS REQUIRED TO SUBMIT A COMPLETE APPLICATION AS A CARDROOM ENDORSED OWNER OR TPPPS ENDORSED OWNER.

5) THE OWNER CATEGORY LICENSE IS THE SOLE AND SEPARATE PROPERTY OF THE APPLICANT.
NOTE: IF ITEM 5) IS SELECTED BUT ITEMS 2) THROUGH 4) ARE NOT SELECTED, COMPLETE SECTION 3.

6) THE APPLICANT IS NOT AN OWNERSHIP INTEREST HOLDER.

SECTION 3: SOLE AND SEPARATE PROPERTY

To be completed only if Section 2 item 5) is selected and items 2) through 4) are not selected. Both the applicant and the spouse are required to read, understand, and initial agreement to the following items:

| | | |
|--------|-----------|--|
| | | I ACCEPT THAT THE APPLICANT BEARS THE BURDEN OF ESTABLISHING THE INTEREST IN THE OWNER CATEGORY LICENSEE IS THE SOLE AND SEPARATE PROPERTY OF THE APPLICANT AND THAT EACH AND EVERY STATEMENT IN THIS SECTION IS TRUE. THAT INCLUDED AS PART OF THIS DECLARATION IS DOCUMENTATION OF A LEGAL NATURE SUFFICIENT TO SUBSTANTIATE THE DECLARATION. |
| Spouse | Applicant | |
| | | THAT INCLUDED AS PART OF THIS DECLARATION IS DOCUMENTATION SUFFICIENT TO SUBSTANTIATE THIS DECLARATION UNDER SECTION 4. I HAVE READ THIS DOCUMENTATION AND DETERMINED THIS INFORMATION IS ACCURATE EITHER BASED ON THE ADVICE OF LEGAL COUNSEL, OR MY OWN ACCORD AFTER HAVING BEEN AFFORDED THE OPPORTUNITY TO SEEK THE ADVICE OF COUNSEL BUT WAIVED THAT OPPORTUNITY. |
| Spouse | Applicant | |
| | | THE SPOUSE WILL NOT BE INVOLVED, DIRECTLY OR INDIRECTLY, WITH ANY MANAGEMENT DECISIONS, OF ANY NATURE, REGARDING THE OPERATION OF THE OWNER CATEGORY LICENSEE. |
| Spouse | Applicant | |
| | | THE SPOUSE WILL HAVE NO DIRECT OR INDIRECT AUTHORITY OR INFLUENCE IN THE DECISION-MAKING PROCESS RELATED TO THE OPERATION OF THE OWNER CATEGORY LICENSEE. |
| Spouse | Applicant | |
| | | THE SPOUSE WILL NOT BE ENGAGED IN ANY CONDUCT AS PART OF THE OWNER CATEGORY LICENSEE FOR WHICH LICENSURE COULD BE REQUIRED PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTIONS 19850, 19851, 19853, 19854, 19912, OR 19984 OR COMMISSION REGULATIONS. |
| Spouse | Applicant | |
| | | IN THE EVENT OF THE SPOUSE INHERITING, RECEIVING A GIFT, OR OTHERWISE OBTAINING ANY OWNERSHIP INTEREST IN THE OWNER CATEGORY LICENSEE, THE SPOUSE WILL BE REQUIRED TO UNDERGO LICENSURE PRIOR TO RECEIVING ANY OWNERSHIP INTEREST OR REVENUES FROM THE BUSINESS. |
| Spouse | Applicant | |
| | | ANY INVOLVEMENT BY THE SPOUSE IN ANY ACTIVITY OR CONDUCT FOR WHICH A FINDING OF SUITABILITY, A PERMIT, OR A LICENSE IS, OR MAY BE, REQUIRED PURSUANT TO THE ACT WITHOUT FIRST OBTAINING ANY REQUIRED FINDING OF SUITABILITY, PERMIT OR LICENSE MAY BE MAY BE USED AS GROUNDS FOR A DENIAL, OR SUBSEQUENT REVOCATION OF THE APPLICANT'S LICENSE. |
| Spouse | Applicant | |
| | | THAT IF ANY STATEMENT IN THIS DECLARATION OF SOLE AND SEPARATE PROPERTY IS FALSE, THAT FACT MAY BE USED AS GROUNDS FOR A DENIAL, OR SUBSEQUENT REVOCATION OF THE APPLICANT'S LICENSE. |
| Spouse | Applicant | |

SECTION 4: ADDITIONAL REQUIRED ITEMS

THE FOLLOWING ITEMS **MUST** BE SUBMITTED, AS APPLICABLE, WITH THIS COMPLETED FORM. PROVIDE COPIES OF DOCUMENTS UNLESS OTHERWISE STATED. ONLY DOCUMENTS THAT ARE DATED AND SIGNED BY THE APPLICANT AND/OR SPOUSE, AS APPLICABLE, WILL BE ACCEPTED. FAILURE TO PROVIDE REQUIRED ITEMS MAY RESULT IN DENIAL OF THE APPLICATION. PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 19868, SUBDIVISION (A), THE APPLICATION PACKAGE WILL NOT BE DEEMED COMPLETE UNTIL ALL REQUIRED FORMS, DOCUMENTATION, AND FEES HAVE BEEN COMPLETED AND RECEIVED BY THE STATE. IF THE APPLICANT HAS SELECTED SECTION 2 ITEM 6), NO ADDITIONAL DOCUMENTS ARE NECESSARY UNLESS REQUIRED BY THE BUREAU OF GAMBLING CONTROL.

MARK 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

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

SECTION 5: DECLARATION

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

City and State

| | | |
|------------------|-----------------------|-------------------|
| APPLICANT’S NAME | APPLICANT’S SIGNATURE | DATE (MM/DD/YYYY) |
|------------------|-----------------------|-------------------|

| | | |
|---------------|--------------------|-------------------|
| SPOUSE’S NAME | SPOUSE’S SIGNATURE | DATE (MM/DD/YYYY) |
|---------------|--------------------|-------------------|