

**Cardroom Applicant - Business**  
**Supplemental Information for State Gambling License**  
DGC-APP. 015B (New 09/04)



California Department of Justice  
**Division of Gambling Control**  
1425 River Park Drive, Suite 400  
Sacramento, CA 95815  
(916) 263-3408

**CARDROOM APPLICANT - BUSINESS**  
**SUPPLEMENTAL INFORMATION**

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**Instructions: Type or print legibly in ink an answer to every question. If a question does not apply to you, indicate with N/A (Not Applicable). If the space available is insufficient, use a separate sheet and precede each answer with the applicable section and question number. Do not misstate or omit any material fact(s) as each statement made is subject to verification. Any corrections, changes or other alterations must be initialed and dated by the applicant.**

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**PLEASE SEND THE COMPLETED SUPPLEMENTAL INFORMATION ALONG WITH THE APPLICATION FOR STATE GAMBLING LICENSE AND A \$500 NON-REFUNDABLE APPLICATION FEE, A \$5,000 DEPOSIT EXCEPT TRUSTS WHICH SHALL SUBMIT A DEPOSIT IN A SUM OF MONEY THAT, IN THE JUDGMENT OF THE DIRECTOR OF THE DIVISION, WILL BE ADEQUATE TO PAY THE ANTICIPATED INVESTIGATION AND PROCESSING COSTS, IN ACCORDANCE WITH BUSINESS AND PROFESSIONS CODE SECTION 19867, AND, IF APPROPRIATE, GAMBLING ESTABLISHMENT SUPPLEMENTAL INFORMATION FORM (DGC APP. 015C (Rev. 09/04)) TO: California Gambling Control Commission, P.O. Box 526013, Sacramento, CA 95852-6013.**

**MUST BE COMPLETED BY AUTHORIZED REPRESENTATIVE OR DESIGNATED AGENT OF THE CORPORATION, PARTNERSHIP, TRUST, LIMITED LIABILITY CORPORATION, JOINT VENTURE, ETC.**

**Section 1. Business History Information**

1. Name of business applicant: \_\_\_\_\_
2. Trade name to be used (if applicable): \_\_\_\_\_
3. Type of Business:  Corporation  Partnership  Limited Liability Co.  Jt. Venture  Sole Proprietor
4. Business mailing address: \_\_\_\_\_
5. Main office (if different than above): \_\_\_\_\_
6. Address where business records are maintained (if different than above): \_\_\_\_\_  
\_\_\_\_\_
7. Business Phone: (\_\_\_\_) \_\_\_\_\_ Business Fax: (\_\_\_\_) \_\_\_\_\_
8. If applicant has ever conducted business under another name in any jurisdiction or State, provide name and jurisdiction or state: \_\_\_\_\_
9. Federal tax ID number: \_\_\_\_\_ State Tax ID number: \_\_\_\_\_  
SSN (if sole proprietorship): \_\_\_\_\_
10. Does this business have parent companies, subsidiaries or affiliates?  Yes  No  
If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

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

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

**Section 2. Other Licensing Information**

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

If Yes, provide the following details:

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

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

If Yes, provide the following details:

| Licensing/Regulatory Agency | Name & Address of Gaming Establishment | Type of Application | Registration/Permit/License/Certificate Number | Action Taken | Dates Denied or Revoked |
|-----------------------------|--|---------------------|--|--------------|-------------------------|
|                             |  |                     |  |              |                         |
|                             |  |                     |  |              |                         |
|                             |  |                     |  |              |                         |
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3. Has this business **ever** withdrawn or surrendered an application for registration, permit, badge, license, certificate, finding of suitability, or any other authorization related to gaming in any jurisdiction?  Yes  No

If Yes, provide the following details:

| Licensing/Regulatory Agency | Name & Address of Business | Type of Application | Registration/Permit/ Badge/License/ Certificate Number | Action Taken | Date & Reason(s) for Withdrawal or Surrender |
|-----------------------------|----------------------------|---------------------|--|--------------|--|
|                             |                            |                     |  |              |  |
|                             |                            |                     |  |              |  |
|                             |                            |                     |  |              |  |
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4. List all states or countries where incorporated, registered, or qualified to do business; also list or provide the corporation, registration, or license number and date qualified to do business:

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

| Name                           | Title | Investment Amount | Percentage of Interest |
|--------------------------------|-------|-------------------|------------------------|
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|                                |       |                   |                        |
|                                |       |                   |                        |
|                                |       |                   |                        |
|                                |       |                   |                        |
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|                                |       |                   |                        |
|                                |       |                   |                        |
| <b>TOTAL (MUST EQUAL 100%)</b> |       |                   |                        |

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

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**Section 3. Litigation History Information**

1. Has this business been party to a lawsuit or arbitration within the last 10 years?  Yes  No

If Yes, provide details here:

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

**Section 4. Financial History Information**

1. Has any interest in this business been assigned, pledged, or hypothecated to any individual or entity, or has any agreement or contract been entered into whereby any interest is to be assigned, pledged, or hypothecated either in part or in whole?  
 Yes  No

If Yes, provide complete details and dates: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Has this business filed bankruptcy within the last 10 years?  Yes  No

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Has this business had a material reorganization within the last three years?  Yes  No

If Yes, provide complete details and dates: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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4. Have any individuals, businesses, or governmental agencies filed liens or judgments against this business?  Yes  No

If Yes, provide complete details and dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

If Yes, provide complete details and dates: \_\_\_\_\_  
\_\_\_\_\_

6. Does this business own or control any assets or liabilities located outside the United States?  Yes  No

If Yes, provide complete details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

If Yes, provide complete details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

If Yes, provide complete details: \_\_\_\_\_  
\_\_\_\_\_

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

If Yes, provide complete details: \_\_\_\_\_  
\_\_\_\_\_

10. Business' last Federal income tax return was filed on \_\_\_\_\_, for tax  
year \_\_\_\_\_ at \_\_\_\_\_  
Date City State

11. Business' last State income tax return was filed on \_\_\_\_\_, for tax  
year \_\_\_\_\_ at \_\_\_\_\_  
Date City State

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12. **STATEMENT OF ASSETS** As of \_\_\_\_\_, 20\_\_\_\_.  
 From the following Statement of Assets, list the total value of all assets, both tangible and intangible. All assets must be listed and described fully on the corresponding schedule. If applicable, the business' investment(s) should be reflected on Schedule "D."

| Assets  | Current Market Value |
|---|----------------------|
| Cash (Total From Schedule "A")                          |                      |
| Accounts and Notes Receivable (Total From Schedule "B") |                      |
| Stocks and Bonds (Total From Schedule "C")              |                      |
| Business Investments (Total From Schedule "D")          |                      |
| Real Estate (Total From Schedule "E")                   |                      |
| Other Assets (Total From Schedule "F")                  |                      |
| <b>TOTAL ASSETS</b>                                     | <b>\$</b>            |

13. **STATEMENT OF LIABILITIES** As of \_\_\_\_\_, 20\_\_\_\_.  
 From the following Statement of Liabilities, list the total of all liabilities. All liabilities must be listed and described fully on the corresponding schedule. If applicable, any debt incurred to finance the business investment(s) should be reflected on one of the schedules listed below.

| Liabilities  | Present Balance |
|--|-----------------|
| Accounts Payable (Total From Schedule "G")                 |                 |
| Taxes Payable (Total From Schedule "H")                    |                 |
| Notes Payable (Total From Schedule "I")                    |                 |
| Mortgages Payable (Total From Schedule "J")                |                 |
| Contingent and Other Liabilities (Total From Schedule "K") |                 |
| <b>TOTAL LIABILITIES</b>                                   | <b>\$</b>       |

14. **OWNER'S EQUITY (Assets minus Liabilities)** \$ \_\_\_\_\_

**NOTE: ADDITIONAL FINANCIAL INFORMATION MAY BE REQUIRED BY THE DIVISION OF GAMBLING CONTROL.**

**STATEMENT OF ASSETS**

**SCHEDULE "A"**  
**Cash**

List all cash the business has and where it is located, e.g. bank accounts (foreign and domestic), safe deposit boxes, office safes, etc.

| Location of Cash<br>(e.g., Name & Address of Bank) | Account No. | Type of Account | Date<br>Opened | Names of Persons Who Have<br>Signature Authority on Account | Date of<br>Balance | Balance |
|--|-------------|-----------------|----------------|---|--------------------|---------|
|  |             |                 |                |   |                    |         |
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|  |             |                 |                |   |                    |         |
|  |             |                 |                |   | <b>TOTAL \$</b>    |         |

**STATEMENT OF ASSETS**

**SCHEDULE "B"  
Accounts and Notes Receivable**

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

| Name & Address of Debtor | Date Acquired | Maturity Date | Payment Amount & Payment Period<br>(e.g., Weekly, Monthly) | Interest Rate (%) | Original Amount | Date of Unpaid Balance | Unpaid Balance |
|--------------------------|---------------|---------------|--|-------------------|-----------------|------------------------|----------------|
|                          |               |               |  |                   |                 |                        |                |
|                          |               |               |  |                   |                 |                        |                |
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|                          |               |               |  |                   |                 |                        |                |
|                          |               |               |  |                   |                 | TOTAL \$               |                |

**STATEMENT OF ASSETS**

**SCHEDULE "C"  
Stocks and Bonds**

List all stocks, bonds, mutual funds, commodity accounts, options, warrants, etc. held or controlled by the business.

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

**STATEMENT OF ASSETS**

**SCHEDULE "D"  
Business Investments**

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

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

**STATEMENT OF ASSETS**

**SCHEDULE "E"  
Real Estate**

List any real property in which the business holds any direct, indirect, vested, or contingent interest.

| Address/Location/Parcel Number | Type<br>(Residential/Commercial) | Percentage<br>of<br>Ownership | Date of<br>Purchase | Income<br>(Rent/Lease) | Purchase Price | Date of<br>Current<br>Market<br>Value | Current<br>Market Value |
|--------------------------------|----------------------------------|-------------------------------|---------------------|------------------------|----------------|---------------------------------------|-------------------------|
|                                |                                  |                               |                     |                        |                |                                       |                         |
|                                |                                  |                               |                     |                        |                |                                       |                         |
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|                                |                                  |                               |                     |                        |                |                                       |                         |
|                                |                                  |                               |                     |                        |                |                                       |                         |
|                                |                                  |                               |                     |                        |                |                                       |                         |
|                                |                                  |                               |                     |                        |                |                                       |                         |
|                                |                                  |                               |                     |                        |                |                                       |                         |
|                                |                                  |                               |                     |                        |                | TOTAL \$                              |                         |

**STATEMENT OF ASSETS**

**SCHEDULE "F"  
Other Assets**

List all other assets the business holds (e.g., art collections, coin collections, antiques, automobiles, etc.)

| Type of Asset | Description | Date of Purchase | Purchase Price | Date of Current Market Value | Current Market Value |
|---------------|-------------|------------------|----------------|------------------------------|----------------------|
|               |             |                  |                |                              |                      |
|               |             |                  |                |                              |                      |
|               |             |                  |                |                              |                      |
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|               |             |                  |                |                              |                      |
|               |             |                  |                |                              |                      |
|               |             |                  |                |                              |                      |
|               |             |                  |                |                              |                      |
|               |             |                  |                | TOTAL \$                     |                      |



**STATEMENT OF LIABILITIES**

**SCHEDULE "H"  
Taxes Payable**

List all unpaid and estimated taxes.

| Taxing Authority<br>(e.g., State Tax Board/Internal<br>Revenue Service/Board of Equalization, etc.) | Related Tax Period | Payment Amount<br>& Payment Period<br>(e.g., Weekly, Monthly) | Original Amount | Fines, Penalties<br>& Interest | Date of<br>Unpaid<br>Balance | Unpaid Balance |
|---|--------------------|---|-----------------|--------------------------------|------------------------------|----------------|
|   |                    |   |                 |                                |                              |                |
|   |                    |   |                 |                                |                              |                |
|   |                    |   |                 |                                |                              |                |
|   |                    |   |                 |                                |                              |                |
|   |                    |   |                 |                                |                              |                |
|   |                    |   |                 |                                |                              |                |
|   |                    |   |                 |                                |                              |                |
|   |                    |   |                 |                                |                              |                |
|   |                    |   |                 |                                |                              |                |
|   |                    |   |                 |                                |                              |                |
| TOTAL \$  |                    |   |                 |                                |                              |                |







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**DECLARATION**

I, \_\_\_\_\_, declare that I, the authorized representative or designated agent, have read the foregoing Cardroom Applicant - Business Supplemental Information and understand its contents. My statements are true and correct and contain a full and true account of the information requested. I execute this declaration with the knowledge that any misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial of an application or revocation of a state license, finding or permit. I have familiarized myself with the contents of the California Gambling Control Act (Business and Professions Code section 19800 et seq.), the Regulations of the California Gambling Control Commission (California Code of Regulations, Title 4), and the Regulations of the Division of Gambling Control (California Code of Regulations, Title 11) as adopted and agree to abide by them.

I expressly waive, release, and forever discharge the State of California and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors, can, shall, or may have against the State of California and its agents, relating to this Application Package for Licensure.

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

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Business Name