

**Gambling Establishment  
Supplemental Information for State Gambling License**  
DGC-APP. 015C (New 09/04)



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

**GAMBLING ESTABLISHMENT  
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 APPROPRIATE CARDROOM APPLICANT SUPPLEMENTAL FORM (DGC-APP. 015A OR DGC-APP. 015B) TO: California Gambling Control Commission, P.O. Box 526013, Sacramento, CA 95852-6013.**

**MUST BE COMPLETED BY THE OWNER ENTITY OF THE GAMBLING ESTABLISHMENT (SOLE PROPRIETOR, PARTNERSHIP, CORPORATION, ETC.) \_\_\_\_\_**

1. Name of Gambling Establishment applicant: \_\_\_\_\_
2. Trade name to be used (if applicable): \_\_\_\_\_
3. Type of Business:  Corporation  Partnership  Limited Liability Co.  Jt. Venture  Sole Proprietor
4. Gambling Establishment mailing address: \_\_\_\_\_
5. Main office (if different than above): \_\_\_\_\_
6. Address where Gambling Establishment records are maintained (if different than above): \_\_\_\_\_

Gambling Establishment Phone: (\_\_\_\_) \_\_\_\_\_ Gambling Establishment Fax: (\_\_\_\_) \_\_\_\_\_

7. If applicant has ever conducted business under another name in any jurisdiction or State, provide name and jurisdiction or state: \_\_\_\_\_

Federal tax ID number: \_\_\_\_\_ State Tax ID number: \_\_\_\_\_

SSN (if sole proprietorship): \_\_\_\_\_

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8. Does this business have parent companies, subsidiaries or affiliates?  Yes  No

If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

9. Operational Hours:  24 Hours/365 Days, or:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time							
Closing Time							

10. Business Office Hours:  Same as Operational Hours, or:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time							
Closing Time							

11. Proposed Number of Tables to Be Operated in the Gambling Establishment: \_\_\_\_\_

12. Name(s) of Proposed Game(s):


13. List all individuals with a financial interest in the gambling establishment. Each of the persons named is required to submit a separate application.

Name	Investment Amount
<b>TOTAL (MUST EQUAL 100%)</b>	

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- 14. List all other individuals, not listed, with a financial interest in the gambling establishment, including, but not limited to, percentage lease landlords and percentage game inventors.

Name	Nature of Interest

15. Rent/Lease Information:

- a. Property Owner: \_\_\_\_\_
- b. Address: \_\_\_\_\_
- c. Telephone Number: (\_\_\_\_) \_\_\_\_\_
- d. Monthly Rent/Lease Payment: \$ \_\_\_\_\_
- e. Is any portion of the rent/lease payment based on gambling establishment revenues?  Yes  No

16. **GROSS ANNUAL INCOME**

Source: \_\_\_\_\_ Annual Amount \$ \_\_\_\_\_

Source: \_\_\_\_\_ Annual Amount \$ \_\_\_\_\_

Source: \_\_\_\_\_ Annual Amount \$ \_\_\_\_\_

**TOTAL GROSS ANNUAL INCOME** \$ \_\_\_\_\_

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17. **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>

18. **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 total invested in the gambling establishment 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>

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

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



**STATEMENT OF ASSETS**

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

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

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



**SCHEDULE "D"**  
**Business Investments**

List any business investments in which any direct, indirect, vested, or contingent interest is held by the gambling establishment, 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 liabilities 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
							TOTAL \$	

**STATEMENT OF ASSETS**

**SCHEDULE "E"**  
**Real Estate**

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

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

**STATEMENT OF ASSETS**

**SCHEDULE "F"**  
**Other Assets**

List all other assets the gambling establishment 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
TOTAL \$					

**STATEMENT OF LIABILITIES**

**SCHEDULE "G"  
Accounts Payable**

List all accounts payable for the gambling establishment (e.g. revolving accounts, credit cards, leases, lines of credit.)

Name & Address of Creditor	Account Number	Collateral	Date Incurred	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Interest Rate (%)	Date of Unpaid Balance	Unpaid Balance
TOTAL \$							

**STATEMENT OF LIABILITIES**

**SCHEDULE "H"  
Taxes Payable**

List all unpaid and estimated taxes.

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





**STATEMENT OF LIABILITIES**

**SCHEDULE "K"  
Contingent and Other Liabilities**

List any other indebtedness or contingent liability, e.g., co-signer on a loan, pending litigation, etc.

Name & Address of Creditor	Collateral	Date Incurred	Description of Liability & Account Number	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Interest Rate (%)	Original Amount	Date of Unpaid Balance	Unpaid Balance
							TOTAL \$	

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**DECLARATION**

I, \_\_\_\_\_, declare that I, the authorized representative or designated agent, have read the foregoing Gambling Establishment Supplemental Information and understand its contents. My statements are true and correct and contain a complete 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

\_\_\_\_\_  
Gambling Establishment Name