DEPARTMENT OF JUSTICE
BUREAU OF GAMBLING CONTROL

LEVEL III SUPPLEMENTAL INFORMATION - INDIVIDUAL

INSTRUCTIONS

Each owner as defined in Title 4, California Code of Regulations, Chapters 2.1 and 2.2, who is a natural person must complete the Level III Supplemental Information - Individual and submit all required forms, documentation, and deposits. This includes, but is not limited to, officers, directors, partners, shareholders, members, and sole proprietors. Originals are required unless otherwise stated. Any corrections or alterations must be initialed and dated by the applicant.

Regular Mail and Commercial/Personal Delivery
California Gambling Control Commission
2399 Gateway Oaks, Suite 220
Sacramento, CA 95833-4231

Pursuant to Business and Professions Code section 19868, subd. (a), the supplemental information package will not be deemed complete until all required forms, documentation, and deposits have been received by the Bureau.

Forms/Documentation	Submitted
Level III Supplemental Information - Individual (BGC-APP-034A (Rev. 12/11)) (includes Instructions)	
Authorization to Release Information (BGC-APP-006 (Rev. 04/08))	
Appointment of Designated Agent For Owners and Proposition Players (BGC-APP-031 (Rev. 11/07))	
Request for Transcript of Tax Return (IRS 4506-T (Rev. April 2006))	
Signed copies of Federal tax returns for the past three years, including all schedules and attachments.	
Bank Statements - Copies for any and all personal and business accounts for past 18 months.	
Investment Account Statements - Copies for any and all accounts for the past 18 months.	
Trust Agreement pertaining to interest in Third-Party Provider of Proposition Player Services - Copy	
All Lease Agreements pertaining to gaming – Copy	
Employment Contract – Copy	
Current Local License, Permit, Badge, etc. – Copy	
Naturalization Certificate - If naturalized citizen, copy of your naturalization certificate	
Deposit of $6,000 for Level III Supplemental Information - Individual Investigation and Processing	

Applicant is responsible for all investigative costs incurred by the Bureau. At the conclusion of the investigation, an itemized accounting will be provided. Monies received in excess of the actual costs incurred will be refunded.

California Department of Justice
Bureau of Gambling Control
Post Office Box 168024
Sacramento, CA 95816-8024
(916) 227-3584

LEVEL III SUPPLEMENTAL INFORMATION–INDIVIDUAL

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.

Type of Employer/Applicant: ☐ TPPPPS ☐ Funding Source for TPPPPS
☐ Gambling Business ☐ Funding Source for Gambling Business

Type of License Applying for: ☐ Primary Owner ☐ Owner

1. California Gambling Control Commission (CGCC) Registration Category:

☐ Primary Owner ☐ Owner ☐ Supervisor ☐ Player ☐ Other Employee

CGCC Badge Number: _____ Date Issued: _____ Expiration Date: _____

Function/Position in business: _____

2. Name of individual applicant: _____
LAST FIRST MIDDLE

3. Business name of TPPPPS or Gambling Business: _____

4. Mailing address of TPPPPS or Gambling Business: _____

5. If applicant for a Funding Source, business name of Funding Source: _____

6. Mailing address of Funding Source: _____

Date of photograph: _____

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

Section 1. Personal History Information

(A) PERSONAL INFORMATION:

Last name		First name	Middle name (if no middle name, indicate "NMN")
Alias(es), nicknames, maiden name, other name changes, legal or otherwise			
Present residence address		City, county, state, zip code	
Mailing address (if different from above)		City, county, state, zip code	
Present employer business address		City, county, state, zip code	
Current occupation		Phone: Residence ( ) _____ Business ( ) _____ Fax ( )	
Date of birth		Place of birth (city, county, state, and country)	
Age	Social security number* _____-_____-_____	Gender: ☐ Male ☐ Female	Drivers license/identification card number: _____ State issued:
Eye color	Hair color	Weight	Height
Distinguishing marks (scars, tattoos, etc.). Describe and indicate location.			

* Applicants are required to provide their social security number. This requirement is authorized by Business and Professions Code sections 19841(a)(2), 19864(b)(6), and 19865. This information is used to obtain records relevant to background investigations.

Do you have any family members who work in the gaming industry? ☐ Yes ☐ No

If YES, complete the following. If more space is needed, attach a separate sheet:

Name	Address	Relationship	Position Held	Business Name

Are you a United States citizen? ☐ Yes ☐ No If NO, what country? _____

Alien registration number: _____ If naturalized: Certificate Number: _____
Alien Number: _____

(B) MARITAL INFORMATION:

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Information regarding current spouse:

Full name: _____
Last First Middle Maiden

Date of birth: _____ /_____ /_____ Place of birth: _____
City State Country

Residence address (if different from applicant): _____

Telephone: Residence ( ) _____ Business ( ) _____

Employer: _____ Occupation: _____

Address of employer: _____
Street City State Zip

Date of marriage: _____ / _____ / _____

FORMER MARRIAGE(S):

Name (Last, First, Middle, Maiden)	Dates of Marriage (From-To)	Year, County, and State of Divorce Filing

Attach an additional sheet if necessary.

(C) FAMILY INFORMATION:

(1) Children and/or Dependents
Provide the following information for each of your children (including step, adopted, foster children) and dependents.

Name (Last, First, Middle, Maiden)	Date of Birth	Address	Telephone No.	Relationship
			( )	
			( )	
			( )	
			( )	
			( )	

Attach an additional sheet if necessary.

(2) Co-habitants and/or Roommates
List any adults, not disclosed above, with whom you reside.

Name (Last, First, Middle, Maiden)	Date of Birth	Employer/ Occupation	Employer Address & Telephone	Relationship
			( )	
			( )	
			( )	
			( )	

Attach an additional sheet if necessary.

(3) Parents and/or Stepparents
List name, date of birth, place of birth, residence address, and most recent occupation of parents and/or stepparents. If retired or deceased, list last address and occupation.

Name (Last, First, Middle, Maiden)	Date of Birth	Place of Birth	Address	Telephone No.	Occupation
				( )	
				( )	
				( )	
				( )	

Attach an additional sheet if necessary.

(4) Brothers and Sisters
List name, date of birth, place of birth, residence address, and most recent occupation of brothers and sisters. If retired or deceased, list last address and occupation.

Name (Last, First, Middle, Maiden)	Date of Birth	Place of Birth	Address	Telephone No.	Occupation
				( )	
				( )	
				( )	
				( )	
				( )	

Attach an additional sheet if necessary.

(D) EDUCATIONAL BACKGROUND: List below your formal education, and include any schools or training programs attended.

	Name of School	Location (City/State)	Dates of Attendance	Graduate
High School				☐ Yes ☐ No
College/University				☐ Yes ☐ No
Other				☐ Yes ☐ No
Other				☐ Yes ☐ No

Attach an additional sheet if necessary.

(E) MILITARY INFORMATION:

Have you ever served in the United States armed forces? ☐ Yes ☐ No (If YES, attach a copy of your DD214)

Branch of service: _____ Dates of service: From _____ To _____

Rank/Rating at Separation: _____ Serial Number: _____

Type of discharge: _____

If less than honorable discharge, please explain. Attach additional sheets as necessary. _____

_____

While in the service, were you ever convicted of any offense or formally disciplined? ☐ Yes ☐ No

(F) EMPLOYMENT HISTORY: Beginning with your current employment, list your employers and periods of unemployment during the last 10 years.

Month and Year (From-To)	Name/Mailing Address/Employer Telephone Number	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year (From-To)	Name/Mailing Address/Employer Telephone Number	Reason for Leaving

Title	Description of Duties	Name of Supervisor
Month and Year (From-To)	Name/Mailing Address/Employer Telephone Number	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year (From-To)	Name/Mailing Address/Employer Telephone Number	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year (From-To)	Name/Mailing Address/Employer Telephone Number	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Attach an additional sheet if necessary.

(G)RESIDENCES: Please list all your residences (most recent first) for the past 10 years.

Month and Year (From-To)	Street and Number	City	County and State	Rent/Own (Check One)
				Rent _____ Own _____
				Rent _____ Own _____
				Rent _____ Own _____
				Rent _____ Own _____
				Rent _____ Own _____

Attach an additional sheet if necessary.

(H) REFERENCES: List the name, address, and telephone number of three personal references who are not related to you. Include at least one reference you were acquainted with during each period of residence listed in Question (G) above. Do not include relatives, present employer, or your employees.

Name and Occupation	Address (Street, City, State, Zip)	Telephone	Years Known
Name	Home	Home ( )	
Occupation	Mailing Address	Work ( )	
Name	Home	Home ( )	
Occupation	Mailing Address	Work ( )	

Attach an additional sheet if necessary.

(I) NON-GAMING RELATED BUSINESS INTERESTS: List all business ventures, limited liability companies, corporations, partnerships, and sole proprietorships with which you are or have been associated with in the past 10 years as an owner, officer, director, shareholder, partner, member, or other related capacity.

Dates of Involvement (From-To)	Name/Mailing Address/Business Telephone Number	Name of Corporation/Partnership	
Capacity/Title	Primary Purpose/Type of Venture	Amount of Investment	% Financial Interest/ # Shares/ Units Owned
Dates of Involvement (From-To)	Name/Mailing Address/Business Telephone Number	Name of Corporation/Partnership	
Capacity/Title	Primary Purpose/Type of Venture	Amount of Investment	% Financial Interest/ # Shares/ Units Owned
Dates of Involvement (From-To)	Name/Mailing Address/Business Telephone Number	Name of Corporation/Partnership	
Capacity/Title	Primary Purpose/Type of Venture	Amount of Investment	% Financial Interest/ # Shares/ Units Owned
Dates of Involvement (From-To)	Name/Mailing Address/Business Telephone Number	Name of Corporation/Partnership	
Capacity/Title	Primary Purpose/Type of Venture	Amount of Investment	% Financial Interest/ # Shares/ Units Owned

Attach an additional sheet if necessary.

(J) GAMING RELATED BUSINESS INTERESTS: List all business ventures, limited liability companies, corporations, and partnerships with which you are or have been associated with in the past ten years as an owner, officer, director, shareholder, partner, member, or other related capacity.

Dates of Involvement (From-To)	Name/Mailing Address/Business Telephone Number	Name of Corporation/Partnership	
Capacity/Title	Primary Purpose/Type of Venture	Amount of Investment	% Financial Interest/ # Shares/ Units Owned
Dates of Involvement (From-To)	Name/Mailing Address/Business Telephone Number	Name of Corporation/Partnership	
Capacity/Title	Primary Purpose/Type of Venture	Amount of Investment	% Financial Interest/ # Shares/ Units Owned
Dates of Involvement (From-To)	Name/Mailing Address/Business Telephone Number	Name of Corporation/Partnership	
Capacity/Title	Primary Purpose/Type of Venture	Amount of Investment	% Financial Interest/ # Shares/ Units Owned
Dates of Involvement (From-To)	Name/Mailing Address/Business Telephone Number	Name of Corporation/Partnership	
Capacity/Title	Primary Purpose/Type of Venture	Amount of Investment	% Financial Interest/ # Shares/ Units Owned

Attach an additional sheet if necessary.

Section 2. Other Licensing Information

(A) Have you ever ***applied*** to any licensing or regulatory agency for a license, permit, badge, certificate, registration, finding of suitability, or authorization in any state ***related to gaming***, whether or not such license, permit, badge, certificate, registration, finding of suitability, or authorization was granted? ☐ Yes ☐ No

If YES, provide the following details:

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

Attach an additional sheet if necessary.

(B) Have you ever ***applied*** for a privileged or professional license, permit, certificate or authorization in any state, whether or not such license, permit, badge, certificate, finding of suitability, or authorization was granted, including, but not limited to, for example: Accountant, CPA, real-estate broker, liquor, medical, securities dealer, lawyer, contractor, etc.? ☐ Yes ☐ No

If YES, provide the following details:

Type of Registration/Permit/ Badge/License/ Certificate	Registration/Permit/ Badge/License/ Certificate Number	Name & Address of Licensing/Regulatory Agency	Action Taken	Dates Held

Attach an additional sheet if necessary.

(C) Have you ever had any disciplinary, administrative, or regulatory actions taken against the aforementioned application(s) for a license, permit, badge, certificate, registration, finding of suitability, or authorization (e.g., withdrawal, denial, suspension, revocation, or surrender)? ☐ Yes ☐ No

If YES, provide the following details:

Type of Registration/Permit/ Badge/License/ Certificate	Registration/ Permit/ Badge/License/ Certificate Number	Name & Address of Licensing/Regulatory Agency	Action Taken	Reason for Action

Attach an additional sheet if necessary.

(D) Have you ever appeared before any licensing agency or similar authority either inside or outside the state of California for any reason whatsoever? ☐ Yes ☐ No

If YES, provide complete details and dates: _____

_____

_____

Section 3. Criminal/Litigation History Information

(A) Have you ever been convicted of a felony? (Convictions dismissed under Penal Code section 1203.4 must be disclosed, unless an order sealing records under Penal Code section 1203.45 relating to persons under 18 years of age, has been issued.) ☐ Yes ☐ No

(B) Have you been convicted of a misdemeanor within the last 10 years? (Convictions dismissed under Penal Code section 1203.4 must be disclosed, unless an order sealing records under Penal Code section 1203.45 relating to persons under 18 years of age, has been issued.) ☐ Yes ☐ No

(C) Are you currently on probation? ☐ Yes ☐ No

(D) Have you ever engaged in any act involving dishonesty or moral turpitude charged or chargeable as a criminal offense? ☐ Yes ☐ No

(E) Have you **ever** been convicted of an offense involving dishonesty or moral turpitude? ☐ Yes ☐ No

(F) Have you **ever** engaged in bookmaking or other illegal gambling activities? ☐ Yes ☐ No

(G) Have you ever received a pardon or expungement of any criminal offense? ☐ Yes ☐ No

If YES to "A - G," provide the following details, even if a resulting conviction has been expunged or set aside.

Date	Arresting Agency Location - City & State	Original Charge	Final Charge (If amended or reduced)	Court Location-City & State	Case Number	Disposition

Attach an additional sheet if necessary.

(H) Has a criminal indictment, information, or complaint ever been returned against you which you have not included in "A - G" above? ☐ Yes ☐ No

If YES, provide complete details: _____

_____

_____

(I) Have you ever been subpoenaed or ordered to appear or testify before a county, state, or federal grand jury, government board or commission? ☐ Yes ☐ No

If YES, provide complete details: _____

_____

_____

(J) Have you ever been involved in a legal dispute with, or excluded from a gambling establishment, been removed from a gambling establishment by a peace officer or the house, or involved in a patron dispute regarding your activities in a gambling establishment that were subject of a report to a peace officer and resulted in your removal?
☐ Yes ☐ No If YES, provide details on attached sheet.

(K) Have any incidents of cheating been reported against you to a gambling establishment? ☐ Yes ☐ No

If YES, provide details on attached sheet.

(L) Have you, as an individual, member of a partnership, or shareholder, director, or officer of a corporation, been party to a lawsuit or arbitration within the last ten years? ☐ Yes ☐ No

If YES, provide the following details:

Name(s) of Plaintiff(s) & Defendant(s) Name(s) of Claimant(s) & Respondent(s)	Date Filed	Court & Case Number	City, County & State	Disposition/Date
Brief explanation of issues:				
Brief explanation of issues:				
Brief explanation of issues:				

Name(s) of Plaintiff(s) & Defendant(s) Name(s) of Claimant(s) & Respondent(s)	Date Filed	Court & Case Number	City, County & State	Disposition/Date
Brief explanation of issues:				
Brief explanation of issues:				
Brief explanation of issues:				

Attach an additional sheet if necessary.

(M) Have you ever been charged with a violation of any campaign law(s)? ☐ Yes ☐ No

If YES, provide the following details:

Date	Charging Agency	City & State	Charge	Disposition/Date
Brief explanation of charges:				
Brief explanation of charges:				
Brief explanation of charges:				

Attach an additional sheet if necessary.

Section 4. Financial History Information

(A) Have you, or any company in which you were a member, officer, or shareholder filed bankruptcy within the last 10 years? ☐ Yes ☐ No

If YES, identify the court where the bankruptcy was filed, case number, date filed, and describe the circumstances which resulted in this action. Provide copies of your bankruptcy petition listing all creditors and the order discharging debts. _____

_____

_____

(B) **Have any individuals, businesses, or governmental agencies filed liens against you as an individual, sole proprietor, member of a partnership, or owner of a corporation within the last 10 years? ☐ Yes ☐ No**

If YES, provide complete details and dates: _____

_____

_____

(C) Have you had any purchase repossessed or debt turned over to collection for any reason within the last ten years? ☐ Yes ☐ No

If YES, provide complete details and dates:

_____

_____

(D) Do you own or control any assets or liabilities located outside the United States? ☐ Yes ☐ No

If YES, provide complete details:_____

_____

_____

(E) Do you control or manage any assets or liabilities for another person, business, or trust? ☐ Yes ☐ No

If YES, provide complete details: _____

_____

_____

(F) Do you hold in trust any assets for another person or business? ☐ Yes ☐ No

If YES, provide details and dates: _____

_____

_____

(G) Have you ever had your State or Federal personal income tax return audited or adjusted? ☐ Yes ☐ No

If YES, provide details and dates: _____

_____

_____

(H) Last Federal income tax return was filed on_____ for tax year _____
MONTH/YEAR

at _____.
CITY STATE

(I) Last State income tax return was filed on _____ for tax year _____
MONTH/YEAR

at _____.
CITY STATE

(J) Do you have a safe deposit box or other such depository, access to any depository, or do you use any other person's depository?
☐ Yes ☐ No

If YES, provide the following details:

Name of Box Owner	Box Number or Type of Depository	Location	City & State

(K) GROSS ANNUAL INCOME (FOR HOUSEHOLD):

Type of Income	Applicant	Other
Income/Wages/Salary		
Interest Income		
Dividend Income		
Rental Income		
Child Support		
Gifts		
Spousal Support/Alimony		
Other (Specify)		
TOTALS	$	$

(L)STATEMENT OF ASSETS (FOR HOUSEHOLD):

List the total value of all assets held, both tangible and intangible, on the appropriate line below. Enter the amounts as of the date of this application. If applicable, your investment in any gambling or related business should be reflected on Schedule "D."

Assets	Original Cost/Investment	Current Market Value
Cash (Total From Schedule "A")		
Accounts & 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")		
TOTAL ASSETS	**$**	**$**

(M) STATEMENT OF LIABILITIES (FOR HOUSEHOLD):

List all liabilities owed on the appropriate line below. Enter the amount as of the date of this application.

Liabilities	Monthly Payment	Current 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")		
TOTAL LIABILITIES	$	$

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

STATEMENT OF ASSETS

SCHEDULE "A"
Cash

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

Location of Cash (e.g., Name & Address of Bank)	Account No.	Names of Persons Who Have Signature Authority on Account	Date Opened	Type of Account	Date of Balance	Balance
						TOTAL $

STATEMENT OF ASSETS

SCHEDULE "B"
Accounts and Notes Receivable

List all loans, accounts and notes receivable.

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

STATEMENT OF ASSETS
SCHEDULE "C"
Stocks and Bonds

List all stocks, bonds or mutual funds held or controlled, including beneficial interest in a trust. The individual stocks held in a mutual fund need not be itemized.

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

STATEMENT OF ASSETS
SCHEDULE "D"
Business Investments

List any business investments in which any direct, indirect, vested, or contingent interest is held, 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 company and corporations.

Entity Name	Type of Equity	No. of Shares or Units	Percentage of Ownership	Individuals or Entities Sharing Interest & Percentage Ownership	Name in Which Held	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 held with 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

STATEMENT OF ASSETS
SCHEDULE "F"
Other Assets

List all other assets (e.g., automobiles, jewelry, artwork, etc.)

Type of Asset	Other Information (e.g., Year/Make/Model)	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 (e.g., revolving accounts, credit cards, leases, lines of credit, etc.).

Name & Address of Creditor	Account Number	Credit Limit	Monthly Payment	Interest Rate (%)	Date of Unpaid Balance	Unpaid Balance

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
					TOTAL $	

STATEMENT OF LIABILITIES

SCHEDULE "I"
Notes Payable

List all notes payable.

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

STATEMENT OF LIABILITIES

SCHEDULE "J"
Mortgages Payable

List all mortgages or liens on real estate.

Name & Address of Creditor Account Number	Address & Parcel Number of Real Estate	Collateral	Date Incurred	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Interest Rate (%)	Original Loan Amount	Date of Unpaid Balance	Unpaid Balance

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

DECLARATION

I, _____, declare that I have read the foregoing Level III Supplemental Information - Individual 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 Bureau 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 supplemental information package.

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

_____ Date: _____
Signature

_____
Printed Name/Title

_____
Business Name