

**Cardroom Applicant's Spouse Supplemental Information for a State Gambling License**

BGC-APP-009A (Rev. 07/17)



DEPARTMENT OF JUSTICE  
BUREAU OF GAMBLING CONTROL  
(916) 830-1700

**CARDROOM APPLICANT'S SPOUSE**  
**SUPPLEMENTAL INFORMATION FOR A STATE GAMBLING LICENSE**

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.

PLEASE SEND THE COMPLETED SUPPLEMENTAL INFORMATION, ALONG WITH THE APPLICATION FOR A STATE GAMBLING LICENSE, A \$1,000 NON-REFUNDABLE APPLICATION FEE, AND A \$6,600 DEPOSIT TO PAY THE ANTICIPATED INVESTIGATION AND PROCESSING COSTS IN ACCORDANCE WITH BUSINESS AND PROFESSIONS CODE SECTION 19867 TO: California Gambling Control Commission, 2399 Gateway Oaks Drive, Suite 220, Sacramento, CA 95833-4231.

A. **PERSONAL**

1. Full Name: \_\_\_\_\_  
Last First Middle
2. Alias(es), Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise: \_\_\_\_\_  
\_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Place of Birth: \_\_\_\_\_  
City County State Country
5. Residence Address: \_\_\_\_\_  
Street City State Zip
6. Business Address: \_\_\_\_\_  
Street City State Zip
7. Occupation: \_\_\_\_\_
8. Telephone: Residence: (\_\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_\_) \_\_\_\_\_
9. Social Security Number\*: \_\_\_\_\_
10. Driver License/Identification Card No./State Issued: \_\_\_\_\_
11. Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_
12. Distinguishing marks (scars, tattoos, etc.). Describe and indicate location: \_\_\_\_\_

13. Gender:  Male  Female

AFFIX A  
PASSPORT QUALITY  
PHOTOGRAPH  
TAKEN WITHIN THE  
LAST 30 DAYS  
HERE

\_\_\_\_\_  
Date of Photograph:

\* 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 the background investigation.

**B. CITIZENSHIP (provide a copy of resident alien card (front and back) or certificate of naturalization)**

Are you a United States citizen?  Yes  No If alien, **Alien** No.: \_\_\_\_\_

If naturalized, Certificate No.: \_\_\_\_\_

Alien No.: \_\_\_\_\_ Date naturalized: \_\_\_\_\_

**C. MARITAL**

1. Current Spouse Information:

Full Name: \_\_\_\_\_  
Last First Middle Maiden

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

2. Former Marriage(s):

Name of Former Spouse(s) (Last, First, Middle, Maiden)	Dates of Marriage (From-To)	Telephone Number

3. Co-habitants and Roommates

Provide the following information for any adults, not disclosed in question C1, with whom you reside.

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

**D. MILITARY (must include copy of DD214, if applicable)**

1. Have you **ever** served in any armed forces:  Yes  No

If Yes, Country Served: \_\_\_\_\_ Branch: \_\_\_\_\_

Dates of Service (From-To): \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Rank/Rating at Separation: \_\_\_\_\_ Serial Number: \_\_\_\_\_

2. While in the military service, were you **ever** convicted of any offense or formally disciplined?  Yes  No

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

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

**E. CONVICTION, LITIGATION, AND ARBITRATION**

1. 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

2. Have you **ever** engaged in any act involving dishonesty or moral turpitude charged or chargeable as a criminal offense?  
 Yes     No
3. 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
4. Have you **ever** engaged in bookmaking or other illegal gambling activities?     Yes     No
- Have you **ever** been charged with a violation of any campaign law(s)?     Yes     No
6. Are you currently on probation?     Yes     No

If your answer to E1-6 was Yes, provide the following details:

Date	Arresting Agency City & State	Original Charge	Final Charge (if amended or reduced)	Disposition

7. Has a criminal indictment, information, or complaint **ever** been returned against you which you have not included in E1-6?  
 Yes     No  
 If Yes, provide complete details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Have you **ever** received a pardon for any criminal offense?     Yes     No  
 If Yes, provide complete details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Have you **ever** had a civil or criminal record expunged or sealed by a court order?     Yes     No  
 If Yes, provide complete details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Have you **ever** been subpoenaed to appear or testify before a county, state, or federal grand jury, government board or commission?     Yes     No  
 If Yes, provide complete details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. 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 10 years?     Yes     No

If your answer to E11 was Yes, provide the following details:

Name(s) of Plaintiff(s) & Defendant(s) Name(s) of Claimant(s) & Respondent(s)	Date Filed	State or Federal Court & Case Number	City, County & State	Disposition/Date
Brief Explanation of Issues:				
Brief Explanation of Issues:				
Brief Explanation of Issues:				
Brief Explanation of Issues:				

F. **LICENSING**

1. Have you **ever** applied with a local government agency for a permit, badge, or license to own, operate, or work in a gambling establishment?  Yes  No

If your answer to F1 was Yes, provide the following details:

Government Agency	Type of Application	Permit/Badge/License Number	Approved/Denied	Dates Held or Reasons for Denial

2. Have you **ever** held a financial interest in a gambling venture, including, but not limited to: gambling establishment (cardroom), race track, race horse/dog, lottery, casino, bookmaking operation, pari-mutuel operation, or bingo parlor?  Yes  No

If your answer to F2 was Yes, provide the following details:

Name & Location of Business	Type of Venture	Dates of Involvement	Names of All Partners

3. Have you **ever** had a gambling registration, license, or related finding of suitability granted, denied, or revoked or been a participant in any group which has been issued a gambling registration, license, or related finding of suitability in any state or a permit, badge, or license to own, operate, or work in a gambling establishment?  Yes  No

If your answer to F3 was Yes, provide the following details:

Government Agency	Type of Application	Permit/Badge/License Number	Approved/Denied Revoked	Dates Held or Denied or Revoked

If denied or revoked, provide reasons for denial or revocation: \_\_\_\_\_

\_\_\_\_\_

4. Have you ever withdrawn or surrendered an application for a gambling registration, license, or related finding of suitability or been a participant in any group which has withdrawn or surrendered an application for a gambling registration, license, or related finding of suitability in any state?  Yes  No

If your answer to F4 was Yes, provide the following details:

Gambling Establishment Name & Address	Licensing Agency	Date & Reason(s) for Withdrawal

5. Do you have any relatives who are or have been associated with, employed in, or plan to be employed in the gambling industry?  Yes  No

If your answer to F5 was Yes, provide the following details:

Name	Job Title	Date	Name of Gambling Establishment

6. Have you ever applied for a privileged registration, professional license, certificate, or credential, (other than gambling) in any state, including, but not limited to, the following:  Yes  No

Alcoholic Beverage License      Lawyer      Race Horse/Dog Owner      Securities Dealer  
 Real Estate Broker or Sales      Doctor      Notary Public      Contractor  
 Accountant (CPA)      Boxing Promoter      Trainer or Manager      Pilot

If your answer to F6 was Yes, provide the following details:

Type of License	Licensing Agency	License Number	Approved/Denied	Dates Held or Reasons for Denial

7. Have any disciplinary actions ever been taken, or are any actions pending, against the aforementioned registration(s), license(s), and/or certificate(s)?  Yes  No

If your answer to F7 was Yes, provide details here:

Licensing Agency	License Number	Date of Action	Nature of Action (e.g., revocation, denial)	Disposition (e.g., revoked, fined, probation)

**DECLARATION**

I, \_\_\_\_\_, declare that I have read the foregoing Spouse Supplemental Information for a State Gambling License and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this declaration with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial of an application or revocation of a state gambling license, finding or permit; and further, that I have familiarized myself with the contents of the California Gambling Control Act (Business and Professions Code section 19800 et seq.), and 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 thereby.

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 Spouse Supplemental Information for a State Gambling License.

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

Date: \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature