

Gambling Establishment Owner Applicant - Individual Supplemental Background Investigation Information

BGC-APP-015A (Rev. 07/17)



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

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE YOU COMPLETE THIS FORM

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 information as each statement made herein is subject to verification. Any corrections, changes or other alterations must be initialed and dated by the applicant.

This Supplemental Form must be completed by a natural person who is a sole proprietor, a person with individual partnership interest or individual corporate interest, shareholder, member, officer, director, trustor, trustee, current beneficiary, landlord with a financial interest in the gambling establishment, community property interest, funding source, and other applicant.

Applicant's Full Name

Date of Photograph

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

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SECTION 1: PERSONAL INFORMATION			
YOUR FULL NAME			
LAST	FIRST	MIDDLE	
RESIDENCE ADDRESS (NUMBER / STREET)	CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT) (NUMBER / STREET)	CITY	STATE	ZIP
OCCUPATION	TELEPHONE		
BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)	DRIVER'S LICENSE/IDENTIFICATION CARD NUMBER		
	NO.	STATE	EXP
PHYSICAL DESCRIPTION			
HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
DISTINGUISHING MARKS (SCARS, TATTOOS, ETC.) DESCRIBE AND INDICATE LOCATION			
ARE YOU A UNITED STATES CITIZEN..... <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PROVIDE A COPY OF YOUR RESIDENT ALIEN CARD (FRONT AND BACK)		IF NO, OF WHAT COUNTRY ARE YOU A CITIZEN?	
ALIEN REGISTRATION NUMBER		IF NATURALIZED, CERTIFICATE NUMBER (PROVIDE COPY OF NATURALIZATION CERTIFICATE)	
DATE NATURALIZED (MM/DD/YYYY)		PLACE	

SECTION 2: FAMILY INFORMATION				
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED				
CURRENT SPOUSE				
FULL NAME				
LAST	FIRST	MIDDLE	MAIDEN	
RESIDENCE ADDRESS (IF DIFFERENT FROM APPLICANT) NUMBER / STREET	CITY	STATE	ZIP	
DATE OF BIRTH	YEARS OF MARRIAGE	HOME PHONE	WORK PHONE	
<input type="checkbox"/> N/A	FORMER SPOUSE			
FULL NAME				
LAST	FIRST	MIDDLE	MAIDEN	
DATE OF BIRTH	YEARS OF MARRIAGE			
CHILDREN AND DEPENDENTS				
PROVIDE THE FOLLOWING INFORMATION FOR EACH OF YOUR CHILDREN (INCLUDING BIRTH, STEP, ADOPTED, AND FOSTER CHILDREN) AND OTHER DEPENDENTS.				
NAME (LAST, FIRST, MIDDLE, MAIDEN)	DATE OF BIRTH	RESIDENCE ADDRESS	RELATIONSHIP	OCCUPATION

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CO-HABITANTS AND ROOMMATES				
PROVIDE THE FOLLOWING INFORMATION FOR ANY ADULTS (NOT DISCLOSED AS CHILDREN AND DEPENDENTS ABOVE) WITH WHOM YOU RESIDE.				
NAME (LAST, FIRST, MIDDLE, MAIDEN)	DATE OF BIRTH	EMPLOYER/OCCUPATION	EMPLOYER ADDRESS & TELEPHONE	RELATIONSHIP

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, MAIDEN)	DATE OF BIRTH/DEATH	RESIDENCE ADDRESS	OCCUPATION	RELATIONSHIP
FATHER				
MOTHER				
STEP-FATHER				
STEP-MOTHER				

SIBLINGS				
PROVIDE THE FOLLOWING INFORMATION FOR YOUR BROTHERS AND SISTERS. IF RETIRED, LIST LAST OCCUPATION OR IF DECEASED, PROVIDE DATE OF DEATH AND LIST LAST ADDRESS AND OCCUPATION.				
NAME (LAST, FIRST, MIDDLE, MAIDEN)	DATE OF BIRTH/DEATH	RESIDENCE ADDRESS	OCCUPATION	RELATIONSHIP

SECTION 3: MILITARY EXPERIENCE			
HAVE YOU EVER SERVED IN ANY BRANCH OF THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, ATTACH A COPY OF YOUR DD-214			
BRANCH OF SERVICE		DATES OF SERVICE FROM TO	
COUNTRY OF SERVICE	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			
HAVE YOU EVER BEEN DISCIPLINED WHILE IN THE MILITARY <input type="checkbox"/> YES <input type="checkbox"/> NO			
DID THIS RESULT IN A COURT MARTIAL? IF YES, PROVIDE DETAILS BELOW. <input type="checkbox"/> YES <input type="checkbox"/> NO			
DATE (MM/YYYY)	FINAL CHARGE	COURT LOCATION (CITY & STATE)	

SECTION 4: RESIDENCES					
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.					
A) CURRENT ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
CITY	COUNTY	STATE	ZIP	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	
B) FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
CITY	COUNTY	STATE	ZIP	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	
C) FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
CITY	COUNTY	STATE	ZIP	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	

SECTION 5: EXPERIENCE AND EMPLOYMENT					
BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT, LIST YOUR WORK HISTORY, INCLUDING ALL PERIODS OF UNEMPLOYMENT FOR THE PAST 10 YEARS. LIST ALL JOBS YOU HAVE HAD, INCLUDING PART-TIME, TEMPORARY, SELF-EMPLOYMENT, AND VOLUNTEER ACTIVITIES. FOR PERIODS OF UNEMPLOYMENT, IN THE DUTIES/ASSIGNMENT SECTION, EXPLAIN HOW YOU SUPPORTED YOURSELF.					
A) NAME OF EMPLOYER				FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS (NUMBER / STREET)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE	REASON FOR LEAVING		GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DUTIES / ASSIGNMENTS					
B) NAME OF EMPLOYER				FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS (NUMBER / STREET)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE	REASON FOR LEAVING		GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DUTIES / ASSIGNMENTS					
C) NAME OF EMPLOYER				FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS (NUMBER / STREET)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE	REASON FOR LEAVING		GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DUTIES / ASSIGNMENTS					

SECTION 6: CONVICTIONS, LITIGATION AND ARBITRATION			
HAVE YOU EVER BEEN CONVICTED OF A CRIME, PLED GUILTY OR PLED NOLO CONTENDERE (NO CONTEST) TO A CRIME? INCLUDE ANY CONVICTIONS DISMISSED UNDER PENAL CODE SECTION 1203.4 AND CONVICTIONS REDUCED OR EXPUNGED, UNLESS THE RECORDS HAVE BEEN SEALED PURSUANT TO A COURT ORDER.			<input type="checkbox"/> YES <input type="checkbox"/> NO
A) APPROXIMATE DATE (MM/DD/YYYY)	COURT LOCATION (CITY & STATE) AND ARRESTING AGENCY (CITY & STATE)		
OF WHAT CRIME(S) WERE YOU CONVICTED, AND WHAT WAS THE FINAL DISPOSITION/JUDGEMENT IN THE CASE?			
B) APPROXIMATE DATE (MM/DD/YYYY)	COURT LOCATION (CITY & STATE) AND ARRESTING AGENCY (CITY & STATE)		
OF WHAT CRIME(S) WERE YOU CONVICTED, AND WHAT WAS THE FINAL DISPOSITION/JUDGEMENT IN THE CASE?			
HAVE YOU EVER ENGAGED IN BOOKMAKING OR OTHER ILLEGAL GAMBLING ACTIVITIES?			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN FOUND GUILTY (CRIMINAL OR ADMINISTRATIVE) OF VIOLATING ANY CAMPAIGN LAW(S)?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES TO EITHER OR THE ABOVE, EXPLAIN EACH INCIDENT.			
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?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE PROVIDE DETAILS BELOW.			
A) NAME OF PLAINTIFF(S) AND DEFENDANT(S)			
NAME OF CLAIMANT(S) AND RESPONDENT(S)			
DATE FILED (MM/DD/YYYY)	STATE OR FEDERAL COURT	CASE NUMBER	
CITY/COUNTY/STATE	DATE OF DISPOSITION	DISPOSITION	
B) NAME OF PLAINTIFF(S) AND DEFENDANT(S)			
NAME OF CLAIMANT(S) AND RESPONDENT(S)			
DATE FILED (MM/DD/YYYY)	STATE OR FEDERAL COURT	CASE NUMBER	
CITY/COUNTY/STATE	DATE OF DISPOSITION	DISPOSITION	
C) NAME OF PLAINTIFF(S) AND DEFENDANT(S)			
NAME OF CLAIMANT(S) AND RESPONDENT(S)			
DATE FILED (MM/DD/YYYY)	STATE OR FEDERAL COURT	CASE NUMBER	
CITY/COUNTY/STATE	DATE OF DISPOSITION	DISPOSITION	

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SECTION 7: OTHER LICENSING INFORMATION

HAVE YOU EVER **HELD** OR **APPLIED** FOR A PERMIT, LICENSE, CERTIFICATE, REGISTRATION OR AUTHORIZATION RELATED TO GAMING?..... YES NO

IF YES, LIST BELOW ANY LICENSING OR REGULATORY AGENCY (TRIBAL, STATE, LOCAL OR INTERNATIONAL) TO WHICH YOU HAVE APPLIED FOR A LICENSE, PERMIT, CERTIFICATE, REGISTRATION OR AUTHORIZATION RELATED TO GAMING ACTIVITIES OR LOTTERY, WHETHER OR NOT SUCH LICENSE, PERMIT, CERTIFICATE, REGISTRATION OR AUTHORIZATION WAS GRANTED (INCLUDE ANY APPLICATIONS THAT WERE WITHDRAWN, DENIED AND/OR ARE PENDING).

A) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION#	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM: TO:	ISSUING AGENCY
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	
B) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM: TO:	ISSUING AGENCY
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	
C) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM: TO:	ISSUING AGENCY
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	

HAVE YOU EVER **APPLIED** TO ANY LICENSING OR REGULATORY AGENCY FOR A LICENSE, PERMIT, CERTIFICATE, REGISTRATION OR AUTHORIZATION NOT RELATED TO GAMING, WHETHER OR NOT SUCH A LICENSE, PERMIT, CERTIFICATE, REGISTRATION OR AUTHORIZATION WAS GRANTED? YES NO

IF YES TO THE ABOVE, PROVIDE THE FOLLOWING DETAILS (INCLUDE ANY APPLICATIONS THAT WERE WITHDRAWN, DENIED AND/OR ARE PENDING).

A) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM: TO:	ISSUING AGENCY
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	
B) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM: TO:	ISSUING AGENCY
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	
C) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM: TO:	ISSUING AGENCY
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	

SECTION 8: GAMBLING VENTURE FINANCIAL INTEREST

HAVE YOU EVER HELD A FINANCIAL INTEREST IN A GAMBLING VENTURE, INCLUDING, BUT NOT LIMITED TO: A GAMBLING ESTABLISHMENT (CARDROOM), RACE TRACK, RACE HORSE/DOG, LOTTERY, CASINO, BOOKMAKING OPERATION, PARI-MUTUEL OPERATION, OR BINGO PARLOR OR HELD STOCK IN SUCH VENTURE? YES NO

IF YES TO THE ABOVE, PROVIDE THE FOLLOWING DETAILS:

NAME OF BUSINESS	LOCATION OF BUSINESS	DATES OF INVOLVEMENT (MM/YYYY) FROM: TO:
INTEREST/TYPE OF VENTURE	NAMES OF ALL PARTNERS	
NAME OF BUSINESS	LOCATION OF BUSINESS	DATES OF INVOLVEMENT (MM/YYYY) FROM: TO:
INTEREST/TYPE OF VENTURE	NAMES OF ALL PARTNERS	

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SECTION 9: BUSINESS INTEREST					
LIST ALL BUSINESSES, CORPORATIONS AND PARTNERSHIPS WITH WHICH YOU ARE CURRENTLY OR HAVE BEEN ASSOCIATED AS AN OWNER, OFFICER, DIRECTOR, ACTIVE SHAREHOLDER, PARTNER OR OTHER SIMILAR CAPACITY WITHIN THE PAST 10 YEARS.					
A) NAME OF BUSINESS/CORPORATION/PARTNERSHIP		DATES OF INVOLVEMENT FROM TO		BUSINESS/CORPORATION/PARTNERSHIP MAILING ADDRESS	
BUSINESS TELEPHONE NUMBER					
YOUR CAPACITY/TITLE	PRIMARY PURPOSE OF THE BUSINESS	AMOUNT OF INVESTMENT	% OF OWNERSHIP/# OF SHARES OWNED	GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
B) NAME OF BUSINESS/CORPORATION/PARTNERSHIP		DATES OF INVOLVEMENT FROM TO		BUSINESS/CORPORATION/PARTNERSHIP MAILING ADDRESS	
BUSINESS TELEPHONE NUMBER					
YOUR CAPACITY/TITLE	PRIMARY PURPOSE OF THE BUSINESS	AMOUNT OF INVESTMENT	% OF OWNERSHIP/# OF SHARES OWNED	GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
C) NAME OF BUSINESS/CORPORATION/PARTNERSHIP		DATES OF INVOLVEMENT FROM TO		BUSINESS/CORPORATION/PARTNERSHIP MAILING ADDRESS	
BUSINESS TELEPHONE NUMBER					
YOUR CAPACITY/TITLE	PRIMARY PURPOSE OF THE BUSINESS	AMOUNT OF INVESTMENT	% OF OWNERSHIP/# OF SHARES OWNED	GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION 10: PERSONAL FINANCIAL HISTORY					
DO YOU ANTICIPATE ACTIVE PARTICIPATION IN THE MANAGEMENT AND OPERATION OF THE GAMBLING ESTABLISHMENT?..... <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, EXPLAIN BELOW:					
IN WHAT CAPACITY WILL YOU PARTICIPATE IN THE MANAGEMENT AND OPERATION OF THE GAMBLING ESTABLISHMENT?					
AMOUNT INVESTED IN THE BUSINESS: \$		PERCENTAGE OF OWNERSHIP:		%	
IDENTIFY THE SOURCE OF ALL MONIES USED FOR YOUR INVESTMENT, INCLUDE ACCOUNT NUMBERS AND INSTITUTION NAMES IF APPLICABLE:					
HAS YOUR INTEREST IN THIS GAMBLING ESTABLISHMENT 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 PART OR IN WHOLE?					<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN BELOW.					
HAVE YOU FILED FOR BANKRUPTCY WITHIN THE LAST 10 YEARS?..... <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, EXPLAIN BELOW. (Please provide copies of your bankruptcy petition and order, which lists all creditors and discharged debts.)					
FEDERAL DISTRICT COURT WHERE FILED	DATE FILED (MM/DD/YYYY)	CASE NUMBER	DATE DISCHARGED (MM/DD/YYYY)	DESCRIBE THE CIRCUMSTANCES THAT RESULTED IN THIS ACTION	
HAVE YOU HAD ANY JUDGEMENTS OR LIENS FILED AGAINST YOU AS AN INDIVIDUAL, SOLE PROPRIETOR, MEMBER OF A PARTNERSHIP, OR SHAREHOLDER OF A CORPORATION?					<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PROVIDE DETAILS HERE.					
<input type="checkbox"/> LIEN <input type="checkbox"/> JUDGEMENT	DATE FILED (MM/DD/YYYY)	NAME OF PERSON/ENTITY THAT FILED THE LIEN OR JUDGEMENT		NAME OF PERSON/ENTITY AGAINST WHICH THE LIEN OR JUDGEMENT WAS FILED	
EXPLANATION AND STATUS					

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<input type="checkbox"/> LIEN <input type="checkbox"/> JUDGEMENT	DATE FILED (MM/DD/YYYY)	NAME OF PERSON/ENTITY THAT FILED THE LIEN OR JUDGEMENT	NAME OF PERSON/ENTITY AGAINST WHICH THE LIEN OR JUDGEMENT WAS FILED
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EXPLANATION AND STATUS

HAVE YOU HAD ANY PURCHASE REPOSSESSED OR DEBT TURNED OVER TO COLLECTION FOR ANY REASON WITHIN THE LAST 10 YEARS? YES NO

IF YES, PROVIDE DETAILS HERE.

ASSET	REPOSSESSION/SEIZURE/COLLECTION	DATE (MM/DD/YYYY)	REASON

DO YOU OWN, CONTROL, OR MANAGE ANY ASSETS OR LIABILITIES OUTSIDE THE UNITED STATES?..... YES NO

IF YES, PROVIDE DETAILS HERE.

DESCRIPTION OF ASSET/LIABILITY	DATE ACQUIRED (MM/DD/YYYY)	LOCATION

DO YOU OWN, CONTROL, MANAGE OR HOLD ANY ASSETS OR LIABILITIES FOR ANOTHER PERSON OR ENTITY?..... YES NO

IF YES, PROVIDE COMPLETE DETAILS HERE.

IS YOUR INTEREST IN THIS GAMBLING ESTABLISHMENT HELD BY A TRUST (ESTATE PLANNING OR OTHER)?..... YES NO

IF YES, YOU MUST ALSO COMPLETE AND SUBMIT AN APPLICATION FOR STATE GAMBLING LICENSE (CGCC-030) FOR THE TRUST AND A TRUST SUPPLEMENTAL BACKGROUND INVESTIGATION INFORMATION FORM (BGC-APP-143).

SECTION 11: GROSS ANNUAL INCOME		
TYPE OF INCOME	APPLICANT	OTHER
INCOME/WAGES	\$	\$
BUSINESS INCOME (EXPLAIN TYPE OF BUSINESS)	\$	\$
INTEREST INCOME	\$	\$
DIVIDEND INCOME	\$	\$
RENTAL INCOME	\$	\$
CHILD SUPPORT	\$	\$
GIFTS	\$	\$
SPOUSAL SUPPORT/ALIMONY	\$	\$
OTHER (SPECIFY)	\$	\$
OTHER (SPECIFY)	\$	\$
OTHER (SPECIFY)	\$	\$
TOTAL GROSS INCOME	\$	\$

SECTION 12: MONTHLY EXPENDITURES	
TYPE OF EXPENDITURE	APPLICANT
REAL ESTATE (<i>mortgage</i>) PAYMENTS:	\$
RENT:	\$
HOUSEHOLD EXPENSES (<i>utilities, food, gasoline, home and car maintenance, entertainment, etc.</i>):	\$
BUSINESS EXPENSES (<i>describe</i>):	\$
CREDIT CARD PAYMENTS:	\$
VEHICLE PAYMENTS:	\$
OTHER (<i>describe</i>):	\$
OTHER (<i>describe</i>):	\$
TOTAL MONTHLY EXPENDITURES	\$

THE ASSET AND LIABILITY FIGURES SHOWN BELOW ARE AS OF _____, 20_____.

SECTION 13: STATEMENT OF ASSETS		
LIST THE VALUE OF ALL ASSETS, BOTH TANGIBLE AND INTANGIBLE. ALL ASSETS MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES.		
ASSETS	*PURCHASE PRICE	CURRENT MARKET VALUE
CASH (TOTAL FROM SCHEDULE A)		\$
STOCKS AND BONDS (TOTAL FROM SCHEDULE B)		\$
ACCOUNTS AND NOTES RECEIVABLE (TOTAL FROM SCHEDULE C)		\$
BUSINESS INVESTMENTS* (TOTAL FROM SCHEDULE D)	\$	\$
REAL ESTATE* (TOTAL FROM SCHEDULE E)	\$	\$
OTHER ASSETS (TOTAL FROM SCHEDULE F)		\$
TOTAL ASSETS		\$

SECTION 14: STATEMENT OF LIABILITIES		
LIST THE VALUE OF ALL YOUR LIABILITIES. ALL LIABILITIES MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES. 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	*INITIAL AMOUNT	PRESENT BALANCE
ACCOUNTS PAYABLE (TOTAL FROM SCHEDULE G)		\$
TAXES PAYABLE (TOTAL FROM SCHEDULE H)		\$
NOTES PAYABLE* (TOTAL FROM SCHEDULE I)	\$	\$
MORTGAGE 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.

SECTION 15: SUPPORTING DOCUMENTATION CHECKLIST

The following items must be submitted in conjunction with an Application for a State Gambling License (CGCC-030) and this Owner Applicant-Individual Supplemental Background Investigation Information form (BGC-APP-015A). Originals are required unless otherwise stated. Only documents that are dated and signed by all parties will be accepted. Failure to provide complete documents may result in denial of a license/denial of suitability. Pursuant to Business and Professions Code section 19868(a), an official filing date will not be established until all required forms, documentation and fees have been received by the State.

- Background Investigation Deposit required in CCR, Title 11, Division 3, Chapter 1, Article 4, Section 2037
- Gambling Establishment Supplemental Information form (BGC-APP-015C) for the gambling establishment. If there are multiple owners of this gambling establishment, only one BGC-APP-015C form needs to be submitted to provide information about the gambling establishment.
- If you are applying as a shareholder, member, partner, etc., a Gambling Establishment Owner Entity Supplemental Information form (BGC-APP-015B) for the business entity (corporation, LLC, partnership, etc.) that is buying or operating the gambling establishment also needs to be submitted.
- Applicant's Declaration, Acknowledgment, and Agreement (Community Property Interest) (BGC-APP-011 [Rev. 11/07]) **OR** Applicant's Declaration, Acknowledgment, and Agreement (Sole and Separate Property) (BGC-APP-012 [Rev. 11/07]) - Review both forms and complete the appropriate declaration. If you are married, your spouse must refer to the "Instructions to Applicant's Spouse."
- Application for State Gambling License (BGC-030) and a Trust Supplemental Background Investigation Information form (BGC-APP-143) if your interest in this gambling establishment is held by a trust.
- Declaration of Full Disclosure (BGC-APP-005 [Rev. 11/07])
- Authorization to Release Information (BGC-APP-006 [Rev. 07/17])
- Appointment of Designated Agent (BGC-APP-008 [Rev. 07/17])
- Copy of DD214, if you ever served in Armed Forces
- Naturalization Certificate or Permanent Resident Identification - If a naturalized citizen, copy of front and back of your naturalization certificate.
- Resident Alien Card (front and back) if you are not a United States citizen.
- Copy of the completed Request for Live Scan Service (BCII 8016) after fingerprints have been taken.
- Local Cardroom Employee License, Permit, Badge, etc. - copy
- Management Company/Consultant Agreement, if applicable - copy
- All Current Lease/Rental Agreements if applying as a sole proprietor - copies
- Loan Documentation for the loan obtained to purchase the gambling establishment (if applying as a sole proprietor) - copies
- Tax Returns - Signed and dated copies of state and federal for the past three years, including all schedules and attachments - both individual and for any businesses you own.
- Request for copy of Personal Income Tax or Fiduciary Return (FTB 3516C1 [Rev. 06-03 side 1])
- Internal Revenue Service Request for Transcript of Tax Return (4506-T [Rev. 4/2006])
- Current Balance Sheets and Income Statements for yourself and all of your businesses
- Bank Statements - Copies of all monthly statements for all personal and business accounts corresponding to the same period of time reflected in the balance sheet and income statement.
- Investment Account Statements - Copies of all monthly statements for all personal and business accounts corresponding to the same period of time reflected in the balance sheet and income statement.
- Bankruptcy court records, if applicable - copy

Pursuant to Business and Professions Code section 19867, an applicant is responsible for all costs incurred by the Bureau while conducting a background investigation for gambling license suitability. 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 all outstanding background investigation and issuance fees are received.

SECTION 16: DECLARATION

I declare under penalty of perjury of the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate and complete, and that this declaration is executed by me at _____ on _____.

City and State *Date*

PRINT FULL NAME	SIGNATURE	DATE

SCHEDULE E - ASSETS
Real Estate

List any direct or indirect interest held in real property by yourself, your spouse, or your dependent children.

Address or Parcel Number & Location	Type (Residential/Commercial)	Percentage of Ownership	Date of Purchase	Current Income (Rent/Lease) (indicate per month, year, etc.)	Purchase Price	Current Market Value
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					TOTAL*:	\$

*This total should match the corresponding total reported on page 9.

Signature of Preparer _____

Date _____

SCHEDULE I - LIABILITIES

Notes Payable

List all notes payable.

Name and Address of Creditor	Date Incurred	Collateral	Maturity Date	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Original Note Amount	Interest Rate	Unpaid Balance
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
						TOTAL*:	\$

*This total should match the corresponding total reported on page 9.

Signature of Preparer _____

Date _____

SCHEDULE K - LIABILITIES
Contingent and Other Liabilities

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

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

*This total should match the corresponding total reported on page 9.

Signature of Preparer _____

Date _____