

Gambling Establishment Owner Entity Supplemental Information for State Gambling License

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



BUREAU OF GAMBLING CONTROL
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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 business entity (corporation, partnership, limited liability company, joint venture or other business) that is applying for a state gambling license as an owner of a gambling establishment.

SECTION 1: BUSINESS INFORMATION			
NAME OF BUSINESS APPLICANT		TRADE NAME TO BE USED (IF APPLICABLE)	
BUSINESS/ MAILING ADDRESS (NUMBER / STREET)		CITY	STATE ZIP
MAIN OFFICE (IF DIFFERENT THAN ABOVE) (NUMBER / STREET)		CITY	STATE ZIP
ADDRESS WHERE BUSINESS RECORDS ARE MAINTAINED (NUMBER / STREET)		CITY	STATE ZIP
BUSINESS PHONE ()	BUSINESS FAX ()	FEDERAL TAX ID NUMBER	STATE TAX ID NUMBER
HAS THIS BUSINESS EVER OPERATED UNDER ANOTHER NAME IN ANY JURISDICTION (INCLUDING INTERNATIONAL JURISDICTIONS)?..... <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES TO THE ABOVE, PROVIDE THE FOLLOWING DETAILS.			
A) BUSINESS NAME		JURISDICTION	
B) BUSINESS NAME		JURISDICTION	
DOES THIS BUSINESS HAVE PARENT COMPANIES, SUBSIDIARIES OR AFFILIATES?..... <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES TO THE ABOVE, PROVIDE THE FOLLOWING DETAILS.			
A) BUSINESS NAME		PARENT/SUBSIDIARY/AFFILIATE	RELATIONSHIP TO GAMBLING ESTABLISHMENT
B) BUSINESS NAME		PARENT/SUBSIDIARY/AFFILIATE	RELATIONSHIP TO GAMBLING ESTABLISHMENT
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

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SECTION 2: OTHER LICENSING INFORMATION

HAS THIS BUSINESS EVER **HELD** OR **APPLIED** FOR A PERMIT, LICENSE, CERTIFICATE, REGISTRATION OR AUTHORIZATION RELATED TO GAMING IN ANY JURISDICTION? 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)	

HAS THIS BUSINESS 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 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)	

LIST ALL STATES AND/OR COUNTRIES WHERE THIS BUSINESS IS INCORPORATED, REGISTERED OR QUALIFIED TO DO BUSINESS; ALSO PROVIDE THE CORPORATION, REGISTRATION, OR LICENSE NUMBER AND DATE QUALIFIED TO DO BUSINESS.

STATE	COUNTRY	CORPORATION/REGISTRATION/LICENSE NUMBER	DATE QUALIFIED TO DO BUSINESS

SECTION 3: LITIGATION HISTORY

HAS THIS BUSINESS BEEN PARTY TO A LAWSUIT OR ARBITRATION WITHIN THE LAST 10 YEARS? YES NO

IF YES, EXPLAIN EACH INCIDENT.

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
BRIEF EXPLANATION OF ISSUES		

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
BRIEF EXPLANATION OF ISSUES		

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
BRIEF EXPLANATION OF ISSUES		

SECTION 4: REMUNERATIONS

LIST ANY REMUNERATION EXCEEDING \$50,000 PAID ANNUALLY TO PERSONS OTHER THAN THE DIRECTORS AND OFFICERS OF THIS BUSINESS.

NAME OF PAYEE	ADDRESS OF PAYEE	REASON FOR PAYMENT	ANNUAL AMOUNT
			\$
			\$
			\$
			\$

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SECTION 5: FINANCIAL INFORMATION

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, EXPLAIN BELOW.

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HAS THIS BUSINESS FILED FOR BANKRUPTCY WITHIN THE LAST 10 YEARS?..... YES NO

IF YES, EXPLAIN BELOW. (Please provide copies of the 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

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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HAVE ANY INDIVIDUALS, BUSINESSES OR GOVERNMENTAL AGENCIES FILED LIENS OR JUDGEMENTS AGAINST THIS BUSINESS WITHIN THE LAST 10 YEARS?..... YES 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	EXPLANATION/STATUS

EXPLANATION AND STATUS

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

EXPLANATION AND STATUS

HAS THIS BUSINESS HAD ANY ASSETS REPOSSESSED, SEIZED, OR DEBT TURNED OVER TO COLLECTION FOR ANY REASON WITHIN THE LAST 10 YEARS? YES NO

IF YES, PROVIDE DETAILS HERE.

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

DOES THIS BUSINESS 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

DOES THIS BUSINESS OWN, CONTROL, MANAGE OR HOLD ANY ASSETS OR LIABILITIES FOR ANOTHER INDIVIDUAL OR ENTITY?..... YES NO

IF YES, PROVIDE COMPLETE DETAILS HERE.

--

IS THIS BUSINESS, OR ANY INTEREST IN THIS BUSINESS HELD BY A TRUST?..... 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). WHEN A GAMBLING ESTABLISHMENT IS HELD BY A TRUST, ANY CURRENT TRUSTOR(S), TRUSTEE(S), AND BENEFICIARIES (WHO ARE NOT CONTINGENT ON A FUTURE EVENT) MUST ALSO APPLY FOR A STATE GAMBLING LICENSE.

DOES THIS BUSINESS HAVE ANY PLANS TO SELL, MERGE, OR ACQUIRE NEW BUSINESSES IN THE NEXT 24 MONTHS?..... YES NO

IF YES, PROVIDE COMPLETE DETAILS AND DATES:

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

SECTION 6: 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)	\$	\$
CAPITAL IMPROVEMENTS		\$
REAL ESTATE* (TOTAL FROM SCHEDULE E)	\$	\$
OTHER ASSETS (TOTAL FROM SCHEDULE F)		\$
TOTAL ASSETS		\$

SECTION 7: STATEMENT OF LIABILITIES		
LIST THE VALUE OF ALL 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 8: SUPPORTING DOCUMENTATION CHECKLIST

The following items must be submitted in conjunction with an Application for a State Gambling License (CGCC-030) and this Owner Entity Supplemental Background Investigation Information form (BGC-APP-015B). 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. Individual owners/shareholders/members/etc. also need to each submit an Owner Applicant - Individual Supplemental Information (BGC-APP-015A).
- Application for State Gambling License (BGC-030) and a Trust Supplemental Background Investigation Information form (BGC-APP-143) if this business 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))
- Current Articles of Incorporation and Statement of Information if this entity is a corporation
- Current Articles of Organization and Operating Agreement if this entity is a limited liability company
- Certificate of Limited Partnership, Partnership Agreement, Operating Agreement if this is a limited partnership
- Partnership Agreement, if this entity is a General Partnership (also include a copy of the Statement of Partnership Authority if one was filed)
- Current Organizational Chart for this Owner Entity - Show Names, Job Titles and Lines of Accountability
- All Current Lease/Rental Agreements between the owner entity and the gambling establishment - copies
- Management Company/Consultant Agreement, if applicable - copy
- Local Gambling Establishment License or Permit – copy
- Loan Documentation for the loan obtained to purchase the gambling establishment - copies
- Tax Returns - Signed and dated copies of business state and federal for the past three years, including all schedules and attachments.
- Request for Copy of Corporation, Exempt Organization, Partnership, or Limited Liability Company Tax Return (FTB 3516C1 (Rev. 06-03), side 2).
- Internal Revenue Service Request for Transcript of Tax Return (4506-T (Rev. 4/2006))
- Current Balance Sheet and Income Statement
- Bank Statements – Copies of all monthly statements for all 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 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 9: DECLARATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true, correct and complete. 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
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SCHEDULE D - ASSETS
Business Investments

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

Entity Name	Type of Entity	Number of Shares or Units	Name in which held	Percent of Ownership	Individuals or Entities Sharing Interest & Percentage Ownership	Date of Purchase	Purchase Price	Current Market Value
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							TOTAL*:	\$

*This total should match the corresponding total reported on page 5.

Signature of Preparer _____

Date _____

SCHEDULE F - ASSETS
Other Assets

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

Type of Asset	Description	Date of Purchase	Purchase Price	Current Market Value
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			TOTAL*:	\$

*This total should match the corresponding total reported on page 5.

Signature of Preparer _____

Date _____

SCHEDULE G - LIABILITIES
Accounts Payable

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

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

*This total should match the corresponding total reported on page 5.

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 5.

Signature of Preparer _____

Date _____

SCHEDULE J - LIABILITIES
Mortgages Payable

List all mortgages or liens on real estate.

Name and Address of Creditor Account Number	Address or Parcel Number and Location of Real Estate	Date Incurred	Interest Rate	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Original Loan Amount	Unpaid Balance
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					TOTAL*:	

*This total should match the corresponding total reported on page 5.

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, 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 5.

Signature of Preparer _____

Date _____