

Gambling Establishment Supplemental Information for State Gambling License

BGC-APP-015C (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 on behalf of the gambling establishment.

SECTION 1: BUSINESS INFORMATION		
NAME OF GAMBLING ESTABLISHMENT		TRADE NAME TO BE USED (IF APPLICABLE)
HAS THIS GAMBLING ESTABLISHMENT 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	LOCATION	DATES OF OPERATION
B) BUSINESS NAME	LOCATION	DATES OF OPERATION
DOES THIS GAMBLING ESTABLISHMENT 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

SECTION 2: GAMBLING ESTABLISHMENT OPERATIONS							
HOURS OF OPERATIONS: <input type="checkbox"/> 24HOURS/365 DAYS, OR:							
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
OPENING TIME							
CLOSING TIME							
BUSINESS OFFICE HOURS: <input type="checkbox"/> SAME AS HOURS OF OPERATION, OR:							
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
OPENING TIME							
CLOSING TIME							
NUMBER OF PERMANENT TABLES OPERATING OR TO BE OPERATED IN THE GAMBLING ESTABLISHMENT:							
NAME(S) OF PROPOSED GAME(S): _____							

Gambling Establishment Supplemental Information for State Gambling License

SECTION 3: GAMING		
LIST ANY THIRD PARTY PROVIDERS OF PROPOSITION PLAYER SERVICES OR OTHER GAMBLING BUSINESSES OPERATING IN THIS GAMBLING ESTABLISHMENT AS OF THE DATE OF THIS APPLICATION.		
NAME	ADDRESS	PHONE ()
NAME	ADDRESS	PHONE ()
NAME	ADDRESS	PHONE ()
CHIPS IN USE: THE CALIFORNIA CODE OF REGULATIONS REQUIRES GAMBLING ESTABLISHMENTS TO MAINTAIN A SEPARATE, SPECIFICALLY DESIGNATED, INSURED ACCOUNT WITH A LICENSED FINANCIAL INSTITUTION IN AN AMOUNT NOT LESS THAN THE TOTAL VALUE OF THE CHIPS IN USE BY THE GAMBLING ESTABLISHMENT. PROVIDE THE TOTAL VALUE OF THE CHIPS OUTSTANDING AT ANY GIVEN TIME AT THIS GAMBLING ESTABLISHMENT AND A COPY OF THE MOST RECENT STATEMENT ON THIS ACCOUNT.		
AMOUNT OF CHIPS IN USE AT THIS GAMBLING ESTABLISHMENT	FINANCIAL INSTITUTION WHERE CHIPS IN USE ACCOUNT IS MAINTAINED	CURRENT BALANCE
PLAYERS' BANK: THE CALIFORNIA CODE OF REGULATIONS REQUIRES GAMBLING ESTABLISHMENTS TO MAINTAIN A SEPARATE, SPECIFICALLY DESIGNATED, INSURED ACCOUNT WITH A LICENSED FINANCIAL INSTITUTION IN AN AMOUNT NOT LESS THAN THE TOTAL AMOUNT OF THE MONIES THAT PATRONS HAVE ON DEPOSIT WITH THE GAMBLING ESTABLISHMENT.		
DOES THIS GAMBLING ESTABLISHMENT OFFER PLAYERS' BANKS?..... <input type="checkbox"/> YES <input type="checkbox"/> NO		
ENTER THE AMOUNT OF MONEY YOUR BUSINESS RECORDS SHOW AS BEING DEPOSITED BY PLAYERS:.....\$ _____		
ATTACH A COPY OF THE MOST RECENT STATEMENT OF THE FINANCIAL INSTITUTION'S ACCOUNT COVERING THE PLAYERS' BANK FUNDS.		
<i>THE BUREAU OF GAMBLING CONTROL MAY ALLOW THE GAMBLING ESTABLISHMENT TO PROVIDE SOME OTHER FORM OF SECURITY IN LIEU OF MAINTAINING THE REQUIRED CHIPS IN USE OR PLAYERS' BANK FINANCIAL INSTITUTION ACCOUNT(S). IF THIS GAMBLING ESTABLISHMENT WISHES TO SEEK APPROVAL, OR HAS ALREADY OBTAINED APPROVAL, FOR THIS ALTERNATE FORM OF SECURITY, PLEASE PROVIDE A DETAILED EXPLANATION AND COPIES OF ANY WRITTEN APPROVAL RECEIVED FROM THE BUREAU.</i>		

SECTION 4: LITIGATION HISTORY			
HAS THIS GAMBLING ESTABLISHMENT BEEN PARTY TO A LAWSUIT OR ARBITRATION WITHIN THE LAST 10 YEARS?..... <input type="checkbox"/> YES <input type="checkbox"/> 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)			

Gambling Establishment Supplemental Information for State Gambling License

DATE FILED (MM/DD/YYYY)	STATE OR FEDERAL COURT	CASE NUMBER
CITY/COUNTY/STATE	DATE OF DISPOSITION	DISPOSITION
BRIEF EXPLANATION OF ISSUES		

SECTION 5: FINANCIAL INFORMATION

HAS ANY INTEREST IN THIS GAMBLING ESTABLISHMENT 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.

HAVE ANY INDIVIDUALS, BUSINESSES OR GOVERNMENTAL AGENCIES FILED LIENS OR JUDGEMENTS AGAINST THIS GAMBLING ESTABLISHMENT 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
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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
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EXPLANATION AND STATUS

IS THIS GAMBLING ESTABLISHMENT, OR ANY INTEREST IN THIS GAMBLING ESTABLISHMENT 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 FINANCIAL INTEREST 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.

ARE THERE ANY **GAME INVENTORS** WHO HAVE A FINANCIAL INTEREST IN THIS GAMBLING ESTABLISHMENT (I.E., RECEIVING COMPENSATION THAT IS BASED ON CARDROOM REVENUE, ETC.)? YES NO
 EACH PERSON WHO RECEIVES A PERCENTAGE OF REVENUES FROM THE GAMBLING ESTABLISHMENT IS REQUIRED TO SUBMIT A SEPARATE APPLICATION AS AN OWNER (CGCC-030, BGC-APP-015A OR 015B, AND SUPPORTING DOCUMENTS).

IF YES, PROVIDE DETAILS HERE

NAME	ADDRESS	GAME INVENTED/BEING PLAYED	COMPENSATION ARRANGEMENTS/ % OF REVENUE

ARE THERE ANY **EMPLOYEES** WHO PARTICIPATE IN PROFIT SHARING PLANS OR TO WHOM BONUSSES ARE PAID THAT ARE BASED ON GAMBLING ESTABLISHMENT REVENUE? YES NO
 EACH PERSON WHO RECEIVES A PERCENTAGE OF REVENUES FROM THE GAMBLING ESTABLISHMENT IS REQUIRED TO SUBMIT A SEPARATE APPLICATION AS AN OWNER (CGCC-030, BGC-APP-015A OR 015B, AND SUPPORTING DOCUMENTS).

IF YES, PROVIDE DETAILS HERE

NAME	TITLE	BONUS/PROFIT SHARING	COMPENSATION ARRANGEMENTS/ % OF REVENUE

Gambling Establishment Supplemental Information for State Gambling License

SECTION 6: RENT/LEASE INFORMATION			
NAME OF PROPERTY OWNER		NAME OF LEASING AGENT/LANDLORD	
ADDRESS (NUMBER / STREET)		CITY	STATE ZIP
PHONE ()		MONTHLY RENT/LEASE PAYMENT	
IS ANY PORTION OF THE RENT/LEASE PAYMENT BASED ON GAMBLING ESTABLISHMENT REVENUES? EACH PERSON WHO RECEIVES A PERCENTAGE OF REVENUES FROM THE GAMBLING ESTABLISHMENT IS REQUIRED TO SUBMIT A SEPARATE APPLICATION AS AN OWNER (CGCC-030, BGC-APP-015A OR 015B, AND SUPPORTING DOCUMENTS).			<input type="checkbox"/> YES <input type="checkbox"/> NO
DO ANY PERSONS WHO OWN THE BUILDING IN WHICH THIS GAMBLING ESTABLISHMENT OPERATES OR THE LAND UPON WHICH THIS GAMBLING ESTABLISHMENT SITS, OR ANY PERSONS EMPLOYED BY THE LESSOR, HAVE A FINANCIAL INTEREST IN THIS GAMBLING ESTABLISHMENT?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PROVIDE DETAILS HERE			
NAME OF PERSON WITH INTEREST	ADDRESS	DESCRIPTION OF THEIR FINANCIAL INTEREST IN THIS GAMBLING ESTABLISHMENT	

SECTION 7: REMUNERATIONS			
LIST ANY REMUNERATION EXCEEDING \$50,000 PAID ANNUALLY BY THE GAMBLING ESTABLISHMENT TO PERSONS OTHER THAN THE LICENSED OWNERS OF THIS GAMBLING ESTABLISHMENT.			
NAME OF PAYEE	ADDRESS OF PAYEE	REASON FOR PAYMENT	ANNUAL AMOUNT \$
NAME OF PAYEE	ADDRESS OF PAYEE	REASON FOR PAYMENT	ANNUAL AMOUNT \$
NAME OF PAYEE	ADDRESS OF PAYEE	REASON FOR PAYMENT	ANNUAL AMOUNT \$
NAME OF PAYEE	ADDRESS OF PAYEE	REASON FOR PAYMENT	ANNUAL AMOUNT \$

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

SECTION 8: STATEMENT OF ASSETS		
LIST THE VALUE OF ALL ASSETS, BOTH TANGIBLE AND INTANGIBLE, ASSOCIATED WITH THIS GAMBLING ESTABLISHMENT. ALL ASSETS MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES. IF APPLICABLE, THE GAMBLING ESTABLISHMENT'S INVESTMENT(S) SHOULD BE REFLECTED ON SCHEDULE D.		
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		\$

Gambling Establishment Supplemental Information for State Gambling License

SECTION 9: STATEMENT OF LIABILITIES		
LIST THE VALUE OF ALL LIABILITIES ASSOCIATED WITH THIS GAMBLING ESTABLISHMENT. ALL LIABILITIES MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES.		
LIABILITIES	*INITIAL AMOUNT	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)		\$
TOTAL LIABILITIES		\$

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

SECTION 10: SUPPORTING DOCUMENTATION CHECKLIST
<p>The following items must be submitted in conjunction with an Application for a State Gambling License (CGCC-030) and this Gambling Establishment Supplemental Background Investigation Information form (BGC-APP-015C). 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.</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Background Investigation Deposit required in CCR, Title 11, Division 3, Chapter 1, Article 4, Section 2037 <input type="checkbox"/> Owner Supplemental Information form (BGC-APP-015A and/or 015B) <input type="checkbox"/> Application for State Gambling License (CGCC-030) and a Trust Supplemental Background Investigation Information form (BGC-APP-143) if this gambling establishment is held by a trust. <input type="checkbox"/> Declaration of Full Disclosure (BGC-APP-005 (Rev. 11/07)) <input type="checkbox"/> Authorization to Release Information (BGC-APP-006 (Rev. 07/17)) <input type="checkbox"/> Appointment of Designated Agent (BGC-APP-008 (Rev. 07/17)) (initial applications only) <input type="checkbox"/> Organizational Chart - Show Names, Job Titles and Lines of Accountability <input type="checkbox"/> Identification of Key Employees and a full and complete description of duties performed by persons occupying each key employee position (document must be signed by designated agent/owner licensee) <input type="checkbox"/> Current Conditional Use Permit, if applicable - copy <input type="checkbox"/> Current Local Gambling Establishment Business License or Permit - copy <input type="checkbox"/> Chips In Use Account - a copy of the most recent statement of the financial institution account covering the chips in use <input type="checkbox"/> Players' Bank Account - a copy of the most recent statement of the financial institution account covering the players' bank funds, if applicable <input type="checkbox"/> Cardroom Security Plan/Cardroom Floor & Gambling Table Layout (see B&P Code section 19924) - copy <input type="checkbox"/> Emergency Preparedness and Evacuation Plan (see CCR, Title 4, Section 12370) - copy <input type="checkbox"/> Rules for all games and gaming activities, including a description of the event that determines the winner of the game or gaming activity, the wagering conventions, and the fee collection and assessment methods (see CCR, Title 11, Section 2071) <input type="checkbox"/> Tax Returns - Signed and dated copies of the gambling establishment's state and federal tax returns for the past three years, including all schedules and attachments <input type="checkbox"/> Current Balance Sheet and Income Statement <input type="checkbox"/> Investment Account Statements – Copies of all monthly statements for all accounts corresponding to the same period of time reflected in the balance sheet and income statement

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 11: 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 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 H - LIABILITIES

Taxes Payable

List all unpaid and estimated taxes.

Taxing Authority (e.g., Franchise Tax Board/Internal Revenue Service/Board of Equalization, etc.)	Related Tax Period	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Original Amount	Fines, Penalties and Interest	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 _____