

Business Entity: Supplemental Information

CGCC-CH2-06 (Rev. 01/21)

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BUREAU USE ONLY
BGC ID# _____



MAIL COMPLETED FORM AND DEPOSIT TO:
 BUREAU OF GAMBLING CONTROL
 P.O. Box 168024
 Sacramento, CA 95816-8024
 (916) 830-17003

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU COMPLETE THIS FORM

This form is used to provide additional information for business entities required to be licensed by the California Gambling Control Commission (Commission). A business entity includes, but is not limited to, a corporation, limited liability company, partnership, sole proprietorship, joint venture, TPPPS entity, and gambling enterprise entity.

All responses must be truthful and complete. All responses and supplemental documentation are subject to verification and will be used to determine suitability under the Gambling Control Act and Commission regulations. Any misrepresentation or failure to disclose required information or documentation may constitute cause for denial of the application or discipline of the licensee.

All information must be typed or printed legibly in blue or black ink. Any questions that do not apply should be indicated with "N/A" (Not Applicable). If the space available is insufficient, attach a separate sheet of paper and precede each answer with the applicable section and question number. Any corrections, changes, or other alterations must be initialed and dated by the person completing this form on behalf of the business.

 Applicant's Full Name

 Associated Owner Category Licensee

TYPE OF OWNER BUSINESS (CHECK APPROPRIATE BOX):		
<input type="checkbox"/> TPPPS BUSINESS LICENSE	<input type="checkbox"/> TPPPS ENDORSEE LICENSE (ENTITY)	<input type="checkbox"/> TPPPS FUNDING SOURCE (ENTITY)
<input type="checkbox"/> CARDROOM BUSINESS LICENSE	<input type="checkbox"/> CARDROOM ENDORSEE LICENSE (ENTITY)	

SECTION 1: ENTITY STRUCTURE	
<input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other: _____	<input type="checkbox"/> Corporation: <input type="checkbox"/> Publicly Traded <input type="checkbox"/> Private: <input type="checkbox"/> Sub-Chapter S <input type="checkbox"/> Sub-Chapter C

SECTION 2: BUSINESS ENTITY INFORMATION			
NAME OF APPLICANT (CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP, ETC.)		NAME USED FOR BUSINESS IF DIFFERENT FROM APPLICANT	
MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)			
PHYSICAL OFFICE ADDRESS IF DIFFERENT THAN ABOVE (STREET, CITY, STATE, ZIP CODE)			
ADDRESS WHERE BUSINESS RECORDS ARE MAINTAINED (STREET, CITY, STATE, ZIP CODE)			
TELEPHONE NUMBER	FAX NUMBER	FEDERAL TAX ID NUMBER	
EMAIL ADDRESS (IF APPLICABLE)		WEBSITE ADDRESS (IF APPLICABLE)	
A) HAS THIS BUSINESS ENTITY EVER OPERATED USING A FICTITIOUS BUSINESS NAME, ASSUMED BUSINESS NAME, TRADE NAME, OR OTHER DOING BUSINESS AS, IN ANY JURISDICTION (INCLUDING INTERNATIONAL JURISDICTIONS)? <small>IF YES, PROVIDE THE FOLLOWING DETAILS.</small>			<input type="checkbox"/> YES <input type="checkbox"/> NO
1) BUSINESS NAME		STATE/PROVINCE, COUNTRY	
2) BUSINESS NAME		STATE/PROVINCE, COUNTRY	
B) DOES THIS BUSINESS ENTITY HAVE PARENT COMPANIES, SUBSIDIARIES, OR AFFILIATES? <small>IF YES, PROVIDE THE FOLLOWING DETAILS AND ATTACH ORGANIZATION CHART.</small>			<input type="checkbox"/> YES <input type="checkbox"/> NO
1) BUSINESS NAME	STATE/PROVINCE, COUNTRY	<input type="checkbox"/> PARENT	<input type="checkbox"/> SUBSIDIARY
2) BUSINESS NAME	STATE/PROVINCE, COUNTRY	<input type="checkbox"/> PARENT	<input type="checkbox"/> SUBSIDIARY
		<input type="checkbox"/> AFFILIATE	<input type="checkbox"/> AFFILIATE
C) ARE THERE ANY EMPLOYEES WHO PARTICIPATE IN PROFIT SHARING PLANS OR TO WHOM BONUSES ARE PAID BASED ON CARDROOM BUSINESS LICENSE OR TPPPS BUSINESS LICENSE REVENUE? <small>IF YES, PROVIDE THE FOLLOWING DETAILS. IN ADDITION, EACH PERSON WHO RECEIVES A PERCENTAGE OF REVENUES FROM THE CARDROOM BUSINESS LICENSE OR TPPPS BUSINESS LICENSE IS REQUIRED TO SUBMIT A SEPARATE APPLICATION AS AN "OWNER."</small>			<input type="checkbox"/> YES <input type="checkbox"/> NO
1) NAME OF EMPLOYEE (LAST, FIRST, MIDDLE)		ADDRESS (STREET, CITY, STATE, ZIP CODE)	
BONUS/PROFIT SHARING	COMPENSATION ARRANGEMENT		
2) NAME OF EMPLOYEE (LAST, FIRST, MIDDLE)		ADDRESS (STREET, CITY, STATE, ZIP CODE)	
BONUS/PROFIT SHARING	COMPENSATION ARRANGEMENT		

SECTION 3: LICENSING INFORMATION

A) HAS THE BUSINESS ENTITY EVER APPLIED FOR OR BEEN ISSUED A LICENSE, PERMIT, CERTIFICATE, REGISTRATION, OR FINDING OF SUITABILITY **RELATED TO GAMING** IN ANY JURISDICTION?
 IF YES, LIST BELOW ANY LICENSING OR REGULATORY AGENCY (TRIBAL, STATE, LOCAL, OR INTERNATIONAL), INCLUDING THE COMMISSION, TO WHICH THIS BUSINESS HAS APPLIED (INCLUDE ANY APPLICATIONS THAT WERE APPROVED, SURRENDERED, WITHDRAWN, DENIED, AND/OR ARE PENDING).
 IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.

Yes No

1) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER		TYPE OF APPLICATION		ISSUING AGENCY
DATE HELD FROM (MM/DD/YYYY)		DATE HELD TO (MM/DD/YYYY)		
CITY, COUNTY, STATE/PROVINCE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)		
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, BRIEFLY EXPLAIN THE CIRCUMSTANCES.				
2) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER		TYPE OF APPLICATION		ISSUING AGENCY
DATE HELD FROM (MM/DD/YYYY)		DATE HELD TO (MM/DD/YYYY)		
CITY, COUNTY, STATE/PROVINCE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)		
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, BRIEFLY EXPLAIN THE CIRCUMSTANCES.				
3) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER		TYPE OF APPLICATION		ISSUING AGENCY
DATE HELD FROM (MM/DD/YYYY)		DATE HELD TO (MM/DD/YYYY)		
CITY, COUNTY, STATE/PROVINCE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)		
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, BRIEFLY EXPLAIN THE CIRCUMSTANCES.				

B) HAS THIS BUSINESS ENTITY BEEN DISCIPLINED, FINED, ETC. BY A GAMING REGULATORY AGENCY (LOCAL, STATE, TRIBAL, OR INTERNATIONAL)? IF YES, PROVIDE THE FOLLOWING DETAILS. IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.			<input type="checkbox"/> Yes <input type="checkbox"/> No
ISSUING AGENCY	DATE OF FINAL ACTION (MM/DD/YYYY)	ACTION TAKEN (SUSPENDED, REVOKED, ETC.)	CITY, COUNTY, STATE/PROVINCE, COUNTRY
BRIEFLY EXPLAIN THE CIRCUMSTANCES AND INCLUDE ANY AMOUNTS PAID.			
C) HAS THE BUSINESS ENTITY EVER HELD OR APPLIED FOR A VOCATIONAL, PROFESSIONAL, OR OCCUPATIONAL LICENSE, PERMIT, CERTIFICATE, OR FINDING OF SUITABILITY <u>NOT</u> RELATED TO GAMING? HAS THE BUSINESS ENTITY EVER HAD <u>ANY</u> OTHER LICENSE PERMIT, CERTIFICATION, OR FINDING OF SUITABILITY <u>NOT</u> RELATED TO GAMING DENIED, SUSPENDED, OR REVOKED? IF YES, PROVIDE THE FOLLOWING DETAILS. IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.			<input type="checkbox"/> Yes <input type="checkbox"/> No
1) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER	TYPE OF APPLICATION		ISSUING AGENCY
DATE HELD FROM (MM/DD/YYYY)	DATE HELD TO (MM/DD/YYYY)		
CITY, COUNTY, STATE/PROVINCE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, BRIEFLY EXPLAIN THE CIRCUMSTANCES.			
2) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER	TYPE OF APPLICATION		ISSUING AGENCY
DATE HELD FROM (MM/DD/YYYY)	DATE HELD TO (MM/DD/YYYY)		
CITY, COUNTY, STATE/PROVINCE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, BRIEFLY EXPLAIN THE CIRCUMSTANCES.			
3) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER	TYPE OF APPLICATION		ISSUING AGENCY
DATE HELD FROM (MM/DD/YYYY)	DATE HELD TO (MM/DD/YYYY)		
CITY, COUNTY, STATE/PROVINCE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, BRIEFLY EXPLAIN THE CIRCUMSTANCES.			

D) IS THIS BUSINESS ENTITY INCORPORATED, REGISTERED, OR LICENSED TO DO BUSINESS IN ANY OTHER STATE OR COUNTRY? IF YES, PROVIDE THE FOLLOWING DETAILS.			<input type="checkbox"/> Yes <input type="checkbox"/> No
1) STATE/PROVINCE, COUNTRY	REGISTRATION OR LICENSE NUMBER	DATE HELD FROM (MM/DD/YYYY)	DATE HELD TO (MM/DD/YYYY)
2) STATE/PROVINCE, COUNTRY	REGISTRATION OR LICENSE NUMBER	DATE HELD FROM (MM/DD/YYYY)	DATE HELD TO (MM/DD/YYYY)
3) STATE/PROVINCE, COUNTRY	REGISTRATION OR LICENSE NUMBER	DATE HELD FROM (MM/DD/YYYY)	DATE HELD TO (MM/DD/YYYY)
4) STATE/PROVINCE, COUNTRY	REGISTRATION OR LICENSE NUMBER	DATE HELD FROM (MM/DD/YYYY)	DATE HELD TO (MM/DD/YYYY)

SECTION 4: PENDING, CURRENT AND PAST LITIGATION AND ARBITRATION

A) HAS THIS BUSINESS ENTITY BEEN PARTY TO A LAWSUIT OR ARBITRATION WITHIN THE LAST 10 YEARS? IF YES, PROVIDE THE FOLLOWING DETAILS. A LAWSUIT OR ARBITRATION THAT HAS BEEN SEALED OR ALLOWED TO PROCEED ANONYMOUSLY PURSUANT TO A COURT ORDER NEED NOT BE PROVIDED. IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.			<input type="checkbox"/> Yes <input type="checkbox"/> No
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1) APPROXIMATE DATE FILED (MM/DD/YYYY)	PARTIES INVOLVED	CASE NUMBER	
COURT LOCATION (CITY, STATE)	DISPOSITION DATE (MM/DD/YYYY)	FINAL DISPOSITION	
BRIEFLY EXPLAIN THE GENERAL SUBJECT OF LITIGATION			

2) APPROXIMATE DATE FILED (MM/DD/YYYY)	PARTIES INVOLVED	CASE NUMBER	
COURT LOCATION (CITY, STATE)	DISPOSITION DATE (MM/DD/YYYY)	FINAL DISPOSITION	
BRIEFLY EXPLAIN THE GENERAL SUBJECT OF LITIGATION			

3) APPROXIMATE DATE FILED (MM/DD/YYYY)	PARTIES INVOLVED	CASE NUMBER	
COURT LOCATION (CITY, STATE)	DISPOSITION DATE (MM/DD/YYYY)	FINAL DISPOSITION	
BRIEFLY EXPLAIN THE GENERAL SUBJECT OF LITIGATION			

B) HAS THIS BUSINESS ENTITY EVER BEEN FOUND IN VIOLATION OF THE U.S. FOREIGN CORRUPT PRACTICES ACT OR THE EQUIVALENT IN ANOTHER COUNTRY? IF YES, PROVIDE THE FOLLOWING DETAILS. IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.			<input type="checkbox"/> Yes <input type="checkbox"/> No
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DATE (MM/DD/YYYY)	COUNTRY	PROVIDE DETAILS
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SECTION 5: PAYMENTS EXCEEDING \$100,000			
DID THIS BUSINESS ENTITY MAKE PAYMENTS TO OR RECEIVE ANY PAYMENTS FROM ANY PERSON IN CONNECTION WITH GAMING ACTIVITY IN THE PREVIOUS CALENDAR YEAR THAT EXCEEDED \$100,000? (PLEASE EXCLUDE EMPLOYEES, SHAREHOLDERS, MEMBER DISTRIBUTIONS, OR PAYMENTS TO DIRECTORS OR OFFICERS OF THIS BUSINESS ENTITY) IF YES, PROVIDE THE FOLLOWING DETAILS.			<input type="checkbox"/> YES <input type="checkbox"/> NO
1) NAME OF PAYEE	ADDRESS OF PAYEE (STREET, CITY, STATE, ZIP CODE)	REASON FOR PAYMENT	ANNUAL AMOUNT
2) NAME OF PAYEE	ADDRESS OF PAYEE (STREET, CITY, STATE, ZIP CODE)	REASON FOR PAYMENT	ANNUAL AMOUNT
3) NAME OF PAYEE	ADDRESS OF PAYEE (STREET, CITY, STATE, ZIP CODE)	REASON FOR PAYMENT	ANNUAL AMOUNT

SECTION 6: FINANCIAL INFORMATION			
A) HAS ANY INTEREST IN THIS BUSINESS ENTITY BEEN ASSIGNED, PLEDGED, OR HYPOTHECATED TO ANY INDIVIDUAL OR OTHER ENTITY OR HAS ANY AGREEMENT BEEN ENTERED INTO WHEREBY ANY INTEREST IS TO BE ASSIGNED, PLEDGED OR SOLD EITHER IN WHOLE OR IN PART? IF YES, PROVIDE A COPY OF THE BANKRUPTCY PETITION/ORDER AND THE FOLLOWING DETAILS. IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.			<input type="checkbox"/> YES <input type="checkbox"/> NO
BRIEFLY EXPLAIN THE CIRCUMSTANCES AND PROVIDE THE AMOUNTS.			
B) HAS THIS BUSINESS ENTITY FILED FOR BANKRUPTCY WITHIN THE LAST 10 YEARS? IF YES, PROVIDE A COPY OF THE BANKRUPTCY PETITION/ORDER AND THE FOLLOWING DETAILS. IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.			<input type="checkbox"/> YES <input type="checkbox"/> NO
DATE FILED (MM/DD/YYYY)	CASE NUMBER (IF KNOWN)	DATE OF DISCHARGE (MM/DD/YYYY)	
FEDERAL DISTRICT COURT WHERE FILED		AMOUNT OF DISCHARGE, IF APPLICABLE	
BRIEFLY EXPLAIN THE CIRCUMSTANCES THAT LED TO THE BANKRUPTCY FILING, INCLUDING THE NATURE OF THE DEBT.			
C) HAS THIS BUSINESS HAD A REORGANIZATION TO ITS OWNERSHIP AND/OR CONTROLLING INTEREST WITHIN THE LAST THREE YEARS? IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.			<input type="checkbox"/> YES <input type="checkbox"/> NO
BRIEFLY EXPLAIN THE CIRCUMSTANCES.			
D) HAS THIS BUSINESS ENTITY BEEN AUDITED BY ANY TAXING AUTHORITY WITHIN THE LAST 10 YEARS? IF YES, PROVIDE DETAILS AND DATES BELOW. IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.			<input type="checkbox"/> YES <input type="checkbox"/> NO
AGENCY (STATE/FEDERAL/FOREIGN)	DATE AUDIT COMMENCED (MM/DD/YYYY)	TAX YEAR AUDITED (MM/DD/YYYY)	EXPLAIN FINDINGS

<p>E) HAS ANY JUDGMENT OR LIEN BEEN FILED AGAINST THE BUSINESS ENTITY WITHIN THE LAST 10 YEARS? IF YES, PROVIDE THE FOLLOWING DETAILS.</p> <p>IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<input type="checkbox"/> JUDGMENT <input type="checkbox"/> LIEN	DATE FILED (MM/DD/YYYY)	NAME OF PERSON/ENTITY THAT FILED THE JUDGMENT OR LIEN
EXPLAIN THE REASON FOR THE JUDGMENT/LIEN. IF SATISFIED, PROVIDE A COPY OF THE RELEASE. IF JUDGMENT/LIEN IS NOT SATISFIED, AND YOU ARE MAKING PAYMENTS, ATTACH A COPY OF THE PAYMENT PLAN/AGREEMENT PROVIDED BY THE COURT OR CREDITOR. IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YOU PLAN TO SATISFY THE JUDGMENT/LIEN.		NAME OF PERSON ENTITY JUDGMENT OR LIEN WAS FILED AGAINST

<input type="checkbox"/> JUDGMENT <input type="checkbox"/> LIEN	DATE FILED (MM/DD/YYYY)	NAME OF PERSON/ENTITY THAT FILED THE JUDGMENT OR LIEN
EXPLAIN THE REASON FOR THE JUDGMENT/LIEN. IF SATISFIED, PROVIDE A COPY OF THE RELEASE. IF JUDGMENT/LIEN IS NOT SATISFIED, AND YOU ARE MAKING PAYMENTS, ATTACH A COPY OF THE PAYMENT PLAN/AGREEMENT PROVIDED BY THE COURT OR CREDITOR. IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YOU PLAN TO SATISFY THE JUDGMENT/LIEN.		NAME OF PERSON ENTITY JUDGMENT OR LIEN WAS FILED AGAINST

<p>F) HAS THE BUSINESS ENTITY HAD ANY ASSETS REPOSSESSED OR HAD AN UNPAID DEBT/LOAN TURNED OVER TO A COLLECTION AGENCY OR DEEMED UNCOLLECTIBLE (CHARGE-OFF) FOR ANY REASON WITHIN THE LAST 10 YEARS? IF YES, PROVIDE THE FOLLOWING DETAILS.</p> <p>IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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1) NAME OF CREDITOR	ACTION TAKEN (REPOSSESSION, COLLECTION, CHARGE-OFF)	DATE OF ACTION (MM/DD/YYYY)
EXPLAIN THE REASON FOR THIS ACTION. ATTACH A COPY OF THE PAYMENT PLAN OR OTHER DOCUMENT SHOWING HOW THE DEBT WILL BE SATISFIED. IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YOU PLAN TO REPAY THE DEBT(S).		

2) NAME OF CREDITOR	ACTION TAKEN (REPOSSESSION, COLLECTION, CHARGE-OFF)	DATE OF ACTION (MM/DD/YYYY)
EXPLAIN THE REASON FOR THIS ACTION. ATTACH A COPY OF THE PAYMENT PLAN OR OTHER DOCUMENT SHOWING HOW THE DEBT WILL BE SATISFIED. IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YOU PLAN TO REPAY THE DEBT(S).		

G) HAS THIS BUSINESS ENTITY EVER HELD A FINANCIAL INTEREST (INCLUDING STOCK) IN A GAMING VENTURE, INCLUDING, BUT NOT LIMITED, TO A BINGO PARLOR, BOOKMAKING OPERATION, CARD GAME, CASINO, GAMBLING EQUIPMENT, GAMBLING ESTABLISHMENT (CARDROOM), LOTTERY, PARI-MUTUEL OPERATION, RACE HORSE/DOG, OR RACE TRACK? IF YES, PROVIDE THE FOLLOWING DETAILS.				<input type="checkbox"/> YES <input type="checkbox"/> NO					
IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.									
1) NAME OF BUSINESS		LOCATION OF BUSINESS (CITY, STATE)		NAME OF PARTNERS		INTEREST/TYPE OF VENTURE			
DATE INVOLVED FROM (MM/DD/YYYY)		DATE INVOLVED TO (MM/DD/YYYY)		PERCENTAGE OF OWNERSHIP					
2) NAME OF BUSINESS		LOCATION OF BUSINESS (CITY, STATE)		NAME OF PARTNERS		INTEREST/TYPE OF VENTURE			
DATE INVOLVED FROM (MM/DD/YYYY)		DATE INVOLVED TO (MM/DD/YYYY)		PERCENTAGE OF OWNERSHIP					
H) DOES THIS BUSINESS ENTITY OWN, CONTROL, OR MANAGE ANY ASSETS OUTSIDE THE U.S., OR HAVE ANY LIABILITIES OUTSIDE OF THE U.S.? IF YES, PROVIDE THE FOLLOWING DETAILS.						<input type="checkbox"/> YES <input type="checkbox"/> NO			
1) DESCRIPTION OF ASSET/LIABILITY			DATE ACQUIRED (MM/DD/YYYY)			LOCATION (CITY, STATE/PROVINCE, COUNTRY)			
2) DESCRIPTION OF ASSET/LIABILITY			DATE ACQUIRED (MM/DD/YYYY)			LOCATION (CITY, STATE/PROVINCE, COUNTRY)			
I) DOES THIS BUSINESS ENTITY CONTROL, MANAGE, OR HOLD ANY ASSETS OR LIABILITIES FOR ANOTHER INDIVIDUAL OR ENTITY? PLEASE NOTE, THIS DOES NOT INCLUDE PLAYERS' BANKS. IF YES, PROVIDE THE FOLLOWING DETAILS.						<input type="checkbox"/> YES		<input type="checkbox"/> NO	
NAME OF PERSON			RELATIONSHIP			PURPOSE			
J) IS THIS BUSINESS ENTITY, OR ANY INTEREST IN THIS BUSINESS, HELD BY A TRUST (ESTATE PLANNING OR OTHER)? IF YES, YOU MUST ALSO COMPLETE AND SUBMIT THE APPROPRIATE APPLICATION AND A TRUST: SUPPLEMENTAL INFORMATION, CGCC-CH2-09 (NEW 05/20).						<input type="checkbox"/> YES		<input type="checkbox"/> NO	
NAME OF TRUST									

K) DOES THIS BUSINESS ENTITY HAVE ANY AGREEMENTS OR CONTRACTS WITH ANY PARTY, OTHER THAN A BUREAU-APPROVED TPPPS CONTRACT? IF YES, PROVIDE THE FOLLOWING DETAILS.		<input type="checkbox"/> YES <input type="checkbox"/> NO
1) NAMES OF THE PARTIES TO THE AGREEMENT/CONTRACT		NAMES OF THE OWNERS AND EXECUTIVES OF THE OTHER PARTY
TYPE OF AGREEMENT	AMOUNT PAID	FREQUENCY OF THE PAYMENT
TERMS OF THE AGREEMENT		
2) NAMES OF THE PARTIES TO THE AGREEMENT/CONTRACT		NAMES OF THE OWNERS AND EXECUTIVES OF THE OTHER PARTY
TYPE OF AGREEMENT	AMOUNT PAID	FREQUENCY OF THE PAYMENT
TERMS OF THE AGREEMENT		
3) NAMES OF THE PARTIES TO THE AGREEMENT/CONTRACT		NAMES OF THE OWNERS AND EXECUTIVES OF THE OTHER PARTY
TYPE OF AGREEMENT	AMOUNT PAID	FREQUENCY OF THE PAYMENT
TERMS OF THE AGREEMENT		
4) NAMES OF THE PARTIES TO THE AGREEMENT/CONTRACT		NAMES OF THE OWNERS AND EXECUTIVES OF THE OTHER PARTY
TYPE OF AGREEMENT	AMOUNT PAID	FREQUENCY OF THE PAYMENT
TERMS OF THE AGREEMENT		
5) NAMES OF THE PARTIES TO THE AGREEMENT/CONTRACT		NAMES OF THE OWNERS AND EXECUTIVES OF THE OTHER PARTY
TYPE OF AGREEMENT	AMOUNT PAID	FREQUENCY OF THE PAYMENT
TERMS OF THE AGREEMENT		
6) NAMES OF THE PARTIES TO THE AGREEMENT/CONTRACT		NAMES OF THE OWNERS AND EXECUTIVES OF THE OTHER PARTY
TYPE OF AGREEMENT	AMOUNT PAID	FREQUENCY OF THE PAYMENT
TERMS OF THE AGREEMENT		
7) NAMES OF THE PARTIES TO THE AGREEMENT/CONTRACT		NAMES OF THE OWNERS AND EXECUTIVES OF THE OTHER PARTY
TYPE OF AGREEMENT	AMOUNT PAID	FREQUENCY OF THE PAYMENT
TERMS OF THE AGREEMENT		
8) NAMES OF THE PARTIES TO THE AGREEMENT/CONTRACT		NAMES OF THE OWNERS AND EXECUTIVES OF THE OTHER PARTY
TYPE OF AGREEMENT	AMOUNT PAID	FREQUENCY OF THE PAYMENT
TERMS OF THE AGREEMENT		

SECTION 7: BUILDING/LAND INFORMATION

A) PROVIDE THE FOLLOWING INFORMATION REGARDING THE BUILDING/LAND ON WHICH THE CARDROOM BUSINESS LICENSE OR TPPPS BUSINESS LICENSE IS LOCATED (OFFICE SPACE).

NAME OF PROPERTY OWNER	NAME OF LEASING AGENT/LANDLORD, IF DIFFERENT	TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)	EMAIL ADDRESS	MONTHLY RENT/LEASE PAYMENT \$
IDENTIFY THE METHODOLOGY USED TO DETERMINE THE RENT/LEASE PAYMENT		

B) IS ANY PORTION OF THE RENT/LEASE PAYMENT BASED ON THE CARDROOM BUSINESS LICENSEE OR TPPPS BUSINESS LICENSEE'S REVENUE? <small>EACH PERSON WHO RECEIVES A PERCENTAGE OF REVENUES FROM THE CARDROOM BUSINESS LICENSEE OR TPPPS BUSINESS LICENSEE IS REQUIRED TO SUBMIT A SEPARATE APPLICATION FOR A CARDROOM ENDORSEE LICENSE.</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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C) DO ANY OWNERS OR EMPLOYEES OF THE OWNERS OF THE BUILDING/LAND UPON WHICH THIS GAMBLING ESTABLISHMENT RESIDES HAVE A FINANCIAL INTEREST IN THIS CARDROOM BUSINESS LICENSE? <small>IF YES, PROVIDE DETAILS BELOW. EACH PERSON WHO RECEIVES A PERCENTAGE OF REVENUES FROM THE CARDROOM BUSINESS LICENSEE IS REQUIRED TO SUBMIT A SEPARATE APPLICATION FOR A CARDROOM ENDORSEE LICENSE.</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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1) NAME OF PERSON WITH INTEREST (LAST, FIRST, MIDDLE)	ADDRESS (STREET, CITY, STATE, ZIP CODE/PROVINCE, COUNTRY)	TELEPHONE NUMBER
EMAIL ADDRESS	DESCRIPTION OF THEIR FINANCIAL INTEREST IN THIS GAMBLING ENTERPRISE	
2) NAME OF PERSON WITH INTEREST (LAST, FIRST, MIDDLE)	ADDRESS (STREET, CITY, STATE, ZIP CODE/PROVINCE, COUNTRY)	TELEPHONE NUMBER
EMAIL ADDRESS	DESCRIPTION OF THEIR FINANCIAL INTEREST IN THIS GAMBLING ENTERPRISE	
3) NAME OF PERSON WITH INTEREST (LAST, FIRST, MIDDLE)	ADDRESS (STREET, CITY, STATE, ZIP CODE/PROVINCE, COUNTRY)	TELEPHONE NUMBER
EMAIL ADDRESS	DESCRIPTION OF THEIR FINANCIAL INTEREST IN THIS GAMBLING ENTERPRISE	
4) NAME OF PERSON WITH INTEREST (LAST, FIRST, MIDDLE)	ADDRESS (STREET, CITY, STATE, ZIP CODE/PROVINCE, COUNTRY)	TELEPHONE NUMBER
EMAIL ADDRESS	DESCRIPTION OF THEIR FINANCIAL INTEREST IN THIS GAMBLING ENTERPRISE	

SECTION 8: CARDROOM BUSINESS LICENSEE OPERATING INFORMATION
To be completed only for a cardroom business license.

A) PROVIDE THE TOTAL VALUE OF THE CHIPS OUTSTANDING AT ANY GIVEN TIME AT THIS GAMBLING ESTABLISHMENT.
THE CALIFORNIA CODE OF REGULATIONS REQUIRES GAMBLING ESTABLISHMENTS TO MAINTAIN A SEPARATE SPECIFICALLY DESIGNATED, INSURED ACCOUNT WITH A LICENSED FINANCIAL INSTITUTION IN ANY AMOUNT NOT LESS THAN THE TOTAL VALUE OF THE CHIPS IN USE IN THIS GAMBLING ESTABLISHMENT. ATTACH A COPY OF THE MOST RECENT STATEMENT ON THIS ACCOUNT.

AMOUNT OF CHIPS IN USE AT THIS GAMBLING ESTABLISHMENT \$	FINANCIAL INSTITUTION WHERE ACCOUNT IS MAINTAINED	CURRENT BALANCE \$
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B) DOES THIS CARDROOM BUSINESS LICENSEE OFFER PLAYERS' BANKS? <small>THE CALIFORNIA CODE OF REGULATIONS REQUIRES GAMBLING ESTABLISHMENTS TO MAINTAIN A SEPARATE SPECIFICALLY DESIGNATED, INSURED ACCOUNT WITH A LICENSED FINANCIAL INSTITUTION IN ANY AMOUNT NOT LESS THAN THE TOTAL VALUE OF THE MONIES THAT PATRONS HAVE ON DEPOSIT WITH THE GAMBLING ESTABLISHMENT. ATTACH A COPY OF THE MOST RECENT STATEMENT ON THIS ACCOUNT.</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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AMOUNT OF MONEY RECORDS SHOW AS BEING DEPOSITED BY PLAYERS \$	FINANCIAL INSTITUTION WHERE ACCOUNT IS MAINTAINED	CURRENT BALANCE \$
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C) ARE THERE ANY GAME INVENTORS WHO HAVE A FINANCIAL INTEREST IN THIS CARDROOM BUSINESS LICENSE? (I.E. RECEIVING COMPENSATION THAT IS BASED ON CARDROOM REVENUE, ETC.) IF YES, PROVIDE THE FOLLOWING DETAILS. EACH PERSON WHO RECEIVES A PERCENTAGE OF REVENUES FROM THE CARDROOM BUSINESS LICENSEE IS REQUIRED TO SUBMIT A SEPARATE APPLICATION FOR A CARDROOM ENDORSEE LICENSE.		<input type="checkbox"/> YES <input type="checkbox"/> NO
1) NAME OF PERSON WITH INTEREST (LAST, FIRST, MIDDLE)	ADDRESS (STREET, CITY, STATE, ZIP CODE/PROVINCE, COUNTRY)	
COMPENSATION ARRANGEMENT/PERCENTAGE OF REVENUE	GAME INVENTED/BEING PLAYED	
2) NAME OF PERSON WITH INTEREST (LAST, FIRST, MIDDLE)	ADDRESS (STREET, CITY, STATE, ZIP CODE/PROVINCE, COUNTRY)	
COMPENSATION ARRANGEMENT/PERCENTAGE OF REVENUE	GAME INVENTED/BEING PLAYED	
3) NAME OF PERSON WITH INTEREST (LAST, FIRST, MIDDLE)	ADDRESS (STREET, CITY, STATE, ZIP CODE/PROVINCE, COUNTRY)	
COMPENSATION ARRANGEMENT/PERCENTAGE OF REVENUE	GAME INVENTED/BEING PLAYED	

SECTION 9: ADDITIONAL REQUIRED ITEMS
THE FOLLOWING ITEMS MUST BE SUBMITTED, AS APPLICABLE, WITH THIS COMPLETED FORM. PROVIDE COPIES OF DOCUMENTS UNLESS OTHERWISE STATED. FAILURE TO PROVIDE REQUIRED ITEMS MAY RESULT IN DENIAL OF YOUR APPLICATION. PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 19868, SUBDIVISION (A), THE APPLICATION PACKAGE WILL NOT BE DEEMED COMPLETE UNTIL ALL REQUIRED FORMS, DOCUMENTATION, AND FEES HAVE BEEN COMPLETED AND RECEIVED BY THE STATE. MARK THE BOX NEXT TO EACH ATTACHED ITEM.
<input type="checkbox"/> BACKGROUND INVESTIGATION DEPOSIT REQUIRED IN TITLE 11, CAL. CODE REGS., SECTION 2037
<input type="checkbox"/> APPOINTMENT OF DESIGNATED AGENT [CGCC-CH1-04 (NEW 05/20)] – PROVIDE ORIGINAL
<input type="checkbox"/> IF CORPORATION: CURRENT ARTICLES OF INCORPORATION, STATEMENT OF INFORMATION, AND BYLAWS
<input type="checkbox"/> IF LIMITED LIABILITY COMPANY (LLC): CURRENT ARTICLES OF ORGANIZATION, OPERATING AGREEMENT, AND STATEMENT OF INFORMATION
<input type="checkbox"/> IF LIMITED PARTNERSHIP: CERTIFICATE OF LIMITED PARTNERSHIP, PARTNERSHIP AGREEMENT, AND OPERATING AGREEMENT
<input type="checkbox"/> IF PARTNERSHIP: PARTNERSHIP AGREEMENT AND STATEMENT OF PARTNERSHIP AUTHORITY IF ONE WAS FILED
<input type="checkbox"/> ORGANIZATIONAL CHART – SHOWS NAMES OF SUPERVISORS, JOB TITLES, NUMBER OF EMPLOYEES REPORTING TO SUPERVISORS AND LINES OF ACCOUNTABILITY
<input type="checkbox"/> BUSINESS OWNERSHIP ORGANIZATIONAL CHART – SHOW ENTITY’S OWNERSHIP HIERARCHY CONSISTENT WITH BUSINESS AND PROFESSIONS CODE SECTION 19852, IF APPLICABLE
<input type="checkbox"/> FICTITIOUS BUSINESS NAME FILING
<input type="checkbox"/> MANAGEMENT COMPANY/CONSULTANT AGREEMENT, IF APPLICABLE
<input type="checkbox"/> ANY ACTIVE STATE OR LOCAL LICENSE, PERMIT, OR REGISTRATION
<input type="checkbox"/> LOAN DOCUMENTATION RELATING TO THE PURCHASE OF THE CARDROOM BUSINESS LICENSEE/TPPPS BUSINESS LICENSEE, IF APPLICABLE
<input type="checkbox"/> FEDERAL AND STATE BUSINESS TAX RETURNS – INCLUDE ALL SCHEDULES AND ATTACHMENTS FOR THE LAST THREE YEARS
<input type="checkbox"/> INTERNAL REVENUE SERVICE REQUEST FOR TRANSCRIPT OF TAX RETURN (4506-T) – PROVIDE ORIGINAL
<input type="checkbox"/> PROVIDE A COPY OF ANY TAXING AUTHORITY AUDIT RESULTS/FINDINGS
<input type="checkbox"/> SCHEDULES A THROUGH K FROM SUPPLEMENTAL INFORMATION: SCHEDULES [CGCC-CH2-11 (NEW 05/20)] – PROVIDE ORIGINAL
<input type="checkbox"/> CURRENT COPY OF BUSINESS LICENSE/TAX CERTIFICATE
<input type="checkbox"/> CURRENT CONDITIONAL USE PERMIT, IF APPLICABLE

<input type="checkbox"/>	ALL CURRENT LEASE/RENTAL AGREEMENTS OR PURCHASE DOCUMENTS
<input type="checkbox"/>	EMERGENCY SANITATION PLAN (SEE CCR, TITLE 4, SECTION 12371) – COPY
ADDITIONAL DOCUMENTATION MAY BE REQUIRED BY THE BUREAU OF GAMBLING CONTROL.	
The following documents pertain only to a cardroom business license:	
<input type="checkbox"/>	STATEMENT FOR CHIPS IN USE ACCOUNT (MOST RECENT)
<input type="checkbox"/>	STATEMENT FOR PLAYERS' BANK ACCOUNT (MOST RECENT)
<input type="checkbox"/>	CHART OF ACCOUNTS REQUIRED PURSUANT TO TITLE 4, CAL. CODE REGS., SECTION 12312(D)
<input type="checkbox"/>	CARDROOM SECURITY PLAN/CARDROOM FLOOR AND GAMBLING TABLE LAYOUT (BUSINESS AND PROFESSIONS CODE §19924)
<input type="checkbox"/>	EMERGENCY PREPAREDNESS AND EVACUATION PLAN (CAL. CODE REGS., TITLE 4, §12370)
<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, WAGERING CONVENTIONS, AND THE FEE COLLECTION AND ASSESSMENT METHODS (CAL CODE REGS., TITLE 11, §2071)

Pursuant to Business and Professions Code section 19867, the applicant is responsible for all costs incurred by the Bureau related to the background investigation. 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 the required deposits and fees are received.

SECTION 10: DECLARATION			
I declare under penalty of perjury under the laws of the State of California that the information in this form is true, accurate, and complete, and that this declaration is executed by me at _____.			
City and State			
PRINTED NAME	SIGNATURE	CAPACITY	DATE (MM/DD/YYYY)

This form must be signed by the appropriate person identified below:

- *If applicant is a corporation, LLC, or joint venture then by an authorized officer.*
- *If applicant is a general partnership or limited partnership then by an authorized partner.*
- *If applicant is a sole proprietor then by the owner.*
- *If applicant is a trust then by an authorized trustor or trustee.*
- *If applicant is a natural person then by the applicant.*