

**Individual Owner/Principal:  
Supplemental Information**

CGCC-CH2-07 (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) 830-1700

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU COMPLETE THIS FORM**

This form is used to provide supplemental information for individuals required to apply as an “owner,” defined by the Gambling Control Act (Act) and/or the California Code of Regulations, as applicable. This supplemental form must be completed by each natural person who is a sole proprietor, an individual with an ownership interest in partnership, a shareholder, a member, an officer, a director, a trustee, a current beneficiary, a funding source, and any other individual required to be licensed as an “owner” by the California Gambling Control Commission (Commission).

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 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 applicant.

\_\_\_\_\_  
Applicant’s Full Name

\_\_\_\_\_  
Title/Capacity

\_\_\_\_\_  
Associated Owner Category Licensee

\_\_\_\_\_  
Associated Endorsed Owner, if Applicable

**TYPE OF OWNER APPLICANT (CHECK APPROPRIATE BOX):**

<input type="checkbox"/> TPPPS BUSINESS LICENSEE	<input type="checkbox"/> CARDROOM BUSINESS LICENSEE
<input type="checkbox"/> TPPPS ENDORSEE LICENSEE	<input type="checkbox"/> CARDROOM ENDORSEE LICENSEE

SECTION 1: PERSONAL INFORMATION				
FULL NAME: LAST	FIRST	MIDDLE		
ALIAS(ES), NICKNAME(S), OTHER FORMER LEGAL NAMES				
CURRENT RESIDENCE (STREET, CITY, STATE, ZIP CODE)				
MAILING ADDRESS IF DIFFERENT THAN CURRENT RESIDENCE (STREET, CITY, STATE, ZIP CODE)				
PRIMARY TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER	EMAIL ADDRESS		
DATE OF BIRTH (MM/DD/YYYY)	DRIVER'S LICENSE/IDENTIFICATION CARD NUMBER	STATE	EXPIRATION DATE (MM/DD/YYYY)	
IF BORN OUTSIDE THE U.S., IDENTIFY YOUR ELIGIBILITY TO WORK IN THE U.S. AND PROVIDE SUPPORTING DOCUMENTATION				
<input type="checkbox"/> RESIDENT ALIEN <input type="checkbox"/> NATURALIZED CITIZEN <input type="checkbox"/> EMPLOYMENT AUTHORIZED <input type="checkbox"/> OTHER: _____				
IF RESIDENT ALIEN OR NATURALIZED CITIZEN, PROVIDE YOUR A-NUMBER			SOCIAL SECURITY NUMBER	
DISCLOSURE				
DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS MANDATORY. BUSINESS AND PROFESSIONS CODE SECTION 30 AND PUBLIC LAW 94-455 [42 USC SECTION 405(C)(2)(C)] AUTHORIZE COLLECTION OF YOUR SOCIAL SECURITY NUMBER. YOUR SOCIAL SECURITY NUMBER WILL BE USED EXCLUSIVELY FOR TAX ENFORCEMENT PURPOSES, FOR PURPOSES OF COMPLIANCE WITH ANY JUDGMENT OR ORDER FOR FAMILY SUPPORT IN ACCORDANCE WITH FAMILY CODE SECTION 17520 OR FOR DATABASE INQUIRIES REQUIRED FOR LICENSURE. IF YOU FAIL TO DISCLOSE YOUR SOCIAL SECURITY NUMBER, YOUR APPLICATION WILL NOT BE PROCESSED AND YOU WILL BE REPORTED TO THE FRANCHISE TAX BOARD, WHICH MAY ASSESS A \$100 PENALTY AGAINST YOU.				
DO YOU HAVE A PASSPORT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, IDENTIFY ALL COUNTRIES THAT HAVE ISSUED YOU A PASSPORT IN THE LAST 10 YEARS		
RELATIONSHIP TO OWNER CATEGORY LICENSEE LIST ALL THAT APPLY.				
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Officer <input type="checkbox"/> Trustor <input type="checkbox"/> Financial Interest Holder <input type="checkbox"/> General Partner <input type="checkbox"/> Director <input type="checkbox"/> Trustee <input type="checkbox"/> TPPPS Funding Source <input type="checkbox"/> Limited Partner <input type="checkbox"/> Landlord <input type="checkbox"/> Current Beneficiary <input type="checkbox"/> Community Property Interest <input type="checkbox"/> Shareholder <input type="checkbox"/> LLC Member <input type="checkbox"/> Contingent Beneficiary <input type="checkbox"/> Other: _____				

SECTION 2: FAMILY/COHABITANT INFORMATION			
A) RELATIONSHIP STATUS			
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> REGISTERED DOMESTIC PARTNER <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED			
B) CURRENT SPOUSE/REGISTERED DOMESTIC PARTNER			
FULL NAME: LAST	FIRST	MIDDLE	FORMER NAME
DATE OF BIRTH (MM/DD/YYYY)		DATE OF MARRIAGE/REGISTRATION (MM/DD/YYYY)	
RESIDENCE IF DIFFERENT FROM APPLICANT (STREET, CITY, STATE, ZIP CODE)			

C) FORMER SPOUSE/REGISTERED DOMESTIC PARTNER				
FULL NAME: LAST		FIRST	MIDDLE	FORMER NAME
DATE OF BIRTH (MM/DD/YYYY)	DATE OF MARRIAGE/REGISTRATION (MM/DD/YYYY)	DATE OF DIVORCE (MM/DD/YYYY)	STATE IN WHICH DIVORCE OCCURRED	
D) DO YOU HAVE ANY IMMEDIATE FAMILY MEMBERS, COHABITANTS, OR ROOMMATES WHO CURRENTLY HAVE A FINANCIAL INTEREST IN, OR ARE EMPLOYED BY, A GAMING RELATED BUSINESS? IF YES, PROVIDE THE FOLLOWING DETAILS.				<input type="checkbox"/> YES <input type="checkbox"/> NO
1) FULL NAME: LAST		FIRST	MI	FORMER NAME
NAME OF BUSINESS		FINANCIAL INTEREST (INC. PERCENTAGE OWNED) AND/OR POSITION HELD		
2) FULL NAME: LAST		FIRST	MI	FORMER NAME
NAME OF BUSINESS		FINANCIAL INTEREST (INC. PERCENTAGE OWNED) AND/OR POSITION HELD		
E) CHILDREN AND DEPENDENTS PROVIDE THE FOLLOWING INFORMATION FOR EACH OF YOUR CHILDREN (INCLUDING NATURAL, ADOPTED, CURRENT FOSTER AND STEP-CHILDREN) AND DEPENDENTS.				<input type="checkbox"/> N/A
NAME (LAST, FIRST, MIDDLE, FORMER NAME)	DATE OF BIRTH	RESIDENCE ADDRESS	RELATIONSHIP	OCCUPATION
F) CO-HABITANTS AND ROOMMATES PROVIDE THE FOLLOWING INFORMATION FOR ANY PERSONS 18 YEARS OF AGE OR OLDER (NOT OTHERWISE DISCLOSED) WITH WHOM YOU RESIDE.				<input type="checkbox"/> N/A
NAME (LAST, FIRST, MIDDLE, FORMER NAME)	DATE OF BIRTH	EMPLOYER/OCCUPATION	EMPLOYER ADDRESS AND TELEPHONE	RELATIONSHIP
G) 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, FORMER NAME)	DATE OF BIRTH	RESIDENCE ADDRESS	RELATIONSHIP	OCCUPATION

<b>H) SIBLINGS</b> PROVIDE THE FOLLOWING INFORMATION FOR YOUR BROTHERS, SISTERS, STEP-BROTHERS, AND STEP-SISTERS. IF RETIRED, LIST LAST OCCUPATION, OR IF DECEASED, PROVIDE DATE OF DEATH AND LIST LAST ADDRESS AND OCCUPATION.				<input type="checkbox"/> N/A
NAME (LAST, FIRST, MIDDLE, FORMER NAME)	DATE OF BIRTH	RESIDENCE ADDRESS	RELATIONSHIP	OCCUPATION

**SECTION 3: MILITARY EXPERIENCE**

<b>A) HAVE YOU EVER SERVED IN ANY ARMED FORCES?</b> IF YES, PROVIDE THE FOLLOWING DETAILS. (IF THE MILITARY SERVICE HAS ENDED AND A DD-214 HAS BEEN PREVIOUSLY PROVIDED TO THE BUREAU AS PART OF ANOTHER APPLICATION, ONE NEED NOT BE PROVIDED.)			<input type="checkbox"/> YES <input type="checkbox"/> NO
BRANCH OF SERVICE AND COUNTRY IF NOT THE U.S.	DATES OF SERVICE FROM (MM/DD/YYYY)	DATES OF SERVICE TO (MM/DD/YYYY)	
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 <input type="checkbox"/> OTHER _____			

<b>B) HAVE YOU EVER BEEN CONVICTED IN A COURT-MARTIAL?</b> IF YES, PROVIDE THE FOLLOWING DETAILS.			<input type="checkbox"/> YES <input type="checkbox"/> NO
DATE (MM/DD/YYYY)	FINAL CHARGE	COURT LOCATION (CITY, STATE/PROVINCE/COUNTRY)	

EXPLAIN THE INCIDENT THAT LED TO THE COURT-MARTIAL AND PROVIDE RELATED DOCUMENTS

**SECTION 4: CRIMINAL CONVICTIONS/PENDING, CURRENT AND PAST LITIGATION AND ARBITRATION**

FOR THE FOLLOWING SECTION:

**YOU ARE REQUIRED TO DISCLOSE ANY AND ALL CRIMINAL CONVICTIONS REGARDLESS OF:**

- 1) THE DATE OF THE CONVICTION, I.E. **IT MUST BE DISCLOSED NO MATTER HOW OLD THE CONVICTION IS;**
- 2) THE DEGREE OF THE CONVICTION, I.E. **IT MUST BE DISCLOSED WHETHER IT WAS A FELONY OR MISDEMEANOR, WHICH INCLUDES TRAFFIC VIOLATIONS CHARGED AS MISDEMEANORS OR FELONIES, INCLUDING DRIVING UNDER THE INFLUENCE, DRIVING ON A SUSPENDED LICENSE, ETC.;**
- 3) THE STATUS OF THE CONVICTION, I.E. **IT MUST BE DISCLOSED REGARDLESS OF WHETHER YOU HAD THE CONVICTION REDUCED, DISMISSED, OR EXPUNGED, OR WHETHER YOU ARE ON OR OFF PROBATION; AND**

**YOU ARE NOT REQUIRED TO DISCLOSE:**

- 1) **INFRACTIONS, I.E. SPEEDING OR PARKING TICKETS. HOWEVER, IT IS YOUR RESPONSIBILITY TO VERIFY THE CIRCUMSTANCES AND STATUS OF ALL CRIMES AND YOU SHOULD ERR ON THE SIDE OF DISCLOSURE AS FAILING TO DISCLOSE A CONVICTION CAN WEIGH AGAINST YOUR APPLICATION BEING APPROVED.**
- 2) **ANY CONVICTION SEALED PURSUANT TO A COURT ORDER. PLEASE NOTE THAT ANY CONVICTIONS REDUCED, EXPUNGED, OR DISMISSED INCLUDING THOSE UNDER PENAL CODE SECTION 1203.4, 1203.4A, OR 1203.45 ARE NOT SEALED AS A MATTER OF COURSE AND **MUST STILL BE DISCLOSED.****

A) HAVE YOU **EVER** BEEN CONVICTED OR PLED GUILTY OR NOLO CONTENDERE (NO CONTEST) TO A MISDEMEANOR OR FELONY?

IF YES, PROVIDE THE FOLLOWING DETAILS FOR EACH CONVICTION.

IF YOU REQUIRE ADDITIONAL SPACE FOR EITHER THE NUMBER OF CONVICTIONS OR TO EXPLAIN THE FACTUAL CIRCUMSTANCES, PLEASE ATTACH ANOTHER PAGE TO THIS FORM.

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) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY)

ARRESTING AGENCY

COURT LOCATION (CITY, STATE)

IDENTIFY CRIMINAL CONVICTIONS BELOW AND ON A SEPARATE PIECE OF PAPER EXPLAIN THE FACTUAL CIRCUMSTANCES THAT LED TO THE CONVICTION.

2) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY)

ARRESTING AGENCY

COURT LOCATION (CITY, STATE)

IDENTIFY CRIMINAL CONVICTIONS BELOW AND ON A SEPARATE PIECE OF PAPER EXPLAIN THE FACTUAL CIRCUMSTANCES THAT LED TO THE CONVICTION.

B) HAVE YOU EVER BEEN REMOVED FROM OR PROHIBITED FROM ENTERING THE PREMISES OF ANY GAMING OR PARI-MUTUEL WAGERING ESTABLISHMENT?

YES  NO

C) HAVE YOU EVER ENGAGED IN ILLEGAL GAMBLING ACTIVITIES THAT YOU KNEW OR SHOULD HAVE KNOWN WERE ILLEGAL?

YES  NO

D) HAVE YOU EVER BEEN FOUND IN VIOLATION OF ANY CAMPAIGN LAWS?

YES  NO

E) ARE YOU CURRENTLY ON PROBATION?

YES  NO

IF YES TO ANY OF THE ABOVE, PROVIDE DETAILS.

<b>F) HAVE YOU EVER BEEN FOUND IN VIOLATION OF THE U.S. FOREIGN CORRUPT PRACTICES ACT OR EQUIVALENT IN ANOTHER COUNTRY?</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES TO ANY OF THE ABOVE, PROVIDE DETAILS.			
<b>G) HAVE YOU, AS AN INDIVIDUAL OR IN CONNECTION WITH ANY BUSINESS ENTITY, BEEN PARTY TO A LAWSUIT OR ARBITRATION WITHIN THE LAST 10 YEARS?</b> A LAWSUIT OR ARBITRATION THAT HAS BEEN SEALED, ALLOWED TO PROCEED ANONYMOUSLY PURSUANT TO A COURT ORDER, OR WHERE THE APPLICANT IS A CLASS MEMBER IN A CLASS ACTION LAWSUIT NEED NOT BE PROVIDED.  IF YES, PROVIDE THE FOLLOWING DETAILS.			<input type="checkbox"/> YES <input type="checkbox"/> NO
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			

### SECTION 5: RESIDENCES

A) LIST ALL RESIDENCES DURING THE LAST 10 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.

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) CURRENT ADDRESS (NUMBER/STREET/APT)				FROM (MM/DD/YYYY)
CITY	STATE	COUNTRY IF OUTSIDE U.S.	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
2) FORMER ADDRESS (NUMBER/STREET/APT)			FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)
CITY	STATE	COUNTRY IF OUTSIDE U.S.	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
3) FORMER ADDRESS (NUMBER/STREET/APT)			FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)
CITY	STATE	COUNTRY IF OUTSIDE U.S.	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
4) FORMER ADDRESS (NUMBER/STREET/APT)			FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)
CITY	STATE	COUNTRY IF OUTSIDE U.S.	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT

### SECTION 6: EXPERIENCE AND EMPLOYMENT

BEGINNING WITH YOUR CURRENT EMPLOYMENT, LIST YOUR WORK HISTORY AND PERIODS OF UNEMPLOYMENT DURING THE PAST 10 YEARS. LIST ALL JOBS, INCLUDING PART-TIME, TEMPORARY, AND SELF-EMPLOYMENT (CONSULTING, INDEPENDENT CONTRACTOR, ETC.). FOR UNEMPLOYED PERIODS, IN THE JOB TITLE/DUTIES SECTION, EXPLAIN HOW YOU SUPPORTED YOURSELF.

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) CURRENT EMPLOYER				FROM (MM/DD/YYYY)
JOB TITLE/DUTIES		MONTHLY EARNINGS	GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS			SUPERVISOR	
CITY	STATE/PROVINCE & COUNTRY	ZIP/POSTAL CODE	TELEPHONE NUMBER	EXT
Do you have a written employment agreement with your current employer? If YES, provide a copy. If NOT submit a copy of your current duty statement/job description.				<input type="checkbox"/> YES <input type="checkbox"/> NO
2) NAME OF PRIOR EMPLOYER			FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)
JOB TITLE/DUTIES		MONTHLY EARNINGS	GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS			SUPERVISOR	
CITY	STATE/PROVINCE & COUNTRY	ZIP/POSTAL CODE	TELEPHONE NUMBER	EXT
REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES				
3) CURRENT EMPLOYER				FROM (MM/DD/YYYY)

JOB TITLE/DUTIES		MONTHLY EARNINGS	GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS			SUPERVISOR	
CITY	STATE/PROVINCE & COUNTRY	ZIP/POSTAL CODE	TELEPHONE NUMBER	EXT
REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES.				

4) NAME OF PRIOR EMPLOYER		FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)
JOB TITLE/DUTIES		MONTHLY EARNINGS	GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS		SUPERVISOR	
CITY	STATE/PROVINCE & COUNTRY	ZIP/POSTAL CODE	TELEPHONE NUMBER EXT
REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES.			

**SECTION 7: LICENSING INFORMATION**

<p>A) HAVE YOU EVER APPLIED FOR OR BEEN ISSUED A LICENSE, PERMIT, CERTIFICATE, REGISTRATION, OR FINDING OF SUITABILITY <b>RELATED TO GAMING</b> IN ANY JURISDICTION?                  IF YES, LIST BELOW ANY LICENSING OR REGULATORY AGENCY (TRIBAL, STATE, LOCAL, OR INTERNATIONAL), INCLUDING THE CALIFORNIA GAMBLING CONTROL COMMISSION, TO WHICH YOU HAVE 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.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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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.		



<b>B) HAVE YOU EVER BEEN DISCIPLINED, FINED, ETC. BY A GAMING REGULATORY AGENCY (LOCAL, STATE, TRIBAL, OR INTERNATIONAL)?</b> 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.			
<b>C) HAVE YOU EVER HELD OR APPLIED FOR A VOCATIONAL, PROFESSIONAL, OR OCCUPATIONAL LICENSE, PERMIT, CERTIFICATE, OR FINDING OF SUITABILITY NOT RELATED TO GAMING? HAVE YOU EVER HAD ANY OTHER LICENSE PERMIT, CERTIFICATION, OR FINDING OF SUITABILITY NOT RELATED TO GAMING DENIED, SUSPENDED, OR REVOKED?</b> 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.			

**SECTION 8: BUSINESS INTEREST – GAMING RELATED**

**A) WILL YOU HAVE ANY INVOLVEMENT IN THE OPERATION OF THE CARDROOM BUSINESS LICENSE OR TPPPS BUSINESS LICENSE IDENTIFIED ON PAGE ONE?**

IF YES, EXPLAIN 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.

YES  NO

**B) HAS YOUR INTEREST IN THE GAMBLING ENTERPRISE/BUSINESS ENTITY 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 WHOLE OR IN PART?**

IF YES, EXPLAIN BELOW.

YES  NO

**C) OTHER THAN THE CARDROOM BUSINESS LICENSE OR TPPPS BUSINESS LICENSE IDENTIFIED ON PAGE ONE, HAVE YOU HELD A FINANCIAL INTEREST IN ANY GAMING RELATED VENTURE OR BUSINESS ENTITY WITHIN THE LAST 10 YEARS?**

IF YES, PROVIDE THE FOLLOWING DETAILS. IF NECESSARY, ATTACH A SEPARATE SHEET OF PAPER.

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) NAME OF BUSINESS ENTITY	BUSINESS TELEPHONE NUMBER	INVOLVED FROM (MM/DD/YYYY)	INVOLVED TO (MM/DD/YYYY)
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BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)	PRIMARY PURPOSE OF BUSINESS
---	-----------------------------

YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED
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2) NAME OF BUSINESS ENTITY	BUSINESS TELEPHONE NUMBER	INVOLVED FROM (MM/DD/YYYY)	INVOLVED TO (MM/DD/YYYY)
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BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)	PRIMARY PURPOSE OF BUSINESS
---	-----------------------------

YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED
---------------------	---

3) NAME OF BUSINESS ENTITY	BUSINESS TELEPHONE NUMBER	INVOLVED FROM (MM/DD/YYYY)	INVOLVED TO (MM/DD/YYYY)
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BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)	PRIMARY PURPOSE OF BUSINESS
---	-----------------------------

YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED
---------------------	---

4) NAME OF BUSINESS ENTITY	BUSINESS TELEPHONE NUMBER	INVOLVED FROM (MM/DD/YYYY)	INVOLVED TO (MM/DD/YYYY)
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BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)	PRIMARY PURPOSE OF BUSINESS
---	-----------------------------

YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED
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**SECTION 9: BUSINESS INTEREST – NON-GAMING RELATED**

**HAVE YOU HELD A FINANCIAL INTEREST IN ANY NON-GAMING RELATED BUSINESS ENTITY WITHIN THE LAST 10 YEARS?**

IF YES, PROVIDE THE FOLLOWING DETAILS. IF NECESSARY, ATTACH A SEPARATE SHEET OF PAPER.

Yes  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 ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY) TO (MM/DD/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS	
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED		
2) NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY) TO (MM/DD/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS	
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED		
3) NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY) TO (MM/DD/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS	
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED		
4) NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY) TO (MM/DD/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS	
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED		
5) NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY) TO (MM/DD/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS	
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED		
6) NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY) TO (MM/DD/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS	
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED		
7) NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY) TO (MM/DD/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS	
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED		

**SECTION 10: PERSONAL FINANCIAL HISTORY**

**A) HAVE YOU 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.

Yes  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.

**B) HAVE YOU HAD ANY JUDGMENT OR LIEN FILED AGAINST YOU OR HAD YOUR WAGES GARNISHED WITHIN THE LAST 10 YEARS?**

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.

Yes  No

JUDGMENT  
 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

JUDGMENT  
 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

**C) HAVE YOU BEEN AUDITED BY ANY TAX AUTHORITY WITHIN THE LAST 10 YEARS?**

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.

Yes  No

AGENCY (STATE/FEDERAL/FOREIGN)

DATE AUDIT COMMENCED (MM/DD/YYYY)

TAX YEAR AUDITED (MM/DD/YYYY)

EXPLAIN FINDINGS

<b>D) HAVE YOU 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?</b> IF YES, PROVIDE THE FOLLOWING DETAILS. DO NOT INCLUDE ANY INFORMATION PROVIDED BELOW IN PART E.  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) 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).			
3) 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).			
<b>E) HAVE YOU BEEN A PARTY TO A FORECLOSURE WITHIN THE LAST 10 YEARS?</b> 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
ADDRESS OF FORECLOSED PROPERTY (STREET, CITY, STATE, ZIP CODE)	DATE OF FORECLOSURE (MM/DD/YYYY)	NAME OF LENDER	
EXPLAIN THE CIRCUMSTANCES THAT LEAD TO THE FORECLOSURE			
<b>F) DO YOU OWN, CONTROL, OR MANAGE ANY ASSETS OUTSIDE THE U.S., OR HAVE ANY LIABILITIES OUTSIDE OF THE U.S.?</b> 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) 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)	

<b>G) DO YOU CONTROL, MANAGE, OR HOLD ANY ASSETS OR LIABILITIES FOR ANOTHER INDIVIDUAL OR ENTITY?</b> IF YES, PROVIDE THE FOLLOWING DETAILS.				<input type="checkbox"/> YES <input type="checkbox"/> NO
1) NAME OF PERSON/ENTITY	RELATIONSHIP	PURPOSE	DESCRIBE ASSET/LIABILITY	
2) NAME OF PERSON/ENTITY	RELATIONSHIP	PURPOSE	DESCRIBE ASSET/LIABILITY	
<b>H) IS YOUR INTEREST IN THIS OWNER CATEGORY LICENSEE HELD BY A TRUST (ESTATE PLANNING OR OTHER)?</b> IF YES, YOU MUST ALSO COMPLETE AND SUBMIT A TRUST: SUPPLEMENTAL INFORMATION, CGCC-CH2-09 (NEW 05/20) AND THE APPROPRIATE APPLICATION.				<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF TRUST				
<b>I) DO YOU HAVE ANY AGREEMENTS OR CONTRACTS WITH ANY PARTY, OTHER THAN THE BUREAU-APPROVED TPPPS CONTRACT?</b> 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				
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				
<b>J) HAVE YOU GIVEN OR RECEIVED ANY GIFT(S), WHETHER TANGIBLE OR INTANGIBLE WHICH EITHER INDIVIDUALLY OR IN THE AGGREGATE EXCEEDED \$10,000 IN VALUE IN ANY ONE-YEAR PERIOD WITHIN THE LAST THREE YEARS?</b> IF YES, PROVIDE THE FOLLOWING DETAILS.				<input type="checkbox"/> YES <input type="checkbox"/> NO
1) NAMES OF THE PARTIES GIVING OR RECEIVING GIFT		TOTAL AMOUNT OF GIFT	GIVEN OR RECEIVED	
2) NAMES OF THE PARTIES GIVING OR RECEIVING GIFT		TOTAL AMOUNT OF GIFT	GIVEN OR RECEIVED	
<b>K) HAVE YOU EXCHANGED CURRENCY IN AN AMOUNT OF MORE THAN \$10,000 WITHIN THE LAST THREE YEARS?</b>				<input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION 11: ADDITIONAL REQUIRED ITEMS**

THE FOLLOWING ITEMS **MUST** BE SUBMITTED, AS APPLICABLE, WITH THIS COMPLETED FORM. PROVIDE COPIES OF DOCUMENTS UNLESS OTHERWISE STATED. ONLY DOCUMENTS THAT ARE DATED AND SIGNED BY THE APPLICANT WILL BE ACCEPTED. 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)] – <b>PROVIDE ORIGINAL</b>
<input type="checkbox"/>	SPOUSAL INFORMATION [CGCC-CH2-12(New 05/20)] – <b>PROVIDE ORIGINAL</b>
<input type="checkbox"/>	MILITARY FORM DD-214 (A COMPLETE “UNDELETED” COPY), OR EQUIVALENT, IF APPLICABLE
<input type="checkbox"/>	ALL ACTIVE BADGES, PERMITS, ETC. ISSUED BY A CALIFORNIA CITY OR COUNTY (FRONT AND BACK COPY)
<input type="checkbox"/>	MANAGEMENT COMPANY/CONSULTANT AGREEMENT RELATING TO THE GAMING RELATED BUSINESS, IF APPLICABLE
<input type="checkbox"/>	FEDERAL AND STATE INDIVIDUAL AND 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). <b>PROVIDE ORIGINAL</b>
<input type="checkbox"/>	CURRENT BALANCE SHEET AND INCOME STATEMENT FOR YOURSELF AND ALL OF YOUR BUSINESSES FOR THE MOST RECENT CALENDAR YEAR
<input type="checkbox"/>	MONTHLY BANK STATEMENTS FOR ALL PERSONAL AND BUSINESS ACCOUNTS FOR THE LAST 12 MONTHS
<input type="checkbox"/>	MONTHLY/QUARTERLY INVESTMENT ACCOUNT STATEMENTS FOR ALL PERSONAL AND BUSINESS ACCOUNTS FOR THE LAST 12 MONTHS
<input type="checkbox"/>	BANKRUPTCY COURT PETITION AND ORDER (IF APPLICABLE)
<input type="checkbox"/>	SCHEDULES A THROUGH J FROM SUPPLEMENTAL INFORMATION: SCHEDULES [CGCC-CH2-11(New 05/20)] – <b>PROVIDE ORIGINAL</b>
<input type="checkbox"/>	EMERGENCY SANITATION PLAN (SEE CCR, TITLE 4, SECTION 12371) – COPY
ADDITIONAL DOCUMENTATION MAY BE REQUIRED BY THE BUREAU OF GAMBLING CONTROL.	

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 12: 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	DATE (MM/DD/YYYY)
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*This form must be signed by the applicant.*