## **Key Employee or TPPPS Supervisor: Supplemental Information**

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Camornia Cambing Control Commiscion
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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 for a key employee of a cardroom business licensee, or supervisor of a TPPPS business licensee as defined by the Gambling Control Act (Act) and/or implementing administrative regulations, as applicable.

All responses must be <u>truthful and complete</u>. All responses and supplemental documentation are subject to verification and will be used to determine suitability under the Act and California Gambling Control 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
Associated Owner Category Licensee

TYPE OF APPLICANT (CHECK APPROPRIATE BOX):	
TPPPS SUPERVISOR LICENSEE	KEY EMPLOYEE LICENSEE

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SEC	SECTION 1: PERSONAL INFORMATION														
FULL NAME: LAST FIRST				MIDDLE											
ALIAS(ES), NICKNAME(S), OTHER FORMER LEGAL NAMES															
CURR	CURRENT RESIDENCE (STREET, CITY, STATE, ZIP CODE)														
PRIMARY TELEPHONE NUMBER  ALTERNATE TELEPHONE NUMBER  EMAIL ADDRESS NUMBER															
DATE	E OF BIRTH (MM/DD/YYYY)	DRIVER'S	S LICENSE/IDEN	NTIFICATION CA	RD NUM	BER		S	ГАТЕ		RATION DATE DD/YYYY)				
IF BO	RN OUTSIDE THE U.S., IDENTIFY YO	UR ELIGII	BILITY TO WOF	RK IN THE U.S. A	ND PROV	/IDE SU	PPORTING DOCUMI	ENTATION	1						
		ATURALIZE		☐ EMPLOYME			Отн	ER:							
IF RE	SIDENT ALIEN OR NATURALIZED CI	TIZEN, PR	OVIDE YOUR A	A-NUMBER	SO	CIAL SE	ECURITY NUMBER								
DISC	LOSURE														
405(C ENFO SECT	LOSURE OF YOUR SOCIAL SECURITY ()(2)(C)] AUTHORIZE COLLECTION OF PROCEMENT PURPOSES, FOR PURPOSE ION 17520 OR FOR DATABASE INQUI NOT BE PROCESSED AND YOU WILL	F YOUR SO ES OF COM RIES REQ	OCIAL SECURIT MPLIANCE WITH UIRED FOR LIC	TY NUMBER. YO H ANY JUDGMEN CENSURE. IF YOU	UR SOCIA IT OR OR J FAIL TO	AL SECU DER FO DISCL	URITY NUMBER WIL OR FAMILY SUPPORT OSE YOUR SOCIAL	LL BE USE I IN ACCO SECURITY	D EXCL RDANC Y NUMB	USIVEL E WITH ER, YOU	Y FOR TAX FAMILY CODE JR APPLICATION				
C) D	O YOU HAVE A PASSPORT?		☐ YE		IF YES, I LAST 10		Y ALL COUNTRIES	THAT HAV	VE ISSUI	ED YOU	A PASSPORT IN THE				
SECTION 2: FAMILY/COHABITANT INFORMATION															
		DITAIN	TINFORM	IATION											
A) R	ELATIONSHIP STATUS	DITAN	TINFORM	IATION											
		DITAN		ED DOMESTIC PARTN	ier [	Div	ORCED [	☐ Wido	WED		☐ SEPARATED				
	ELATIONSHIP STATUS		REGISTERE		er [	] Div	ORCED [	] Wido	WED		SEPARATED				
A) C	ELATIONSHIP STATUS  SINGLE MARRIED		REGISTERE		er [	Div		☐ Wido		FORME	SEPARATED  R NAME				
A) C	ELATIONSHIP STATUS  SINGLE MARRIED  URRENT SPOUSE/REGISTERED DOI		☐ REGISTERE		ier [	MIDD					R NAME				
A) C FULL DATE	ELATIONSHIP STATUS  SINGLE	MESTIC PA	REGISTERE ARTNER FIRST	ED DOMESTIC PARTN	IER [	MIDD	DLE				R NAME				
A) C FULL DATE	ELATIONSHIP STATUS  SINGLE	MESTIC PA	REGISTERE  ARTNER  FIRST  EET, CITY, STAT	ED DOMESTIC PARTN	ier C	MIDD	DLE				R NAME				
A) C FULL  DATE  RESII	ELATIONSHIP STATUS  SINGLE	MESTIC PA	REGISTERE  ARTNER  FIRST  EET, CITY, STAT	ED DOMESTIC PARTN	ier [	MIDD	E OF MARRIAGE/REC		DN (MM/	/DD/YY	R NAME				
A) C FULL  DATE  RESII  B) Fo	ELATIONSHIP STATUS  SINGLE	MESTIC PA	REGISTERE  ARTNER  FIRST  EET, CITY, STAT	ED DOMESTIC PARTN		MIDD DATE	E OF MARRIAGE/REC		DN (MM/	FORME	R NAME				
A) C FULL  DATE  RESII  B) FC  FULL  C) D  IN'	ELATIONSHIP STATUS  SINGLE	MESTIC PAI	REGISTERE  ARTNER  FIRST  EET, CITY, STATE  RTNER  FIRST  FIRST  EE OF MARRIAG (I/DD/YYYY)  BERS, COHABI	ED DOMESTIC PARTN  TE, ZIP CODE)  GE/REGISTRATIC  TANTS, OR ROOM	on on	MIDD DATE MIDD DATE (MM/I	OLE  OF MARRIAGE/RECO  OLE  OLE  OOF DIVORCE  DD/YYYY)	GISTRATIO	ON (MM/	FORME	R NAME  YY)  R NAME				
A) C FULL  DATE  RESIL  B) FC  FULL  C) D  IN' IF Y	ELATIONSHIP STATUS  SINGLE	MESTIC PAI	REGISTERE  ARTNER  FIRST  EET, CITY, STATE  RTNER  FIRST  FIRST  EE OF MARRIAG (I/DD/YYYY)  BERS, COHABI	ED DOMESTIC PARTN  TE, ZIP CODE)  GE/REGISTRATIC  TANTS, OR ROOM	on on	MIDD DATE (MM/)	OLE  OF MARRIAGE/RECO  OLE  OLE  OOF DIVORCE  DD/YYYY)	GISTRATIO	ON (MM/	FORME	R NAME  YY)  R NAME  HICH DIVORCE  YES NO				

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2) FULL NAME: LAST	FIRST		MI	FORME	ER NAME	RELATIONSHI	P				
NAME OF BUSINESS	FINANCIAL	INTERES	ST (INC. PERCENTAGE	OWNED) AND/OF	R POSITION HELD						
			•								
D) CHILDREN AND DEPENDENTS PROVIDE THE FOLLOWING INFORMATION FOR EACH OF YOUR CHILDREN (INCLUDING NATURAL, ADOPTED, CURRENT FOSTER, AND STEP-CHILDREN) AND DEPENDENTS.  N/A											
Name (Last, First, Middle, Former)	Jame)	DATE OF BIRTH	RESIE	DENCE ADE	DRESS	RELATIONSHIP	OCCUPATION				
E) CO-HABITANTS AND ROOMMATE PROVIDE THE FOLLOWING INFORMATION FOR		NS 18 YEARS OF AGE OR OLDER (NO	OT DISCLOSED ABOVE)	) WITH WHO	OM YOU RESIDE.		□ N/A				
Name (Last, First, Middle, Former)	Jame)	DATE OF BIRTH	EMPLOYER/OCCUPA	TION	Employer Addres	S AND TELEPHONE	RELATIONSHIP				
SECTION 3: MILITARY EX	PERIEN	NCE									
A) HAVE YOU EVER SERVED IN ANY IF YES, PROVIDE THE FOLLOWING DETAILS. ANOTHER APPLICATION, ONE NEED NOT BE	(IF THE MILIT		D-214 has been pre	VIOUSLY P	ROVIDED TO THE BUREAU A	AS PART OF	YES NO				
BRANCH OF SERVICE AND COUNTRY	F NOT THE	U.S.	DATES OF SERVIC	E FROM	(MM/DD/YYYY) DA	ATES OF SERVICE	E TO (MM/DD/YYYY)				
RANK AT SEPARATION		I_			SERV	ICE NUMBER					
_ Entry Level	☐ Hono	ORABLE GENERAL	. 🗆	OTHER THA	AN HONORABLE	BAD CONDUCT	DISHONORABLE				
TYPE OF DISCHARGE: OTHER											
B) HAVE YOU EVER BEEN CONVICTE IF YES, PROVIDE THE FOLLOWING DETAILS.	O IN A COU	RT-MARTIAL?					YES NO				
DATE (MM/DD/YYYY)	FINAL CH	ARGE		COU	URT LOCATION (CITY,	STATE/PROVINC	E/COUNTRY)				
EXPLAIN THE INCIDENT THAT LED TO	THE COUR	T-MARTIAL AND PROVIDE R	ELATED DOCUME	NTS							

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)	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)	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 <u>A</u>	RE NOT REQUIRED TO DISCLO	SE:									
1)	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)				HAT ANY CONVICTIONS REDUCED, EXPUNGED, SEALED AS A MATTER OF COURSE AND <b>MUST</b> S							
A) HA	VE YOU <u><b>EVER</b></u> BEEN CONVICTEI	O OR PLED GUILTY OR NOLO CONTE	ENDERE (NO C	ONTEST) TO A MISDEMEANOR OR FELONY?							
IF Y	ES, PROVIDE THE FOLLOWING DETAILS F	OR EACH CONVICTION.									
	OU REQUIRE ADDITIONAL SPACE FOR EIT FORM.	HER THE NUMBER OF CONVICTIONS OR TO E.	XPLAIN THE FACT	TUAL CIRCUMSTANCES, PLEASE ATTACH ANOTHER PAGE TO	YES NO						
		LID LICENSE, THIS QUESTION NEED ONLY BE RM WAS SUBMITTED AND LICENSURE GRANT		MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR							
	ROXIMATE DATE OF CTION (MM/DD/YYYY)	ARRESTING AGENCY		COURT LOCATION (CITY, STATE)							
LID	ENTIEV CHIMINAL CONVICTIONS	S DELOW AND ON A SEDADATE DIEC	E OE DADED E	XPLAIN THE FACTUAL CIRCUMSTANCES THAT	I ED TO THE CONVICTION						
	ENTIF I CRIMINAL CONVICTION.	S BELUW AND UN A SEPARATE FIEC	E OF PAPER E.	APLAIN THE FACTUAL CIRCUMSTANCES THAT	LED TO THE CONVICTION.						
	ROXIMATE DATE OF CTION (MM/DD/YYYY)	ARRESTING AGENCY		COURT LOCATION (CITY, STATE)							
001111	01101v(										
ID	ENTIFY CRIMINAL BELOW CONV	TCTIONS AND ON A SEPARATE PIEC	CE OF PAPER E	XPLAIN THE FACTUAL CIRCUMSTANCES THAT	LED TO THE CONVICTION.						
	VE YOU EVER BEEN REMOVED F RING ESTABLISHMENT?	ROM OR PROHIBITED FROM ENTER	ING THE PREM	MISES OF ANY GAMING OR PARI-MUTUEL	YES NO						
C) Ha	VE YOU EVER ENGAGED IN ILLE	GAL GAMBLING ACTIVITIES THAT	YOU KNEW OF	R SHOULD HAVE KNOWN WERE ILLEGAL?	☐ YES ☐ NO						
D) HA	VE YOU EVER BEEN FOUND IN V	VIOLATION OF ANY CAMPAIGN LAW	/s?		☐ YES ☐ NO						
E) Ar	E YOU CURRENTLY ON PROBATI	on?			☐ YES ☐ NO						
IF YES	TO ANY OF THE ABOVE, PROVID	DE DETAILS.									

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F	T) HAVE YOU, AS AN INDIV WITHIN THE LAST 10 YEA		WITH ANY B	USINESS ENTITY, BEEN PARTY	TO A LAWSUIT OR	ARBITRATION						
	A LAWSUIT OR ARBITRATION THAT HAS BEEN SEALED OR ALLOWED TO PROCEED ANONYMOUSLY PURSUANT TO A COURT ORDER NEED NOT BE PROVIDED.											
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.											
	1) APPROXIMATE DATE FILED (MM/DD/YYYY) PARTIES INVOLVED CASE NUM											
	COURT LOCATION (CITY	Y, STATE)		DISPOSITION DATE (MM/DD/	YYYY)	FINAL DI	SPOSITION					
	BRIEFLY EXPLAIN THE	GENERAL SUBJECT OF LITIG	ATION			<u> </u>						
	) APPROXIMATE DATE ILED (MM/DD/YYYY)	PARTIES INVOLVED				CASE NUI	MBER					
	COURT LOCATION (CITY	/, STATE)		DISPOSITION DATE (MM/DD/	YYYY)	FINAL DIS	SPOSITION					
	BRIEFLY EXPLAIN THE	GENERAL SUBJECT OF LITIG	FATION									
S	SECTION 5: RESIDI	ENCES										
				FIRST, INCLUDING YOUR CUR FNUMBER. DO NOT USE P.O.		. Provide compli	ETE ADDRESSES AND					
IF		LDS A VALID LICENSE, THIS QUEST		BE ANSWERED IN A MANNER TO UPD		ME THIS FORM OR ANOT	HER SUPPLEMENTAL					
1)	) CURRENT ADDRESS (NUM	BER/STREET/APT)					FROM (MM/DD/YYYY)					
	CITY	CTATE	COLDITO	A LE OLITOIDE LI C		UD/DOCTAL CODE						
	CITY	STATE	COUNTRY	/ IF OUTSIDE U.S.		ZIP/POSTAL CODE	Own Rent					
2)	) FORMER ADDRESS (NUME	BER/STREET/APT)	·		FROM	M (MM/DD/YYYY)	TO (MM/DD/YYYY)					
	CITY	STATE	COUNTRY	/ IF OUTSIDE U.S.	2	ZIP/POSTAL CODE						
							Own Rent					
3)	) FORMER ADDRESS (NUME	BER/STREET/APT)			FROM	M (MM/DD/YYYY)	TO (MM/DD/YYYY)					
	CITY	STATE	COUNTRY	7 IF OUTSIDE U.S.	2	ZIP/POSTAL CODE	Own Rent					
4	) FORMER ADDRESS (NUME	BER/STREET/APT)			FROM	M (MM/DD/YYYY)	TO (MM/DD/YYYY)					
1	,	· <del>- /</del>										
	CITY	STATE	COUNTRY	/ IF OUTSIDE U.S.		ZIP/POSTAL CODE						
	1						OWN RENT					

## SECTION 6: EXPERIENCE AND EMPLOYMENT A) 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, 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? ☐ YES □ No ADDRESS SUPERVISOR CITY ZIP/POSTAL CODE TELEPHONE NUMBER EXT STATE/PROVINCE & COUNTRY REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES. DO YOU HAVE A WRITTEN EMPLOYMENT AGREEMENT WITH YOUR CURRENT EMPLOYER? ☐ YES ☐ NO IF YES, PROVIDE A COPY. IF NOT SUBMIT A COPY OF YOUR CURRENT DUTY STATEMENT/JOB DESCRIPTION. 2) NAME OF PRIOR EMPLOYER TO (MM/DD/YYYY) FROM (MM/DD/YYYY) JOB TITLE/DUTIES MONTHLY EARNINGS GAMING RELATED? ☐ YES □ No ADDRESS SUPERVISOR TELEPHONE NUMBER CITY STATE/PROVINCE & COUNTRY ZIP/POSTAL CODE EXT REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES. 3) NAME OF PRIOR EMPLOYER FROM (MM/DD/YYYY) TO (MM/DD/YYYY) JOB TITLE/DUTIES MONTHLY EARNINGS GAMING RELATED? ☐ YES □ 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? ☐ YES □ 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					
A) FOR THE LAST TEN YEARS OF EMPLOYMENT WITHIN THE GAM LOCATIONS RELATED TO GAMING IN ANY JURISDICTION. IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ON INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.					
1) NAME OF EMPLOYER	CITY, COUNTY, STAT	E/PROVINCE, COUNTRY	FROM (MM/DD/	M (MM/DD/YYYY) TO (MM/D	
2) NAME OF EMPLOYER	CITY, COUNTY, STAT	E/PROVINCE, COUNTRY	FROM (MM/DD/YYYY)		TO (MM/DD/YYYY)
3) NAME OF EMPLOYER	CITY, COUNTY, STAT	E/PROVINCE, COUNTRY	FROM (MM/DD/	YYYYY)	TO (MM/DD/YYYY)
B) HAVE YOU EVER APPLIED FOR OR BEEN ISSUED A LICENSE, PERELATED TO GAMING IN ANY JURISDICTION?  IF YES, LIST BELOW ANY LICENSING OR REGULATORY AGENCY (TRIBAL, STATAPPLIED (INCLUDE ANY APPLICATIONS THAT WERE APPROVED, SURRENDERED IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSU	E, LOCAL, OR INTERNATION.  , WITHDRAWN, DENIED, ANI  O ONLY BE ANSWERED IN A M	AL), INCLUDING THE COMMISSION OF ARE PENDING).	ON, TO WHICH YOU H.	AVE	YES NO
1) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER		TYPE OF APPLICATION		ISSUING	G AGENCY
DATE HELD FROM (MM/DD/YYYY)		DATE HELD TO (MM/DD/	YYYYY)		
CITY, COUNTY, STATE/PROVINCE, COUNTRY		ACTION TAKEN (ISSUED REVOKED, OTHER)	, DENIED, SUSPE	NDED, PE	NDING, WITHDRAWN,
2) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER		TYPE OF APPLICATION		ISSUING	G AGENCY
DATE HELD FROM (MM/DD/YYYY)		DATE HELD TO (MM/DD/	YYYYY)		
CITY, COUNTY, STATE/PROVINCE, COUNTRY		ACTION TAKEN (ISSUED REVOKED, OTHER)	, DENIED, SUSPE	NDED, PE	NDING, WITHDRAWN,
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONI	DITIONED, BRIEFLY EX	 PLAIN THE CIRCUMSTANG	CES.		
3) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER		TYPE OF APPLICATION		ISSUING	G AGENCY
DATE HELD FROM (MM/DD/YYYY)		DATE HELD TO (MM/DD/	YYYYY)		
CITY, COUNTY, STATE/PROVINCE, COUNTRY		ACTION TAKEN (ISSUED REVOKED, OTHER)	, DENIED, SUSPE	NDED, PE	NDING, WITHDRAWN,
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONI	DITIONED, BRIEFLY EX	PLAIN THE CIRCUMSTANG	CES.		

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C) HAVE YOU EVER 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.									
ISSUING AGENCY	DATE OF FINAL ACTION (MM/DD/YYYY)	ACTION TAKEN (SUSPENDED, REVOKED, ETC.)	CITY, COUNT COUNTRY	TY, STATE/PROVINCE,					
BRIEFLY EXPLAIN THE CIRCUMSTANCES A	ND INCLUDE ANY AMOUNTS PAID.								
FINDING OF SUITABILITY NOT RELATED  IF YES, PROVIDE THE FOLLOWING DET.	TO GAMING? HAVE YOU EVER HAD A TO GAMING DENIED, SUSPENDED, OR AILS.	ANY OTHER LICENSE PERMIT, CERTIFICA	ATION, OR	☐ YES ☐ NO					
ANOTHER SUPPLEMENTAL INFORMATION FORM W  1) LICENSE/PERMIT/CERTIFICATION/REGIS		TYPE OF APPLICATION	ISSUIN	G AGENCY					
DATE HELD FROM (MM/DD/YYYY)		DATE HELD TO (MM/DD/YYYY)							
CITY, COUNTY, STATE/PROVINCE, O	COUNTRY	ACTION TAKEN (ISSUED, DENIE REVOKED, OTHER)	D, SUSPENDED, PE	ENDING, WITHDRAWN,					
2) LICENSE/PERMIT/CERTIFICATION/REGIS	VN, REVOKED, OR CONDITIONED, BRIE	TYPE OF APPLICATION	ISSUIN	G AGENCY					
DATE HELD FROM (MM/DD/YYYY)		DATE HELD TO (MM/DD/YYYY)							
CITY, COUNTY, STATE/PROVINCE, O	COUNTRY	ACTION TAKEN (ISSUED, DENIE REVOKED, OTHER)	CTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, VOKED, OTHER)						
IF DENIED, SUSPENDED, WITHDRAY	WN, REVOKED, OR CONDITIONED, BRIE	FLY EXPLAIN THE CIRCUMSTANCES.							
3) LICENSE/PERMIT/CERTIFICATION/REGIS	TRATION NUMBER	TYPE OF APPLICATION	ISSUING	G AGENCY					
DATE HELD FROM (MM/DD/YYYY)		DATE HELD TO (MM/DD/YYYY)							
CITY, COUNTY, STATE/PROVINCE, O	COUNTRY	ACTION TAKEN (ISSUED, DENIE REVOKED, OTHER)	D, SUSPENDED, PE	ENDING, WITHDRAWN,					
IF DENIED, SUSPENDED, WITHDRAV	VN, REVOKED, OR CONDITIONED, BRIE	FLY EXPLAIN THE CIRCUMSTANCES.							

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SECTION 8: BUSINESS INTEREST – GAMING RELATED										
HAVE YOU HELD A FINANCIAL INTEREST IN ANY IF YES, PROVIDE THE FOLLOWING DETAILS. IF NECESSARY, AT IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITT	E THIS FORM OR	☐ YES								
NAME OF BUSINESS ENTITY				BUSINESS TELEPHO	NE NUMBEF	ł.				
DATE INVOLVED FROM (MM/DD/YYYY)		DATE INVOLVE	D TO (MM/DD/YYY	Y)						
BUSINESS ENTITY MAILING ADDRESS (STREET	, CITY, STATE, ZIP CODE/PROVIN	ICE, COUNTRY)	PRIMARY PURPO	OSE OF BUSINESS						
YOUR CAPACITY/TITLE	INDIVIDUALS (LAST, FIRST, MID	DDLE) OR ENTITIES	S SHARING INTERE	EST AND PERCENTAGE	E OWNED					
SECTION 9: BUSINESS INTEREST -	- NON-GAMING RELAT	ED								
HAVE YOU HELD A FINANCIAL INTEREST IN ANY IF YES, PROVIDE THE FOLLOWING DETAILS. IF NECESSARY, AT IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITT	TTACH A SEPARATE SHEET OF PAPER. QUESTION NEED ONLY BE ANSWERED IN				☐ YES	□ No				
	ED AND LICENSURE GRANTED.			DUGDIEGO TEL EDIG	NIE NII IMBET					
NAME OF BUSINESS ENTITY				BUSINESS TELEPHO	NE NUMBER	L .				
DATE INVOLVED FROM (MM/DD/YYYY)		DATE INVOLVEI	D TO (MM/DD/YYY	Y)						
BUSINESS ENTITY MAILING ADDRESS (STREET	F, CITY, STATE, ZIP CODE/PROVIN	ICE, COUNTRY)	PRIMARY PURPO	OSE OF BUSINESS						
YOUR CAPACITY/TITLE	INDIVIDUALS (LAST, FIRST, MID	DDLE) OR ENTITIES	S SHARING INTERE	EST AND PERCENTAGE	E OWNED					
SECTION 10: PERSONAL FINANCL	AL HISTORY									
A) HAVE YOU FILED FOR BANKRUPTCY WITHIN T IF YES, PROVIDE A COPY OF THE BANKRUPTCY PETITION/O IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, T ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBM	RDER AND THE FOLLOWING DETAILS. THIS QUESTION NEED ONLY BE ANSWEREI	D IN A MANNER TO UPE			☐ YES	□ No				
DATE FILED (MM/DD/YYYY)	CASE NUMBER (IF KNOWN)		DATE OF	F DISCHARGE (MM/DD	O/YYYY)					
FEDERAL DISTRICT COURT WHERE FILED		AMOUNT OF DISCI	HARGE, IF APPLIC.	ABLE						
			,							
BRIEFLY EXPLAIN THE CIRCUMSTANCES THAT LE	D TO THE BANKRUPTCY FILING,	INCLUDING THE N	IATURE OF THE DE	BT.						

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B) HAVE YOU HAD A 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.										
	□ JUDGMENT 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 NAME OF PERSON ENTITY JUDGMENT OR LIEN WAS FILED AGAINST									
	THE COURT	, ATTACH A COPY OF THE PAYMENT OR CREDITOR. IF YOU ARE NOT M. TO SATISFY THE JUDGMENT/LIEN.								
	UDGMENT LIEN	DATE FILED (MM/DD/YYYY)		NAME OF PERSON/ENTITY	THAT FILED THE	E JUDGMENT OR LIE	EN			
-	OF THE REL	HE REASON FOR THE JUDGMENT/LIE EASE. IF JUDGMENT/LIEN IS NOT SA ATTACH A COPY OF THE PAYMENT	ATISFIED	, AND YOU ARE MAKING	NAME OF PERS	SON ENTITY JUDGM	IENT OR LIEN	N WAS FILED	AGAINST	
		OR CREDITOR. IF YOU ARE NOT M. FO SATISFY THE JUDGMENT/LIEN.	AKING PA	AYMENTS, EXPLAIN HOW						
C) H	AVE YOU BE	EN AUDITED BY ANY TAX AUTHORI	ITY WITH	IN THE LAST 10 YEARS?						
IF IF	YES, PROVIDE TI THIS APPLICANT	HE FOLLOWING DETAILS. CURRENTLY HOLDS A VALID LICENSE, THIS IENTAL INFORMATION FORM WAS SUBMITTE	QUESTION 1	NEED ONLY BE ANSWERED IN A MA	NNER TO UPDATE SING	CE THE LAST TIME THIS	FORM OR	☐ YES	□ No	
AGE	NCY (STATE/F	EDERAL/FOREIGN)	DATE A	UDIT COMMENCED (MM/DD	YYYYY)	TAX YEAR AUDIT	ΓED (MM/DD	YYYY)		
EXPI	AIN FINDING	S								
UI IF	NCOLLECTIBI Yes, provide ti	D ANY ASSETS REPOSSESSED OR H. LE (CHARGE-OFF) FOR ANY REASON HE FOLLOWING DETAILS. DO NOT INCLUDE A CURRENTLY HOLDS A VALID LICENSE, THIS	N WITHIN ANY INFORM	THE LAST 10 YEARS? MATION PROVIDED BELOW IN E.				☐ YES	□ No	
AN	NOTHER SUPPLEM	MENTAL INFORMATION FORM WAS SUBMITTE		ENSURE GRANTED.						
1) NA	AME OF CRED	ITOR		ACTION TAKEN (REPOSSES	SION, COLLECTIC	ON, CHARGE-OFF)	DATE OF A	CTION (MM/	DD/YYYY)	
		IE REASON FOR THIS ACTION. ATTA NOT MAKING PAYMENTS, EXPLAIN				MENT SHOWING HO	W THE DEBT	T WILL BE SA	ATISFIED.	

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2) NAME OF CREDITOR	ACTION TA	KEN (REPOSSESSION, COLLECTION,	CHARGE-OFF	) DATE OF A	CTION (MM/DD	D/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 TA	AKEN (REPOSSESSION, COLLECTION,	CHARGE-OFF	DATE OF A	CTION (MM/DD	V/YYYY)					
EXPLAIN THE REASON FOR THIS ACTION. ATTACH A CO IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YO			NT SHOWING	HOW THE DEBT	TWILL BE SATI	SFIED.					
EVITATE VOLUMENTA DA DESCRIPTA MISTRADA	m r + cm 10 x				<u> </u>						
E) HAVE YOU BEEN A PARTY TO A FORECLOSURE WITHIN THE IF YES, PROVIDE THE FOLLOWING DETAILS.  If this applicant currently holds a valid license, this question another supplemental information form was submitted and license.	NEED ONLY BE	ANSWERED IN A MANNER TO UPDATE SINCE T	HE LAST TIME TI	HIS FORM OR	☐ YES [	□ No					
ADDRESS OF FORECLOSED PROPERTY (STREET, CITY, STATE, 2	ZIP CODE)	DATE OF FORECLOSURE (MM/DD/Y	YYY)	NAME OF LE	NDER						
EXPLAIN THE CIRCUMSTANCES THAT LEAD TO THE FORECLO	SURE										
F) DO YOU OWN, CONTROL, OR MANAGE ANY ASSETS OUTSI IF YES, PROVIDE THE FOLLOWING DETAILS.	DE THE U.S.	, OR HAVE ANY LIABILITIES OUTSID	E OF THE U.S	5.?	☐ YES [	□ No					
1) DESCRIPTION OF ASSET/LIABILITY	DATE ACQU	JIRED (MM/DD/YYYY)	LOCATION (	CITY, STATE/PR	ROVINCE, COUN	NTRY)					
2) DESCRIPTION OF ASSET/LIABILITY	DATE ACQU	JIRED (MM/DD/YYYY)	LOCATION (	CITY, STATE/PR	ROVINCE, COUN	NTRY)					
G) DO YOU CONTROL, MANAGE, OR HOLD ANY ASSETS OR L IF YES, PROVIDE THE FOLLOWING DETAILS.	IABILITIES F	OR ANOTHER INDIVIDUAL OR ENTIT	Y?		☐ YES [	□ No					
NAME OF PERSON	RELATIONS	SHIP	Pi	JRPOSE							
DESCRIBE ASSET/LIABILITY											
H) DO YOU HAVE ANY AGREEMENTS OR CONTRACTS (NOT DOTHER THAN THE BUREAU-APPROVED THIRD-PARTY PROISE YES, PROVIDE THE FOLLOWING DETAILS.				Y PARTY,	☐ YES	□ No					
IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSE.			HE LAST TIME TI	HIS FORM OR							
1) NAMES OF THE PARTIES TO THE AGREEMENT/CONTRACT		NAMES OF THE OWNERS AND EXE	CUTIVES OF	THE OTHER PAR	RTY						
TYPE OF AGREEMENT		AMOUNT PAID		FREQUEN	CY OF THE PAY	MENT					
TERMS OF THE AGREEMENT		I									

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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		
SECTION 11: ADDITIONAL REQUIRED ITEMS		
The following items <b>must</b> 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.		
BACKGROUND INVESTIGATION DEPOSIT REQUIRED IN TITLE 11, CAL. CODE REGS., SECTION 2037		
APPOINTMENT OF DESIGNATED AGENT, CGCC-CH1-04 – PROVIDE ORIGINAL		
MILITARY FORM, DD-214 (A COMPLETE "UNDELETED" COPY), IF APPLICABLE		
ALL ACTIVE BADGES, PERMITS, ETC. ISSUED BY A CALIFORNIA CITY OR COUNTY (FRONT AND BACK COPY)		
EMPLOYMENT AGREEMENT OR DUTY STATEMENT FOR THE POSITION FOR WHICH YOU ARE APPLYING		
REQUEST FOR COPY OF PERSONAL INCOME OR FIDUCIARY TAX RETURN, FTB 3516 C1 PAGE 1		
FEDERAL AND STATE INDIVIDUAL AND BUSINESS TAX RETURNS. INCLUDE ALL SCHEDULES AND ATTACHMENTS FOR THE LAST THREE YEARS		
INTERNAL REVENUE SERVICE REQUEST FOR TRANSCRIPT OF TAX RETURN (4506-T). PROVIDE ORIGINAL		
MONTHLY BANK STATEMENTS FOR ALL PERSONAL AND BUSINESS ACCOUNTS FOR THE LAST 12 MONTHS		
MONTHLY/QUARTERLY INVESTMENT ACCOUNT STATEMENTS FOR ALL PERSONAL AND BUSINESS ACCOUNTS FOR THE LAST 12 MONTHS		
BANKRUPTCY COURT PETITION AND ORDER		
Schedules A through K from form supplemental information: schedules, CGCC-CH2-11 – Provide Original		
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)

This form must be signed by the applicant.