

Key Employee or TPPPS Supervisor: Supplemental Information

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 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 truthful and complete. 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):	
<input type="checkbox"/> TPPPS SUPERVISOR LICENSEE	<input type="checkbox"/> KEY EMPLOYEE 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)				
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.				
C) 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

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				
A) 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)				
B) 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	
C) 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	RELATIONSHIP
NAME OF BUSINESS		FINANCIAL INTEREST (INC. PERCENTAGE OWNED) AND/OR POSITION HELD		

2) FULL NAME: LAST	FIRST	MI	FORMER NAME	RELATIONSHIP
NAME OF BUSINESS		FINANCIAL INTEREST (INC. PERCENTAGE OWNED) AND/OR POSITION HELD		

D) CHILDREN AND DEPENDENTS				<input type="checkbox"/> N/A
PROVIDE THE FOLLOWING INFORMATION FOR EACH OF YOUR CHILDREN (INCLUDING NATURAL, ADOPTED, CURRENT FOSTER, AND STEP-CHILDREN) AND DEPENDENTS.				
NAME (LAST, FIRST, MIDDLE, FORMER NAME)	DATE OF BIRTH	RESIDENCE ADDRESS	RELATIONSHIP	OCCUPATION

E) CO-HABITANTS AND ROOMMATES				<input type="checkbox"/> N/A
PROVIDE THE FOLLOWING INFORMATION FOR ANY PERSONS 18 YEARS OF AGE OR OLDER (NOT DISCLOSED ABOVE) WITH WHOM YOU RESIDE.				
NAME (LAST, FIRST, MIDDLE, FORMER NAME)	DATE OF BIRTH	EMPLOYER/OCCUPATION	EMPLOYER ADDRESS AND TELEPHONE	RELATIONSHIP

SECTION 3: MILITARY EXPERIENCE

A) HAVE YOU EVER SERVED IN ANY ARMED FORCES?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
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.)				
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) HAVE YOU EVER BEEN CONVICTED IN A COURT-MARTIAL?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES, PROVIDE THE FOLLOWING DETAILS.				
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 BELOW CONVICTIONS 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.

<p>F) HAVE YOU, AS AN INDIVIDUAL OR IN CONNECTION WITH ANY BUSINESS ENTITY, BEEN PARTY TO A LAWSUIT OR ARBITRATION WITHIN THE LAST 10 YEARS?</p> <p>A LAWSUIT OR ARBITRATION THAT HAS BEEN SEALED OR ALLOWED TO PROCEED ANONYMOUSLY PURSUANT TO A COURT ORDER NEED NOT BE PROVIDED.</p> <p>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.</p>	<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		

SECTION 5: RESIDENCES

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/POSTAL 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/POSTAL 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/POSTAL 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/POSTAL CODE	<input type="checkbox"/> OWN <input type="checkbox"/> 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? <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.					
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) 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.					
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

A) FOR THE LAST TEN YEARS OF EMPLOYMENT WITHIN THE GAMBLING INDUSTRY, PROVIDE THE FOLLOWING INFORMATION REGARDING YOUR WORK LOCATIONS **RELATED TO GAMING** IN ANY JURISDICTION.

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 EMPLOYER	CITY, COUNTY, STATE/PROVINCE, COUNTRY	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)
2) NAME OF EMPLOYER	CITY, COUNTY, STATE/PROVINCE, COUNTRY	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)
3) NAME OF EMPLOYER	CITY, COUNTY, STATE/PROVINCE, COUNTRY	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)

B) HAVE YOU 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 YOU HAVE APPLIED (INCLUDE ANY APPLICATIONS THAT WERE APPROVED, SURRENDERED, WITHDRAWN, DENIED, AND/OR ARE PENDING).

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) 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.		

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.			<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.			
D) HAVE YOU EVER HELD OR APPLIED FOR A VOCATIONAL, PROFESSIONAL, OR OCCUPATIONAL LICENSE, PERMIT, CERTIFICATE, OR FINDING OF SUITABILITY <u>NOT</u> RELATED TO GAMING? HAVE YOU 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.			

SECTION 8: BUSINESS INTEREST – GAMING RELATED

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.

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.

NAME OF BUSINESS ENTITY

BUSINESS TELEPHONE NUMBER

DATE INVOLVED FROM (MM/DD/YYYY)

DATE INVOLVED TO (MM/DD/YYYY)

BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE/PROVINCE, COUNTRY)

PRIMARY PURPOSE OF BUSINESS

YOUR CAPACITY/TITLE

INDIVIDUALS (LAST, FIRST, MIDDLE) OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED

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.

NAME OF BUSINESS ENTITY

BUSINESS TELEPHONE NUMBER

DATE INVOLVED FROM (MM/DD/YYYY)

DATE INVOLVED TO (MM/DD/YYYY)

BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE/PROVINCE, COUNTRY)

PRIMARY PURPOSE OF BUSINESS

YOUR CAPACITY/TITLE

INDIVIDUALS (LAST, FIRST, MIDDLE) 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.

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.

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 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.	<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

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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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AGENCY (STATE/FEDERAL/FOREIGN)	DATE AUDIT COMMENCED (MM/DD/YYYY)	TAX YEAR AUDITED (MM/DD/YYYY)
EXPLAIN FINDINGS		

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? IF YES, PROVIDE THE FOLLOWING DETAILS. DO NOT INCLUDE ANY INFORMATION PROVIDED BELOW IN 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
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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).		
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).		

E) HAVE YOU BEEN A PARTY TO A FORECLOSURE WITHIN THE LAST 10 YEARS? 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.		
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		

F) DO YOU 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)

G) DO YOU CONTROL, MANAGE, OR HOLD ANY ASSETS OR LIABILITIES FOR ANOTHER INDIVIDUAL OR ENTITY? IF YES, PROVIDE THE FOLLOWING DETAILS.		<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF PERSON	RELATIONSHIP	PURPOSE
DESCRIBE ASSET/LIABILITY		

H) DO YOU HAVE ANY AGREEMENTS OR CONTRACTS (NOT DISCLOSED ABOVE OR IN SCHEDULES A THROUGH K) WITH ANY PARTY, OTHER THAN THE BUREAU-APPROVED THIRD-PARTY PROVIDER OF PROPOSITION PLAYER SERVICES CONTRACT? 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) 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		

