

**Trust: 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 Trusts required to be licensed under the Gambling Control Act (Act).

A **current beneficiary** of the trust must also be licensed if the beneficiary receives a distribution or any percentage share of revenue from a Trust which holds the assets of a business or person that requires licensure. [Business and Professions Code sections 19850, 19852(e), 19852(h), and 19852(g)] For example, under the terms of the Washington Family Trust, beneficiary William Washington is to receive 10% of the net gaming revenue from Washington’s Cardroom every six months. However, a current beneficiary who is less than 21 years of age does not need to submit an application, as they would otherwise be disqualified. [Business and Professions Code section 19859(g)] In lieu of the two forms required above of other current beneficiaries, the trustee shall submit, as part of the trust application package, a copy of a birth certificate or other documentation of the birth date and identity of the underage beneficiary.

NOTE: Pursuant to Business and Professions Code section 19859(g), any person less than 21 years of age is disqualified from receiving an owner category license. Thus, a current beneficiary who is less than 21 years of age cannot be licensed and accordingly should not submit an application. In lieu of the two forms required above of other current beneficiaries, the trustee shall submit, as part of the trust application package, a copy of a birth certificate or other documentation of the birth date and identity of the underage beneficiary.

A **trustor, or contingent or future beneficiary or trustee** is not required to be licensed unless specifically directed by the California Gambling Control Commission (Commission). The contingent or future beneficiary or trustee may elect to submit an application in advance of the mandatory requirement.

Each **trustor, trustee or beneficiary** who seeks licensure must complete and submit the following forms:

- Application for Owner Category License, CGCC-CH2-05.
- Individual Owner/Principal: Supplemental Information CGCC-CH2-07

If the trustee is also the trustor and/or beneficiary, only one application package needs to be submitted. In this situation, the applicant will indicate in Section 1 of the Individual Owner/Principal: Supplemental Information CGCC-CH2-07, that the applicant is applying in multiple capacities.

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

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

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

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

TPPPS BUSINESS LICENSEE

TPPPS ENDORSEE LICENSEE

CARDROOM BUSINESS LICENSEE

CARDROOM ENDORSEE LICENSEE

**SECTION 1: TRUST INFORMATION**

TRUST NAME

TYPE OF TRUST

 REVOCABLE  IRREVOCABLE

ORIGINAL DATE OF TRUST (MM/DD/YYYY)

AMENDMENT DATE(S) (MM/DD/YYYY)

RELATIONSHIP OF TRUST TO OWNER CATEGORY LICENSEE (IF TRUST IS NOT THE CARDROOM BUSINESS LICENSEE)

 SHAREHOLDER  MEMBER  PARTNER  OTHER: \_\_\_\_\_

DESCRIBE THE PURPOSE OF THE TRUST

**SECTION 2: TRUST STRUCTURE**

LIST EACH TRUSTOR, TRUSTEE, AND BENEFICIARY.

IF AN INDIVIDUAL/ENTITY HAS MULTIPLE DESIGNATIONS, LIST ALL. IF THE DESIGNATION IS CONTINGENT ON A FUTURE EVENT (E.G., DEATH, AGE, ETC.), MARK YES AND EXPLAIN THE CONTINGENCIES IN THE SPACE PROVIDED. IF NECESSARY, ATTACH A SEPARATE SHEET OF PAPER.

1) INDIVIDUAL (LAST, FIRST MIDDLE) OR ENTITY NAME

DESIGNATION(S) (TRUSTOR, TRUSTEE, AND/OR BENEFICIARY)

CONTINGENT

 YES  NO

ADDRESS (STREET, CITY, STATE, ZIP CODE)

IDENTIFY THE CONTINGENT EVENT(S)

2) INDIVIDUAL (LAST, FIRST MIDDLE) OR ENTITY NAME

DESIGNATION(S) (TRUSTOR, TRUSTEE, AND/OR BENEFICIARY)

CONTINGENT

 YES  NO

ADDRESS (STREET, CITY, STATE, ZIP CODE)

IDENTIFY THE CONTINGENT EVENT(S)

3) INDIVIDUAL (LAST, FIRST MIDDLE) OR ENTITY NAME

DESIGNATION(S) (TRUSTOR, TRUSTEE, AND/OR BENEFICIARY)

CONTINGENT

 YES  NO

ADDRESS (STREET, CITY, STATE, ZIP CODE)

IDENTIFY THE CONTINGENT EVENT(S)

4) INDIVIDUAL (LAST, FIRST MIDDLE) OR ENTITY NAME

DESIGNATION(S) (TRUSTOR, TRUSTEE, AND/OR BENEFICIARY)

CONTINGENT

 YES  NO

ADDRESS (STREET, CITY, STATE, ZIP CODE)

IDENTIFY THE CONTINGENT EVENT(S)

5) INDIVIDUAL (LAST, FIRST MIDDLE) OR ENTITY NAME

DESIGNATION(S) (TRUSTOR, TRUSTEE, AND/OR BENEFICIARY)

CONTINGENT

 YES  NO

ADDRESS (STREET, CITY, STATE, ZIP CODE)

IDENTIFY THE CONTINGENT EVENT(S)

**SECTION 3: TRUST AUTHORITY**

LIST EACH PERSON THAT HAS AUTHORITY OVER THE TRUST ASSETS AND/OR AUTHORITY OVER TRUST DISBURSEMENTS.

1) INDIVIDUAL (LAST, FIRST MIDDLE) OR ENTITY NAME	AUTHORITY OVER TRUST INVESTMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE AUTHORITY OVER TRUST DISBURSEMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO
2) INDIVIDUAL (LAST, FIRST MIDDLE) OR ENTITY NAME	AUTHORITY OVER TRUST INVESTMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE AUTHORITY OVER TRUST DISBURSEMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION 4: PENDING, CURRENT AND PAST LITIGATION AND ARBITRATION**

HAS THE TRUST, AS AN ENTITY OR IN CONNECTION WITH ANY OTHER BUSINESS ENTITY, BEEN PARTY TO A LAWSUIT OR ARBITRATION WITHIN THE LAST 10 YEARS?

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

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.

 YES  NO

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: LICENSING INFORMATION**A) HAS THE TRUST 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.				

<p><b>B) HAS THIS TRUST BEEN DISCIPLINED, FINED, ETC. BY A GAMING REGULATORY AGENCY (LOCAL, STATE, TRIBAL, OR INTERNATIONAL)?</b>                  IF YES, PROVIDE THE FOLLOWING DETAILS.</p> <p><small>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.</small></p>			<input type="checkbox"/> YES <input type="checkbox"/> NO
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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 TRUST EVER HELD OR APPLIED FOR A VOCATIONAL, PROFESSIONAL, OR OCCUPATIONAL LICENSE, PERMIT, CERTIFICATE, OR FINDING OF SUITABILITY NOT RELATED TO GAMING? HAS THE BUSINESS ENTITY EVER HAD ANY OTHER LICENSE PERMIT, CERTIFICATION, OR FINDING OF SUITABILITY NOT RELATED TO GAMING DENIED, SUSPENDED, OR REVOKED?  
 IF YES, PROVIDE 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.

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 6: BUSINESS INTEREST – GAMING RELATED**

OTHER THAN THE GAMING RELATED ENTITY IDENTIFIED ABOVE IN SECTION ONE, HAS THE TRUST 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.

1) 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
CAPACITY/TITLE	INDIVIDUALS (LAST, FIRST, MIDDLE) OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED	
2) 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
CAPACITY/TITLE	INDIVIDUALS (LAST, FIRST, MIDDLE) OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED	

**SECTION 7: BUSINESS INTEREST – NON-GAMING RELATED**

A) HAS THE TRUST 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
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
CAPACITY/TITLE	INDIVIDUALS (LAST, FIRST, MIDDLE) OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED	
2) 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
CAPACITY/TITLE	INDIVIDUALS (LAST, FIRST, MIDDLE) OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED	
2) 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
CAPACITY/TITLE	INDIVIDUALS (LAST, FIRST, MIDDLE) OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED	

**SECTION 8: FINANCIAL HISTORY**

**A) PROVIDE THE FOLLOWING INFORMATION FOR THE PERSON THAT PREPARES AND FILES THE TRUST'S FINANCIAL STATEMENTS AND TAX FORMS, IF APPLICABLE.**

NAME (LAST, FIRST MIDDLE)	COMPANY NAME, IF APPLICABLE	IS THIS PERSON AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT? <input type="checkbox"/> Yes <input type="checkbox"/> No
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DESCRIBE DUTIES (E.G., BOOKKEEPING, PREPARATION OF AUDITED FINANCIAL STATEMENTS, INVESTMENT MANAGER, ETC.)

**B) DOES THE TRUST HAVE A TAX ID NUMBER?**

IF YES, PROVIDE THE TAX ID NUMBER. IF REPORTED THROUGH ANOTHER INDIVIDUAL OR ENTITY'S TAXES, PROVIDE THE INFORMATION BELOW.

YES  NO

TRUST TAX ID NUMBER

NAME OF INDIVIDUAL (LAST, FIRST MIDDLE) OR ENTITY UNDER WHICH TAXES ARE FILED

RELATIONSHIP TO THE TRUST (E.G. TRUSTOR)

MAILING ADDRESS OF INDIVIDUAL (STREET, CITY, STATE, ZIP CODE/PROVINCE, COUNTRY)

**C) HAS THE TRUST FILED FOR BANKRUPTCY 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

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.

**D) HAS THE TRUST HAD A JUDGMENT OR LIEN FILED AGAINST IT 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

DATE FILED (MM/DD/YYYY)

NAME OF PERSON/ENTITY THAT FILED THE JUDGMENT OR LIEN

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

<b>E) HAS THIS TRUST BEEN AUDITED BY ANY TAX AUTHORITY WITHIN THE LAST 10 YEARS?</b> IF YES, PROVIDE A COPY OF THE BANKRUPTCY PETITION/ORDER AND 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.				
AGENCY (STATE/FEDERAL/FOREIGN)	DATE AUDIT COMMENCED (MM/DD/YYYY)	TAX YEAR AUDITED (MM/DD/YYYY)	EXPLAIN FINDINGS	
<b>F) HAS THE TRUST 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 G.			<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.				
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 THE TRUST IS NOT MAKING PAYMENTS, EXPLAIN HOW YOU PLAN TO REPAY THE DEBT(S).				
<b>G) HAS THE TRUST BEEN A PARTY TO A FORECLOSURE WITHIN THE LAST 10 YEARS?</b> 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	DATE OF FORECLOSURE (MM/DD/YYYY)	NAME OF LENDER	BALANCE OWED	
BRIEFLY EXPLAIN THE CIRCUMSTANCES THAT LED TO THE FORECLOSURE.				
<b>H) DOES THIS TRUST 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.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF ASSET/LIABILITY		DATE ACQUIRED (MM/DD/YYYY)	LOCATION (CITY, STATE/PROVINCE, COUNTRY)	
<b>I) DOES THE ENTITY HAVE ANY AGREEMENTS OR CONTRACTS WITH ANY PARTY?</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 OWNERS AND EXECUTIVES OF THE OTHER PARTY		
TYPE OF AGREEMENT	AMOUNT PAID		FREQUENCY OF THE PAYMENT	
TERMS OF THE AGREEMENT				



**SECTION 9: 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 – <b>PROVIDE ORIGINAL</b>
<input type="checkbox"/>	TRUST DOCUMENT AND ALL AMENDMENTS, INCLUDING ITEMIZED LIST OF ALL ASSETS HELD IN THE TRUST – <b>PROVIDE SIGNED COPIES</b>
<input type="checkbox"/>	SUMMARY (IN APPROXIMATELY TWO PAGES) OF THE TERMS OF THE TRUST (INCLUDING ANY AMENDMENTS), INCLUDING CONTINGENCIES, IF ANY, THAT IMPACT THE STATUS OF INTERESTS IN THE TRUST AND/OR TRUST DISTRIBUTIONS
<input type="checkbox"/>	IF THE TRUST FILES SEPARATE TAX RETURNS, PROVIDE FEDERAL AND STATE 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) FOR THE TRUST, IF APPLICABLE – <b>PROVIDE ORIGINAL</b>
<input type="checkbox"/>	REQUEST FOR COPY OF CORPORATION, EXEMPT ORGANIZATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY TAX RETURN, FTB 3516 C1 PAGE 2
<input type="checkbox"/>	CURRENT FISCAL YEAR AND PRIOR TWO YEARS BALANCE SHEETS AND INCOME STATEMENTS FOR THE TRUST AND ALL BUSINESS OWNED BY THE TRUST
<input type="checkbox"/>	MONTHLY BANK STATEMENTS – COPIES OF ALL MONTHLY STATEMENTS FOR ALL TRUST ACCOUNTS FOR THE LAST 12 MONTHS
<input type="checkbox"/>	MONTHLY/QUARTERLY INVESTMENT STATEMENTS FOR ALL TRUST ACCOUNTS FOR THE LAST 12 MONTHS
<input type="checkbox"/>	BANKRUPTCY COURT PETITION AND ORDER (IF APPLICABLE)
<input type="checkbox"/>	SCHEDULES A THROUGH K FROM FORM SUPPLEMENTAL INFORMATION: SCHEDULES, CGCC-CH2-11 – <b>PROVIDE ORIGINAL</b>
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 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)
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*This form must be signed an authorized trustor or trustee.*