Spousal Information

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BUREAU USE ONLY	
BGC ID#	



MAIL COMPLETED FORM 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 information for spouses of individuals required to apply as an owner of an owner category 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 are subject to verification and will be used to determine suitability under gambling laws and regulations. Any misrepresentation or failure to disclose required information or documentation may constitute cause for denial of the application or discipline of the licensee.

An applicant may be subject to administrative action for failing to provide all information, documentation, and assurances as required by the Act or requested by the California Gambling Control Commission (Commission) or the Bureau of Gambling Control (Bureau), or failing to reveal any material facts, or providing misleading or untrue information as to a material fact.

By filing an application, an applicant understands that pursuant to Business and Professions Code section 19828, the Bureau or Commission may make public any communication or publication from, or concerning an applicant's application or corresponding background investigation. By submitting this application, an applicant accepts any risks of adverse action, financial loss, or public notice which may result from any Commission or Bureau action taken with respect to the application, as the action is absolutely privileged and so shall not form a basis for imposing liability for defamation or constitute a ground for recovery in any civil action consistent with Business and Professions Code section 19828.

It is the responsibility of each applicant to obtain copies of, and be familiar with, the laws and regulations governing the applicant's license. As an applicant, it is your responsibility to ensure that you thoroughly understand the questions in this application. If you do not understand the questions, it is your responsibility to obtain appropriate, competent assistance in order to fully and accurately complete the application.

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.

Name of Applicant
Associated Owner Category Licensee
Check one of the following: The applicant is married or has a registered domestic partner, complete the remaining sections of the form as directed. The applicant is not married and does not have a registered domestic partner, proceed to and complete section 5. If the applicant's spouse or registered domestic partner is licensed or has applied for licensure with this associated owne category licensee, proceed to and complete section 5.
Name of Applicant's Spouse

SECTION 1: PERSONAL INFORMATION							
SPOUSE'S FULL NAM	ME: LAST		FIRST		MIDDLE		
CURRENT RESIDENCE (STREET, CITY, STATE, ZIP CODE)							
MAILING ADDRESS IF DIFFERENT THAN CURRENT RESIDENCE (STREET, CITY, STATE, ZIP CODE)							
PRIMARY TELEPHO	LEPHONE NUMBER			EMAIL ADDRESS			
APPLICANT'S FULL	NAME: LAST	Γ	FIRST		MIDDLE		
		SHIP OF SPOUSE TO describe the spouse's relation		ategory licensee.			
1) THE OWNER CA	TEGORY LICENSEE	OR OWNERSHIP INTEREST IN THE OV	VNER CATEGORY LICENSEE	IS COMMUNITY PROPERTY OF THE AF	PPLICANT AND SPOUSE.		
2) The spouse is involved, directly or indirectly, with any management decisions, of any nature, regarding the operation of the owner category licensee.							
	AS DIRECT OR INDIE	RECT AUTHORITY OR INFLUENCE IN T	THE DECISION-MAKING PRO	CESS RELATED TO THE OPERATION OF	F THE OWNER CATEGORY LICENSEE.		
BUSINESS AND PR	OFESSIONS CODE	SECTIONS 19850, 19851, 19853, 198	354, 19912, or 19984.		CH LICENSURE COULD BE REQUIRED PURSUANT TO M ENDORSED OWNER OR TPPPS ENDORSED OWNER.		
		<u> </u>		ELIE AT ERCATION AS A CARDROO	M ENDORSED OWNER OR TITTO ENDORSED OWNER.		
		E IS THE SOLE AND SEPARATE PROPER S 2) THROUGH 4) ARE NOT SELECTI					
		RSHIP INTEREST HOLDER.	,				
		WIN INTEREST NOEDEN					
SECTION 3: SOLE AND SEPARATE PROPERTY To be completed only if Section 2 item 5) is selected and items 2) through 4) are not selected. Both the applicant and the spouse are required to read, understand, and initial agreement to the following items:							
Spouse	Applicant	SEPARATE PROPERTY OF THE APPL	ICANT AND THAT EACH AN		ER CATEGORY LICENSEE IS THE SOLE AND IN IS TRUE. THAT INCLUDED, AS PART OF THIS LARATION.		
		HAVE READ THIS DOCUMENTATION	N AND DETERMINED THIS I	FORMATION IS ACCURATE EITHER BA	IATE THIS DECLARATION UNDER SECTION 4. I ASED ON THE ADVICE OF LEGAL COUNSEL, OR UNSEL BUT WAIVED THAT OPPORTUNITY.		
Spouse	Applicant	THE SPOUSE WILL NOT BE INVOLV OPERATION OF THE OWNER CATEGORY		TLY, WITH ANY MANAGEMENT DECIS	IONS, OF ANY NATURE, REGARDING THE		
Spouse	Applicant	THE SPOUSE WILL HAVE NO DIRECT OF THE OWNER CATEGORY LICENS		OR INFLUENCE IN THE DECISION-MA	LKING PROCESS RELATED TO THE OPERATION		
Spouse	Applicant				SEE FOR WHICH LICENSURE COULD BE 854, 19912, or 19984 or Commission		
Spouse	Applicant	REGULATIONS.					
				, OR OTHERWISE OBTAINING ANY OW DERGO LICENSURE PRIOR TO RECEIVI	VNERSHIP INTEREST IN THE OWNER ING ANY OWNERSHIP INTEREST OR REVENUES		
Spouse	Applicant	MAY BE, REQUIRED PURSUANT TO	THE ACT WITHOUT FIRST O	BTAINING ANY REQUIRED FINDING O	TABILITY, A PERMIT, OR A LICENSE IS, OR F SUITABILITY, PERMIT, OR LICENSE MAY BE		
Spouse	Applicant	THAT IF ANY STATEMENT IN THIS	DECLARATION OF SOLE AN		IAT FACT MAY BE USED AS GROUNDS FOR A		
Spouse	Applicant	DENIAL, OR SUBSEQUENT REVOCA	TION OF THE APPLICANT'S	LICENSE.			

SECTION 4: 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 and/or spouse, as applicable, will be accepted. Failure to provide required items may result in denial of the 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. If the applicant has selected section 2 item 6), no additional documents are necessary unless required by the Bureau of Gambling Control. Mark the box next to each attached item.
THE SPOUSE MUST SUBMIT ONE OF THE FOLLOWING:
☐ IF A RESIDENT OF THE STATE OF CALIFORNIA, A REQUEST FOR LIVE SCAN SERVICE (BCIA 8016), INCLUDING THE ATI NUMBER; OR,
☐ IF NOT A RESIDENT OF THE STATE OF CALIFORNIA, TWO APPLICANT FINGERPRINT CARDS, FD-258
ANY PRENUPTIAL, POST NUPTIAL, OR DOMESTIC PARTNERSHIP AGREEMENT WHICH CONFIRMS THE CHARACTERIZATION OF THE APPLICANT'S INTEREST IN THE OWNER CATEGORY LICENSEE AS SOLE AND SEPARATE PROPERTY AND COMPLIES WITH FAMILY CODE SECTION 1615
Any documentation that reflects the applicant's acquisition of the interest in the owner category licensee as sole and separate property through gift or inheritance
Any documentation that demonstrably shows the acquisition of the owner category licensee interest traced to sole and separate property or funds of applicant
Any court orders concerning the ownership characterization of the owner category licensee interest as sole and separate property
ADDITIONAL DOCUMENTATION MAY BE REQUIRED BY THE BUREAU OF GAMBLING CONTROL.
SECTION 5: 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
APPLICANT'S NAME APPLICANT'S SIGNATURE DATE (MM/DD/YYYY)
SPOUSE'S NAME SPOUSE'S SIGNATURE DATE (MM/DD/YYYY)