LICENSE NUMBER

Cardroom Business License: Gaming Revenue Report

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BUREAU USE ONLY	
BGC ID#	



ENTITY NAME

MAIL COMPLETED FORM AND FEE 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 for reporting gaming revenue to the Bureau of Gambling Control.

SECTION 1: CARDROOM BUSINESS LICENSEE INFORMATION

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 Gambling Control 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.

SECTION 2: GAMBLING ACTIVITIES/REVENUE List the games offered and the gross revenue attributed to each game for the cardroom's prior fiscal year.				
FISCAL YEAR REPORTING: (mm/yy) (mm/yy)				
A. Poker Style Games	REVENUE			
1)	s			
2)	s			
3)	s			
4)	s			
B. California Games	Revenue			
1)	s			
2)	s			
3)	s			
4)	s			
C. OTHER GAMES	REVENUE			
1)	s			
2)	s			
3)	s			
4)	s			

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D. TOURNAMENT TYPES	REVENUE (ENTRY FEE)
1) Poker Style Tournaments:	s
2) California Game Tournaments:	\$
E. TOTAL ANNUAL INTEREST RECEIVED FROM THE ISSUANCE OF CREDIT:	\$
TOTAL REVENUES LISTED ABOVE (A+B+C+D+E):	\$

SECTION 3: 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)			

This form must be signed by the appropriate person identified below:

- If licensee is a corporation, LLC, or joint venture then by an authorized officer.
- If licensee is a general partnership or limited partnership then by an authorized partner.
- If licensee is a sole proprietor then by the owner.
- If licensee is a trust then by an authorized trustor or trustee.
- If licensee is a natural person then by the licensee.