

CALIFORNIA GAMBLING CONTROL COMMISSION
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Doubletree Hotel Mission Valley
Grand Ballroom
7450 Hazard Center Drive
San Diego, CA 92108

**MINUTES OF JANUARY 10, 2008
COMMISSION MEETING**

OPEN SESSION

1. Call to Order and Pledge of Allegiance.

Chairman Shelton called the meeting to order at 10:02 a.m., and asked everyone to stand for the Pledge of Allegiance.

2. Roll Call of Commissioners.

Roll Call of Commissioners was taken with Chairman Shelton and Commissioners Schmidt, Shimazu, and Vuksich present.

3. Approval of Commission Meeting Minutes for November 29, 2007.

Upon motion of Commissioner Vuksich to approve the November 29, 2007 Commission meeting minutes, seconded by Commissioner Shimazu and unanimously carried in a vote by roll call with Chairman Shelton and Commissioners Schmidt, Shimazu, and Vuksich voting yes, the Commission adopted the November 29, 2007 minutes.

4. Applications for Renewal of State Gambling License Including All Associated Applicants and Endorsees (Pursuant to Business and Professions Code section 19876):

A. Casino Club: Casino Poker Club, Inc., A California Corporation

Deputy Director Ciau indicated that staff recommended that the Commission approve the renewal of the state gambling license for Casino Club, Item 4.A., for the period of February 1, 2008 through June 30, 2009 with the following key employees: Mark Chesshire, Rodney Jones, Phyla Sengxay, Darlene Gevedon, Charles Leonard, and Pamela Senn. Upon motion of Commissioner Schmidt, seconded by Commissioner Vuksich and unanimously carried in a vote by roll call with Chairman Shelton and

Commissioners Schmidt, Shimazu, and Vuksich voting yes, the Commission adopted the staff recommendation.

B. Hustler Casino: El Dorado Enterprises, Inc., A California Corporation

Deputy Director Ciau indicated that staff recommended that the Commission approve the renewal of the state gambling license for Hustler Casino, Item 4.B., for the period of February 1, 2008 through May 31, 2009 with the key employees listed in Attachment A. Deputy Director Ciau further indicated that staff also recommended that the following condition be removed from the license: *This license is conditioned upon the local gambling ordinance coming into compliance with the Gambling Control Act (Business and Professions Code section 19860 (a)(4)) within 12 months of issuance/renewal.*

Harlan Goodson, representing Hustler Casino, responded to Commissioner Vuksich's question whether the building rent was based on fair market value indicating that the rent was higher than fair market value as a result of a recent construction loan for improvements to the building and the uniqueness of the building.

Upon motion of Chairman Shelton, seconded by Commissioner Vuksich and unanimously carried in a vote by roll call with Chairman Shelton and Commissioners Schmidt, Shimazu, and Vuksich voting yes, the Commission adopted the staff recommendation.

C. Lucky Buck Card Club: Dale Common, Sole Proprietor

Deputy Director Ciau indicated that staff recommended that the Commission approve the renewal of the state gambling license for Lucky Buck Card Club, Item 4.C., for the period of February 1, 2008 through December 31, 2009 with April Common as key employee. Upon motion of Commissioner Shimazu, seconded by Commissioner Vuksich and unanimously carried in a vote by roll call with Chairman Shelton and Commissioners Schmidt, Shimazu, and Vuksich voting yes, the Commission adopted the staff recommendation.

D. Rancho's Club Casino: Ruben Marquez and Blanca Marquez, Sole Proprietorship

Deputy Director Ciau indicated that staff recommended that the Commission approve the renewal of the state gambling license for Rancho's Club, Item 4.D., for the period of February 1, 2008 through October 31, 2009 with the following key employees: Veronica Marquez-Zeller, Gregory Ward, Richard Nelson, and Richard Weissman. Upon motion of Commissioner Shimazu, seconded by Commissioner Vuksich and unanimously carried in a vote by roll call with Chairman Shelton and Commissioners Schmidt, Shimazu, and Vuksich voting yes, the Commission adopted the staff recommendation.

5. Request to Remove Condition from State Gambling License:
Diamond Jim's Casino

Deputy Director Ciau indicated that a request has been received from George Hardie Jr. to remove the three following conditions placed on his license on December 7, 2006:

1. *Mr. Hardie, Jr. will have no input, influence, or control over any aspect of the business or affairs of the gambling establishment.*
2. *Mr. Hardie, Jr. may not serve as officer, director, employee, or consultant to the gambling establishment.*
3. *The only income Mr. Hardie, Jr. may receive from the gambling establishment is via the Zephyr Trust*

Harlan Goodson, representative for George Hardie Jr., indicated that Mr. Hardie Jr. wants to be able to enjoy the benefits of ownership, review documents, have input into contracts and decisions that a stockholder would have.

Commissioner Vuksich informed Mr. Goodson that the Commission had some discomfort with issuing Mr. Hardie Jr. a license because of suitability issues based on documents previously provided to the Commission questioning capacity to function as a licensee. The Commission issued Mr. Hardie Jr. a conditional license to accommodate his being a beneficiary of the Zephyr Trust and to receive benefits of that Trust.

Mr. Goodson asked the Commission how does one get to the point that they can satisfy the conditions the Commission has placed on the license.

The Commission informed Mr. Goodson that the conditions were put on the license to prohibit the activity that the Commission is now being asked to allow and the Commission would not be willing to remove the conditions unless there was a feasibility study done to show what Mr. Hardie Jr's input would do to the business, evaluate his capacity, and who would influence his decision process.

Mr. Goodson indicated that he would work with Commission staff to accomplish this.

Chairman Shelton moved to continue the license with the conditions in place. Commissioner Vuksich seconded the motion, which unanimously carried in a vote by roll call with Chairman Shelton and Commissioners Schmidt, Shimazu, and Vuksich voting yes.

6. Applications for Key Employee License (Pursuant to Business and Professions Code section 19854):

- A. California Grand Casino: Nhan Vien
- C. Hawaiian Gardens Casino: Camille Johnson
- D. Lucky Chances Casino: Stephen Krajewski
- E. Palomar Card Club: Sabrina Konja
- F. The Players Club: Sean Ryan Clark
- G. Village Club: Edgar Alley, Jr.

Deputy Director Ciau indicated that staff recommended that the Commission approve the applications for a key employee license for the individuals listed in Items 6.A. and 6.C. through 6.G. Upon motion of Commissioner Shimazu, seconded by Chairman Shelton and unanimously carried in a vote by roll call with Chairman Shelton and Commissioners Schmidt, Shimazu, and Vuksich voting yes, the Commission adopted the staff recommendation.

B. Crystal Park Casino & Hotel: Johnathan-Minh Ma

Deputy Director Ciau indicated that staff recommended that the Commission approve the application for a key employee license for Johnathan-Minh Ma, Item 6.B.

Commissioner Shimazu inquired about Mr. Ma's application being submitted late and whether a warning letter had been sent. Deputy Director Ciau responded by indicating that it appeared that the application was not actually submitted late based on the date that Mr. Ma assumed the duties of a key employee.

Upon motion of Commissioner Shimazu, seconded by Commissioner Vuksich and unanimously carried in a vote by roll call with Chairman Shelton and Commissioners Schmidt, Shimazu, and Vuksich voting yes, the Commission adopted the staff recommendation.

7. Applications for Key Employee License – Request to Withdraw (Pursuant to Business and Professions Code section 19869):
 - A. Club Caribe: Efrain Gomez
 - B. The Silver Fox Casino: Luc Hoang

Deputy Director Ciau indicated that staff recommends that the Commission approve the requests for withdrawal, without prejudice, of the applications for a key employee license for Efrain Gomez, Item 7.A., and Luc Hoang, Item 7.B. Upon motion of Commissioner Vuksich, seconded by Commissioner Shimazu and unanimously carried in a vote by roll call with Chairman Shelton and Commissioners Schmidt, Shimazu, and Vuksich voting yes, the Commission adopted the staff recommendation.

8. Applications for Work Permit (Pursuant to Business and Professions Code section 19912):
 - A. Empire Sportsmen's Association: Elizabeth Early
 - B. The 101 Casino: Matthew Madigan

Deputy Director Ciau indicated that staff recommended that the Commission approve the applications for a work permit for Elizabeth Early, Item 8.A., and Matthew Madigan, Item 8.B. Upon motion of Commissioner Shimazu, seconded by Commissioner Vuksich and unanimously carried in a vote by roll call with Chairman Shelton and Commissioners Schmidt, Shimazu, and Vuksich voting yes, the Commission adopted the staff recommendation.

9. Applications to Convert Third Party Proposition Player Services (TPPPS) Registration to a License (Pursuant to Business and Professions Code section 19984 and California Code of Regulations, Title 4, section 12218):

A. Certified Players, Inc.:

Moussa Arabani	Kia Her	Tu Lee
Fernando Marquez	Devon Nutt	Sowaya Oeur
Marany Ouk	Urbano Ozuna	Justin Ramirez
Ezequiel Reyes	Willie Rogers	Noline Singanongh
Sophar Sok	Vesna Sok	Seng Tea
Lisa Thi	Cha Vang	Yee Vang
Khonekham Xayavong	Manivone Xayavong	Fong Yang

B. Pacific Palace, Inc.:

Nancy Carranza	Henry Dieu	Cheng Dong
Ken Luu	Dang Ly	Brian McKeehan
Shung Mok	Russell Morris	Jack Pang
John Sam	Coong San	Hong Wang
Jing Wen	Guo Xu	Yufei Yang
Hung Yeung	Hui Zhao	Rui Zhao
Ye-Yan Zhang	Chun Zhou	Xia Zhou

C. Premier Player Providers, Inc.: Phongsopheak Kim

Deputy Director Ciau indicated that staff recommended that the Commission approve the applications to convert TPPPS registration to a license for Items 9.A. through 9.C. Upon motion of Chairman Shelton, seconded by Commissioner Vuksich and unanimously carried in a vote by roll call with Chairman Shelton and Commissioners Schmidt, Shimazu, and Vuksich voting yes, the Commission adopted the staff recommendation.

10. Applications for Request to Convert Third Party Proposition Player Services (TPPPS) Registration to a License – Request to Withdraw (Pursuant to Business and Professions Code section 19984 and California Code of Regulations, Title 4, section 12218):

A. California Gaming Consultants: Roan Bonner

B. Certified Players, Inc.: Casey Zolnier

C. Gaming Fund Group, Inc.: James Hitcher Hoang Nguyen

D. Network Management Group, Inc.:

Patrick Angeles	Jesse Brackett	Mathew Cohen
Amelia Cruz	Warren DeGuzman	David Greene
Marian Guirguis	David Hagans-Dixon	Erik Lund
Seiha Thorng	Mars Tiomico	Roselyn Vinluan
Brandon Wong		

E. Pacific Gaming Services, LLC: Rachele Aguilar-King

F. Premier Player Providers, Inc.: HaiVi Bui Nga Tran

Deputy Director Ciau indicated that staff recommended that the Commission approve the requests for withdrawal, without prejudice, of the applications to convert TPPPS registration to a license for Items 10.A. through 10.F. Upon motion of Chairman Shelton, seconded by Commissioner Shimazu and unanimously carried in a vote by

roll call with Chairman Shelton and Commissioners Schmidt, Shimazu, and Vuksich voting yes, the Commission adopted the staff recommendation.

G. Pacific Palace, Inc.:

Chao yu Huang
Kenny Moy

Huy Luong
Ai Jun Shen

Edilberto Mendez

Deputy Director Ciau indicated that staff recommended that the Commission approve the requests for withdrawal, without prejudice, of the applications to convert TPPPS registration to a license for Item 10.G. Upon motion of Commissioner Shimazu, seconded by Commissioner Vuksich and carried in a vote by roll call with Commissioners Schmidt, Shimazu, and Vuksich voting yes, Chairman Shelton abstaining, the Commission adopted the staff recommendation.

11. Applications for Request to Convert Gambling Business Registration to a License – Request to Withdraw (Pursuant to California Code of Regulations, Title 4, section 12234):

- A. Gaming Fund Group, Inc.: James Hitcher Hoang Nguyen
B. Premier Player Providers, Inc.: HaiVu Bui Nga Tran

Deputy Director Ciau indicated that staff recommended that the Commission approve the requests for withdrawal, without prejudice, of the applications to convert gambling business registration to a license for Items 11.A. and 11.B. Upon motion of Commissioner Vuksich, seconded by Commissioner Shimazu and unanimously carried in a vote by roll call with Chairman Shelton and Commissioners Schmidt, Shimazu, and Vuksich voting yes the Commission adopted the staff recommendation.

12. Applications for Renewal of Tribal-State Compact Gaming Resource Supplier Finding of Suitability (Authority Pursuant to the Tribal-State Gaming Compact, section 6.4.5):

American Gaming & Electronics, Inc.:

Merle Banta

James Brace

Marshall Burman

Frank Martin

Anthony Spier

Wells-Gardner Electronics Corporation

Deputy Director Ciau indicated that staff recommended that the Commission approve the applications for Tribal-State Compact Gaming Resource Supplier Finding of Suitability from February 1, 2008 through January 31, 2010 for the applicants listed in Item 12. Upon motion of Commissioner Shimazu, seconded by Commissioner Vuksich and unanimously carried in a vote by roll call with Chairman Shelton and Commissioners Schmidt, Shimazu, and Vuksich voting yes, the Commission adopted the staff recommendation.

13. Application for Tribal-State Compact Gaming Resource Supplier – Financial Sources Finding of Suitability – Request to Withdraw (Pursuant to Business and Professions Code section 19869):

A. Ainsworth Gaming Technology:

Andrew Amer

John Cowling

Stanley Eeles

Stephen Foote

Vivian Matthews

Kenneth Orchard

- Arthur Rotziokos Hans-Werner Zeidler
 B. Aristocrat Technologies, Inc.: Frank Bush, Burgess Hammer, Michael Isaacs
 C. US Playing Card Company: James Wysinski

Deputy Director Ciau indicated that staff recommended that the Commission approve the requests for withdrawal, without prejudice, of the applications for Tribal-State Compact Gaming Resource Supplier for Items 13.A. through 13.C. Upon motion of Commissioner Schmidt, seconded by Chairman Shelton and unanimously carried in a vote by roll call with Chairman Shelton and Commissioners Schmidt, Shimazu, and Vuksich voting yes the Commission adopted the staff recommendation.

14. Final Adoption of Two-Year Licensing Regulation (adopt Title 4 CCR sections 12335, 12340, 12357 and amend Title 4 CCR sections 12342, 12343, 12344, 12345, 12358, 12359) for filing with the Office of Administrative Law.

Senior Legal Counsel Bolz indicated that staff recommended that the Commission approve final adoption of the Two-Year Licensing Regulation for filing with the Office of Administrative Law, authorizing staff to make any needed nonsubstantive changes.

Terri Sue Canale, Bureau of Gambling Control, indicated that the Bureau supports final adoption of the proposed regulation.

Upon motion of Chairman Shelton, seconded by Commissioner Vuksich and unanimously carried in a vote by roll call with Chairman Shelton and Commissioners Schmidt, Shimazu, and Vuksich voting yes, the Commission adopted the staff recommendation.

A copy of the proposed regulation, as adopted by the Commission, is incorporated into the minutes as Attachment B.

Commission consideration of Item 15 followed the consent calendar items.

CONSENT CALENDAR ITEMS:

16. Applications for Renewal Work Permit (Authority Pursuant to Business and Professions Code section 19870):

- A. Empire Sportsmen Association: Soundavahn Cavan Gerald Hunter
- B. Poker Flats Casino: Tom Tan
- C. The 101 Casino: David Del Bonta Shannon Valenza Olga Ventura

17. Applications for Tribal-State Compact Key Employee Finding of Suitability Initials (Authority Pursuant to the Tribal-State Gaming Compact, section 6.4.4):

- A. Agua Caliente Band of Cahuilla Indians – Agua Caliente Casino: Jerry Gann
- B. Big Valley Band of Pomo Indians of the Big Valley Rancheria – Konocti Vista Casino:
Tania McCloud

- C. Cachil DeHe Band of Wintun Indians of the Colusa Indian Community of the Colusa Rancheria – Colusa Casino and Bingo: Jeffrey Nelson
- D. Mooretown Rancheria of Maidu Indians – Feather Falls Casino:
Christopher Allen Donna Anderson Heath Davis
- E. Pala Band of Mission Indians – Pala Casino:
Sabrina Dinger Darlene Mascarenas Denise Montoya
Perry Todd Jason Tajuna Curtis Warner
- F. Pechanga Band of Luiseno Mission Indians of the Pechanga Reservation – Pechanga Resort and Casino:
Lukasz Buchwald Evangeline Gregory Kimberly Lambert
Birendra Mudbhari Andrew Randles Joseph Serhal
- G. Picayune Rancheria of the Chukchansi Indians – Chukchansi Gold Resort and Casino:
Azucena Reyes
- H. Redding Rancheria – Win-River Casino: Marc Hoover
- I. Rincon Band of Luiseno Indians – Harrah's Rincon: Robert Mattes Dona O'Neill
- J. Rumsey Indian Rancheria of Wintun Indians – Cache Creek Casino Resort :
Edward Astorga Savoeun Chhoy Colin Kep
Kathy Trieu
- K. San Pasqual Band of Diegueno Mission Indians – Valley View Casino: Cory Weir
- L. Santa Ysabel Band of Diegueno Mission Indians – Santa Ysabel Casino:
Elias Velasquez
- M. Sycuan Band of Diegueno Mission Indians – Sycuan Casino:
George Cruz Jr. Christina Saykham
- N. Tule River Indian Tribe of the Tule River Reservation – Eagle Mountain Casino:
Sharon France
- O. United Auburn Indian Community of the Auburn Rancheria – Thunder Valley Casino:
Chris Rogers Connie Xabandith
- P. Viejas Band of Kumeyaay Indians - Viejas Casino and Turf Club: Joseph Apparito

18. Applications for Tribal-State Compact Key Employee Finding of Suitability Renewals: (Authority Pursuant to the Tribal-State Gaming Compact, section 6.4.4):

- A. Agua Caliente Band of Cahuilla Indians – Agua Caliente Casino:
Keely Alexander Todd Bailey Christopher Baruth
Jackelyn Cabacungan Ruby Capobianco Michael Carruthers
Jon Hill Andres Lopez Jean Musson
Gary Myslinski Robert Redding Sharylynne Thomas
Elaine Tujko Steven Whitton
- B. Berry Creek Rancheria of Maidu Indians – Gold Country Casino:
Alan Desroches Mikel Hedrick Fernando Lopez
Edward White
- C. Cabazon Band of Mission Indians – Fantasy Springs Casino:
Thongbay Khamvilaythong Mia Lourn Alesandro Puga

- D. Elk Valley Rancheria – Elk Valley Casino: Mary Beckendorf
- E. Hopland Band of Pomo Indians of the Hopland Rancheria – Sho-Ka-Wah Casino:
Jeronimo Jaco
- F. La Posta Band of Diegueno Mission Indians of the La Posta Indian Reservation – La Posta Casino: Melinda Castellano
- G. Morongo Band of Cahuilla Indians of the Morongo Reservation – Morongo Casino Resort & Spa:
Jason Asher Lisa Betor James Crane
Jose Granado Rick Martinez Ambika Nand
Veasna Nhep Jason Zoellner
- H. Pala Band of Mission Indians – Pala Casino: Monique Opstad
- I. Pauma Band of Luiseno Mission Indians of the Pauma and Yuima Reservation – Casino Pauma:
Marlon Alcancia Paul Berneathy Lawrence Edwards
Everett Hurst, Jr. Douglas Williams
- J. Pechanga Band of Luiseno Mission Indians of the Pechanga Reservation – Pechanga Resort and Casino:
Thomas Brundige Melissa Flesher Dale Fredrick
Evan Lacy Jeffrey Lyman Joseph Wier
- K. Picayune Rancheria of the Chukchansi Indians – Chukchansi Gold Resort and Casino:
James Bach Jessica Leung Stephanie Leung
- L. San Pasqual Band of Diegueno Mission Indians – Valley View Casino:
Lauri Adams James Quisquis
- M. Santa Rosa Indian Community of the Santa Rosa Rancheria – Tachi Palace Hotel and Casino:
Katie Day Christina Joachim Puth Or
Zenaida Rogge David Viau
- N. Smith River Rancheria – Lucky 7 Casino: Jeramey James
- O. Tuolumne Band of Me-Wuk Indians of the Tuolumne Rancheria – Black Oak Casino:
James Davis Tamara Waight
- P. Twenty-Nine Palms Band of Mission Indians – Spotlight 29 Casino:
Yvonne DeLaFuente Karla Guzman Jorge Hurtado
Gilbert Juarez Jon Kounovsky Felimon Perez
Michael Volz
- Q. United Auburn Indian Community of the Auburn Rancheria – Thunder Valley Casino:
Joey Bertzyk Alfred Passer Christine Tucker
- R. Viejas Band of Kumeyaay Indians - Viejas Casino and Turf Club:
Bertha Battle Jasen Birdsall Shane Greer
Rohanee Madeira Hsiu Yen Novak Bassam Oraha
Kathleen Sumrall

Deputy Director Ciau indicated that staff recommends that the Commission approve the consent calendar Items 16 through 18. Upon motion of Commissioner Vuksich, seconded by Commissioner Schmidt and unanimously carried in a vote by roll call with

Chairman Shelton and Commissioners Schmidt, Shimazu, and Vuksich voting yes, the Commission approved consent calendar items.

15. Audit of General Fund Fee Payments (Pursuant to Tribal-State Gaming Compact Section 4.3.1):
Viejas Band of Mission Indians

Chairman Shelton announced that the Commission would adjourn to closed session to hold discussions of confidential information pursuant to Tribal-State Compact section 7.4.3 and Government Code section 11126.4.

At 10:35 a.m. the Commission adjourned to Closed Session.

Chairman Shelton reconvened to open session at 11:06 a.m. with Commissioners Schmidt, Shimazu and Vuksich present.

Chairman Shelton moved to continue Item 15 to the next Commission meeting. Commissioner Vuksich seconded the motion, which unanimously carried in a vote by roll call with Chairman Shelton and Commissioners Schmidt, Shimazu and Vuksich voting yes.

ADJOURNMENT

Upon motion to adjourn the meeting by Commissioner Vuksich, seconded by Chairman Shelton, and unanimously carried in a roll call vote, with Chairman Shelton and Commissioners Schmidt, Shimazu, and Vuksich voting yes, the meeting adjourned at 11:08 a.m.

January 10, 2008 Commission Meeting

Hustler Casino -- Gardena

Key Employees:

Thomas Candy
Joan Curato
Nathan Deming
Tracy Edwards
Dewayne Gatewood
Eleanor Gonzales
Sammy Grande, Jr.
David Hiraga
Alonzo Johnson
Liang Hong
Brian Liin
Soosemea Masina
Patee McGuire
George Monsoor
Lucrecia Ramirez
Do Song
William Swint, Jr.
Jacob Weiss
Jeanne Wong

Final text of regulatory action: staff recommends that the Commission approve final adoption of these regulations for submission to the Office of Administrative Law

- A 1 Final text of proposed changes to sections printed in the California Code of Regulations (CCR)
- A 2 New forms proposed for incorporation by reference into the CCR:
- i. CGCC-028 (New 08-07) "Gambling Establishment Annual Fee Collection Calculation"
 - ii. DGC-APP. 143 (New 12-07) "Trust Supplemental Background Investigation Information"
 - iii. IRS 4506-T (replaces IRS Form 8821)
- A 3 Forms to be deleted (no longer incorporated by reference into the CCR):
- i. DGC-APP. 007 (Rev. 12-04) "Instructions to Applicants"
 - ii. DGC-APP. 017A (Rev. 12-04) "Instructions to Renewal Applicants"
 - iii. DGC-APP. 018 " (Rev. 09-03) "Schedule A - Report of Annual Gross Revenues"
 - iv. DGC-APP. 019 (Rev. 09-03) "Employee Work Permit Certification"
 - v. DGC-LIC. 100 (Rev. 07-03) "Declaration of Compliance with the Requirement for Public Notice of Application for a Gambling License"
 - vi. DGC-LIC. 102 (Rev. 07-03) "Instructions for Public Notice of an Application for a Gambling Establishment License"
 - vii. DGC-LIC. 102A (Rev. 07-03) "Public Notice of an Application for a Gambling Establishment License"
 - viii. IRS Form 8821 (dropped in favor of IRS Form 4506-T)

A.4 Forms currently incorporated by reference into the CCR, proposed for revision.

- i. CGCC-030 (Rev. 11-07) "Application for State Gambling License"
 - a. Old version—in strikeout style
 - b. New version—underline style
- ii. CGCC-031 (Rev. 11-07) "Application for Gambling Establishment Key Employee License"
 - a. Old version—in strikeout style
 - b. New version—underline style
- iii. DGC-APP. 015A (Rev. 08-07) "Gambling Establishment Owner Applicant-Individual Supplemental Background Investigation Information"
- iv. DGC-APP. 015B (Rev. 08-07) "Gambling Establishment Owner Entity Supplemental Background Information for State Gambling License"
- v. DGC-APP. 015C (Rev. 08-07) "Gambling Establishment Supplemental Information for State Gambling License"
- vi. DGC-APP. 016A (Rev. 08-07) "Gambling Establishment Key Employee Supplemental Background Investigation Information"
- vii. DGC-APP. 006 (Rev. 08-07) "Authorization to Release Information"

Attachment A-1

A.1 – Final text of proposed changes to sections printed in California Code of Regulations (CCR)

1 **Final Text of Proposed Regulations:**

2
3 **Two Year Licensing of Gambling Establishments and Key Employees**

4
5
6
7 **California Code of Regulations, Title 4. Business Regulations**
8 **Division 18. California Gambling Control Commission**
9 **Chapter 6. State Gambling Licenses and Approval For Gambling**
10 **Establishments, Owners, and Key Employees.**

11
12
13
14
15 **Article 1. Definitions and General Provisions.**

16
17 **12335. Definitions.**

18
19 (a) Except as otherwise provided in section 12002(b) of these regulations, the definitions
20 in Business and Professions Code section 19805 shall govern the construction of this
21 chapter.

22
23 (b) As used in this chapter:

24
25 (1) "Table Fee" means the fee established by Business and Profession Code, section
26 19951(b)(2).

27
28 Authority cited: Sections 19811(b), 19823, 19824, 19840 and 19841, Business and
29 Professions Code.

30 Reference: Sections 19800, 19805(l) and (o), 19811 and 19951(b)(2), Business and
31 Professions Code.

32
33
34 **Article 2. Licensing**

35
36 **12340. Gambling License and Key Employee License.**

37
38 (a) No person may conduct a gambling operation without a current valid gambling
39 license issued by the Commission.

40
41 (b) No person may be a key employee of a gambling operation without a current valid
42 key employee license issued by the Commission.

1 (c) A state gambling license and key employee license shall be valid for a period of two
2 (2) years.

3
4 Authority cited: Sections 19811(b), 19823, 19824, 19840, 19841, 19850, 19851, 19852,
5 19853, 19854 and 19876(a), Business and Professions Code.

6 Reference: Sections 19850, 19851, 19854 and 19876(a), Business and Professions Code.
7

8
9 **12342. Initial ~~and~~ Renewal License Applications; Required Forms.**

10
11 (a) Any person applying for a state gambling license or key employee license shall, as
12 appropriate, complete the following forms, which are hereby incorporated by reference:

13 (1) Application for State Gambling License, CGCC-030 (Rev. ~~01-05~~11/07),
14

15 (2) Application for Gambling Establishment Key Employee License, CGCC-031
16 (Rev. ~~01-05~~11/07).

17
18 ~~(3) Cardroom Applicant Supplemental Information for State Gambling~~
19 Gambling Establishment Owner Applicant-Individual Supplemental
20 Background Investigation Information, DGC-APP-015A (Rev. ~~09-04~~08/07).

21
22 ~~(4) Cardroom Applicant—Business~~ Gambling Establishment Owner Entity
23 Supplemental Information for State Gambling License, DGC-APP-015B (~~New 09-~~
24 ~~04~~Rev. 08/07).

25
26 (5) Gambling Establishment Supplemental Information for State Gambling License,
27 DGC-APP-015C (~~New 09-04~~Rev. 08/07).

28
29 ~~(6) Cardroom Key Employee Supplemental Information for State Gambling~~
30 Gambling Establishment Key Employee Supplemental Background
31 Investigation Information, DGC-APP-016A (Rev. ~~09-04~~08-07).

32
33 (7) Cardroom Applicant's Spouse Supplemental Background Information for State
34 Gambling License, DGC-APP-009A (Rev. 09-04).

35
36 ~~(8) Renewal Supplemental Information for State Gambling/Key Employee License~~
37 ~~and Instructions to Renewal Applicants~~, DGC-APP-017A (Rev. 12-04).

38 (8) Trust Supplemental Background Investigation Information, DGC-APP-143 (~~New~~
39 11/07)

40
41 (9) Declaration of Full Disclosure, DGC-APP-005 (Rev. 09-04).

42
43 (10) Authorization to Release Information, DGC-APP-006 (Rev. ~~09-04~~08/07).

- 1 (11) Applicant's Declaration, Acknowledgment and Agreement (Community Property
2 Interest), DGC-APP. 011 (Rev. 09-04).
3
- 4 (12) Applicant's Declaration, Acknowledgment and Agreement (Sole and Separate
5 Property), DGC-APP. 012 (Rev. 09-04).
6
- 7 (13) Spouse's Declaration, Acknowledgment and Agreement (Community Property
8 Interest), DGC-APP. 013 (Rev. 09-04).
9
- 10 (14) Spouse's Declaration, Acknowledgment and Agreement (Sole and Separate
11 Property), DGC-APP. 014 (Rev. 09-04).
12
- 13 ~~(15) Report of Annual Gross Revenues DGC-APP. 018 (Rev. 09-03).~~
- 14
- 15 ~~(16) Declaration of Compliance With The Requirement for Public Notice of
16 Application for a Gambling License, DGC LIC. 100 (Rev. 07-03).~~
- 17
- 18 ~~(17) Instructions for Public Notice of an Application for a Gambling Establishment
19 License, DGC LIC. 102 (Rev. 07-03).~~
- 20
- 21 ~~(18) Public Notice of An Application for a Gambling Establishment License, DGC-
22 LIC. 102A (Rev. 7-03).~~
- 23
- 24 ~~(19)~~(15) Appointment of Designated Agent, DGC-APP. 008 (Rev. 09-03).
25
- 26 ~~(20) Employee Work Permit Certification, DGC-APP. 019 (Rev. 09-03).~~
- 27
- 28 ~~(21)~~(16) Key Employee Report, DGC-LIC. 101 (Rev. 07-03).
29
- 30 ~~(22) Instructions to Applicants, DGC-APP. 007 (Rev. 12-04)~~
- 31
- 32 ~~(23)~~(17) Instructions to Applicant's Spouse, DGC-APP. 010 (Rev. 12/04).
33
- 34 ~~(24)~~(18) Notice to Applicants, DGC-APP. 001 (Rev. 09-04).
35
- 36 ~~(25)~~(19) Request for Live Scan Service (California Department of Justice Form BCII
37 8016, Rev. 4/01).
38
- 39 ~~(26)~~(20) Request for Copy of Personal Income Tax or Fiduciary Return, FTB-3516C1
40 (Rev. 06/03 side 1-PIT).
41
- 42 ~~(27)~~(21) Request for Copy of Corporation, Exempt Organization, Partnership, or
43 Limited Liability Company Return FTB-3516C1 (Rev. 06/03 side 2-CORP).
44
- 45 ~~(28)~~(22) Tax Information Authorization (IRS 8821, Rev. April 2004) Request for
46 Transcript of Tax Return IRS 4506-T, Rev. April 2006).

1
2 Authority cited: Sections 19811, 19824, 19840 and 19841, Business and Professions
3 Code

4 Reference: Sections 19850, 19851, 19852, 19854, 19855, 19856, 19857, 19864, 19865,
5 19866, 19867, 19876, 19880, 19881, 19883, 19890, 19893, 19951 and 19982, Business
6 and Professions Code.

7
8
9 **12343. Processing Times -Initial Applications.**

10
11 (a) Except as provided in subsection (b), initial gambling or key employee license
12 applications submitted pursuant to this chapter shall be processed within the following
13 timeframes:

14 (1) The maximum time within which the Commission shall notify the applicant in
15 writing that an application or a resubmitted application is complete and accepted for
16 initial processing by the Commission, or that an application or a resubmitted
17 application is deficient and identifying what specific additional information is
18 required, is 20 days after receipt of the application. For the purposes of this section,
19 "application" means the Application for State Gambling License, CGCC-030 (Rev.
20 01-0511/07) and the Application for Gambling Establishment Key Employee License,
21 CGCC-031 (Rev. 01-0511/07), both of which are incorporated by reference in
22 Section 12342. An application is not complete unless accompanied by the fee of five
23 hundred dollars (\$500) specified in Business and Professions Code section 19951(a).
24 In addition, an applicant shall submit with the application, any supplemental
25 information required by section 12342 for review by the Division pursuant to
26 paragraph (3) of this subsection. The supplemental information shall not be reviewed
27 for completeness by the Commission.

28
29 (2) An application for a license and the supplemental information shall be forwarded
30 by the Commission to the Division ~~for processing~~ within 10 days of the date that the
31 Commission determines that the application is complete.

32
33 (3) The Division shall review the supplemental information submitted for
34 completeness and notify the applicant of any deficiencies in the supplemental
35 information, or that the supplemental information is complete, within 30 days of the
36 date that the application and supplemental information are received by the Division
37 from the Commission. Notwithstanding this subsection, subsequent to acceptance of
38 the supplemental information as complete, the Division may pursuant to Business and
39 Professions Code section 19866 require the applicant to submit additional
40 information.

41
42 (4) Pursuant to Business and Professions Code section 19868, the Division shall, to
43 the extent practicable, submit its recommendation to the Commission within 180 days
44 after the date the Division is in receipt of both the completed application pursuant to
45 paragraph (2) of this subsection and the completed supplemental information pursuant

1 to paragraph (3) of this subsection. If the Division has not concluded its investigation
2 within 180 days, then it shall inform the applicant and the Commission in writing of
3 the status of the investigation and shall also provide the applicant and the
4 Commission with an estimated date on which the investigation may reasonably be
5 expected to be concluded.

6
7 (5) The Commission shall grant or deny the application within 120 days after receipt
8 of the final written recommendation of the Division concerning the application,
9 except that the Commission may notify the applicant in writing that additional time,
10 not to exceed 30 days, is needed.

11
12 (b) The processing times specified in subsection (a) may be exceeded in any of the
13 following instances:

14
15 (1) The applicant has agreed to extension of the time.

16
17 (2) The number of licenses to be processed exceeds by 15 percent the number
18 processed in the same calendar quarter the preceding year.

19
20 (3) The Commission must rely on another public or private entity for all or part of the
21 processing and the delay is caused by that other entity.

22
23 Authority cited: Sections 19811, 19824, 19840 and 19841, Business and Professions
24 Code.

25 Reference: Sections 19841 and 19868, Business and Professions Code.

26
27
28 **12344. License Renewals.**

29
30 (a) Each application for renewal of a state gambling license ~~for an individual or a~~
31 ~~business organization~~ or for renewal of a key employee license shall be accompanied by
32 all of the following:

33
34 (1) A completed ~~form~~ application:

35
36 (A) Applicants for a state gambling license shall use the form "Application for
37 State Gambling License, CGCC-030 (Rev. ~~01-05~~11/07)"

38
39 (B) Applicants for a key employee license shall use the form "Application for
40 Gambling Establishment Key Employee License, CGCC-031 (Rev. ~~01-05~~11/07)."

41
42 ~~(2) A completed form entitled "Renewal Supplemental Information for State~~
43 ~~Gambling/Key Employee License and Instructions to Renewal Applicants, DGC-~~
44 ~~APP.017A (Rev. 12-04)" together with any documents required by the form.~~

45
46 (3)(2) A nonrefundable application fee in the amount of five hundred dollars (\$500).

1
2 (b) Each key employee or other person whose name is required to be endorsed upon the
3 license shall submit a separate application for renewal of that person's license, together
4 with the application fee specified in subsection (a).
5

6 (c) All applications for renewal of state gambling licenses and key employee licenses for
7 a particular gambling establishment shall be submitted together as a single package to the
8 California Gambling Control Commission.
9

10 (d) If, after a review of an application for renewal of a state gambling license or a key
11 employee license, the Division of Gambling Control determines that further investigation
12 is needed, the applicant shall submit an additional sum of money that, in the judgment of
13 the Director of the Division, will be adequate to pay the anticipated investigation and
14 processing costs, in accordance with Business and Professions Code section 19867.
15

16 Authority cited: Sections 19811, 19824, 19840 and 19841, Business and Professions
17 Code.

18 Reference: Sections 19876, 19851 and 19951, Business and Professions Code.
19
20

21 **12345. Processing Times -Renewal Applications.**
22

23 (a) Except as provided in subsection (b), renewal gambling or key employee license
24 applications submitted pursuant to Section 12344 shall be processed within the following
25 timeframes:
26

27 (1) An application for renewal of a gambling license or key employee license shall be
28 filed by the owner licensee or the key employee with the Commission no later than
29 120 days prior to the expiration of the current license.
30

31 (2) The maximum time within which the Commission shall notify the applicant in
32 writing that an application or a resubmitted application is complete and accepted for
33 initial processing by the Commission, or that an application or a resubmitted
34 application is deficient and identifying what specific additional information is
35 required, is 10 days after receipt of the application. For the purposes of this section,
36 "application" means the Application for State Gambling License, CGCC-030 (Rev.
37 01-0511/07) and the Application for Gambling Establishment Key Employee License,
38 CGCC-031 (Rev. 01-0511/07), both of which are incorporated by reference in
39 Section 12342. An application is not complete unless accompanied by the fee of five
40 hundred dollars (\$500) specified in Business and Professions Code section 19951(a).
41 In addition, an applicant shall submit with the application, any supplemental
42 information required by section 12342 for review by the Division.
43

44 (3) An application for a license and the supplemental information shall be forwarded
45 by the Commission to the Division for processing within five days of the date that the
46 Commission determines that the application is complete.

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(4) The Division shall submit its written recommendation concerning the renewal application to the Commission no later than 45 days prior to the expiration of the current license.

(b) The processing times specified in paragraphs (2) through (4) of subsection (a) may be exceeded in any of the following instances:

- (1) The applicant has agreed to extension of the time.
- (2) The number of licenses to be processed exceeds by 15 percent the number processed in the same calendar quarter the preceding year.
- (3) The Commission must rely on another public or private entity for all or part of the processing and the delay is caused by that other entity.

Authority cited: Sections 19811, 19824, 19840 and 19841, Business and Professions Code.
Reference: Sections 19868 and 19876, Business and Professions Code.

Article 3. Table Fee; Requests for Additional Tables

12357. Table Fee.

The fee required by Business and Professions Code section 19951, subdivision (b)(2)(B) shall be based on the criteria in subsection (a) or (b) of this section, whichever is applicable, and shall be due and paid annually by the holder of a state gambling license to the Commission no later than 120 calendar days following the end of the licensee's fiscal year.

(a) The fee specified in Business and Professions Code section 19951, subdivision (c) shall be based on the number of tables authorized by the license during the licensee's preceding fiscal year.

(b) The fee specified in Business and Professions Code section 19951, subdivision (d) shall be based on the owner licensee's gross revenues for the preceding fiscal year.

(c) Each holder of a state gambling license shall submit to the Commission, together with their payment of the annual fee specified in this section, a completed form Gambling Establishment Annual Fee Calculation, CGCC-028 (New 08/07), which is hereby incorporated by reference.

Authority cited: Sections 19811(b), 19823, 19824, 19840, 19841, 19876(a) and 19951, Business and Professions Code.
Reference: Sections 19841, 19876(a) and 19951, Business and Professions Code.

1
2
3 **12358. Request for Additional Temporary Tables for Tournaments or Special**
4 **Events.**

5
6 (a) An owner licensee of a gambling establishment may apply to operate, on a limited and
7 temporary basis, for a tournament or special event (hereinafter, event), more tables than
8 the gambling establishment is authorized to regularly operate. To apply for additional
9 tables, the applicant must submit to the Commission, no less than 45 days prior to the
10 event, the following for each event:

11
12 (1) A completed and signed application form entitled "Request for a Certificate to
13 Operate Additional Tables on a Temporary Basis" CGCC-024 (Rev. 07/06), which is
14 attached in Appendix A to this Chapter.

15
16 (2) A non-refundable application fee of \$500, ~~made payable to the California~~
17 ~~Gambling Control Commission,~~ plus a Division review deposit ~~made payable to the~~
18 ~~Division of Gambling Control,~~ pursuant to California Code of Regulations, title 11,
19 section 2037, made payable to the California Gambling Control Commission.

20
21 (3) Fees for the additional tables, as calculated according to the form in subsection
22 (a)(1), above.

23
24 (b) The Commission shall not grant the application if a review by the Division discloses
25 any of the following:

26
27 (1) The requested temporary increase in the number of tables would exceed the
28 number of tables allowed to be operated by the local jurisdiction for either the
29 particular cardroom or the jurisdiction where the gambling establishment is located.

30
31 (2) The requested temporary increase in the number of tables has been denied by the
32 local jurisdiction where the gambling establishment is located.

33
34 (3) The gambling establishment's state gambling license is suspended or contains
35 conditions precluding the approval of a temporary increase in the number of tables.

36
37 (4) The gambling establishment has outstanding fees, deposits, fines, or penalties
38 owing to the Commission or to the Division.

39
40 (c) The Commission may deny the application if the application as submitted was
41 untimely or incomplete.

42
43 (d) A request by an applicant to withdraw the application shall result in the application
44 being considered abandoned, and the fees for the additional tables and unused deposit
45 amounts returned, with no further action to be taken by the Commission.
46

1 (e) The Commission may delegate the authority to deny the requested temporary increase
2 or to issue a license certificate approving the requested temporary increase in the number
3 of tables to any employee of the Commission. Commission staff shall commence the
4 initial review and shall forward the application to the Division for review within 7 days
5 of receipt of the application. The Division shall complete its review and return its
6 findings to the Commission within 25 days of receipt of the application from the
7 Commission. Commission staff shall then complete the review within 13 days of
8 receiving the Division's findings and notify the applicant.

9
10 Authority cited: Sections 19811, 19823, 19824, 19840, 19841(a)-(c) and (p), 19864,
11 19950(b) and 19952, Business and Professions Code.

12 Reference: Section 19951, Business and Professions Code.

13
14
15 **12359. Request for Additional Permanent Tables.**

16
17 (a) The owner licensee of a gambling establishment may apply to operate additional
18 tables on a permanent basis by submitting the following to the Executive Director:

19
20 (1) A completed and signed application form entitled "Application for Additional
21 Authorized Permanent Tables" CGCC-027 (Rev. 07-06), which is attached in
22 Appendix A to this Chapter.

23
24 (2) A non-refundable application fee of \$500, ~~made payable to the California~~
25 ~~Gambling Control Commission~~, plus a Division review deposit ~~made payable to the~~
26 ~~Division of Gambling Control~~, pursuant to California Code of Regulations, title 11,
27 section 2037, made payable to the California Gambling Control Commission.

28
29 (b) The Commission shall not grant the application if any of the following are disclosed
30 by the application or the results of the investigation of the applicant by the Division:

31
32 (1) The requested increase in the number of tables would exceed the number of tables
33 allowed to be operated by the local jurisdiction for either the particular cardroom or
34 the jurisdiction in which the gambling establishment is located.

35
36 (2) The requested increase in the number of tables has been denied by the local
37 jurisdiction in which the gambling establishment is located.

38
39 (3) The gambling establishment's state gambling license is suspended or is subject to
40 conditions precluding the approval of an increase in the number of tables.

41
42 (4) The gambling establishment has outstanding fees, deposits, fines, or penalties
43 owing to the Commission or to the Division.

44
45 (c) A request by an applicant to withdraw the application shall result in the application
46 being considered abandoned and unused deposit amounts returned, with no further action

1 to be taken by the Commission.

2

3 (d) Commission staff shall commence the initial review and shall forward the application
4 to the Division for investigation within 7 days of receipt of the application. The Division
5 shall complete its review and return its findings to the Commission within 25 days of
6 receipt of the application from the Commission. Commission staff shall then complete
7 the review and set the request on the Commission agenda within 90 days of receiving the
8 Division's findings and advise the applicant of the agenda date and any required table
9 fees due. If the request for additional permanent tables is approved, applicant must pay
10 the required tables fee due before placing the additional tables in operation.

11

12 Authority cited: Sections 19811, 19823, 19824, 19840, 19841, 19864, 19950(b) and
13 19951, Business and Professions Code.

14 Reference: Section 19951, Business and Professions Code.

1 **Final Text of Proposed Regulations:**

2
3 **Two Year Licensing of Gambling Establishments and Key Employees**

4
5
6
7 **California Code of Regulations, Title 4. Business Regulations**
8 **Division 18. California Gambling Control Commission**
9 **Chapter 6. State Gambling Licenses and Approval For Gambling**
10 **Establishments, Owners, and Key Employees.**

11
12
13
14
15 **Article 1. Definitions and General Provisions.**

16
17 **12335. Definitions.**

18
19 (a) Except as otherwise provided in section 12002(b) of these regulations, the definitions
20 in Business and Professions Code section 19805 shall govern the construction of this
21 chapter.

22
23 (b) As used in this chapter:

24
25 (1) "Table Fee" means the fee established by Business and Profession Code, section
26 19951(b)(2).

27
28 Authority cited: Sections 19811(b), 19823, 19824, 19840 and 19841, Business and
29 Professions Code.

30 Reference: Sections 19800, 19805(l) and (o), 19811 and 19951(b)(2), Business and
31 Professions Code.

32
33
34 **Article 2. Licensing**

35
36 **12340. Gambling License and Key Employee License.**

37
38 (a) No person may conduct a gambling operation without a current valid gambling
39 license issued by the Commission.

40
41 (b) No person may be a key employee of a gambling operation without a current valid
42 key employee license issued by the Commission

1 (c) A state gambling license and key employee license shall be valid for a period of two
2 (2) years.

3
4 Authority cited: Sections 19811(b), 19823, 19824, 19840, 19841, 19850, 19851, 19852,
5 19853, 19854 and 19876(a), Business and Professions Code.

6 Reference: Sections 19850, 19851, 19854 and 19876(a), Business and Professions Code.
7

8
9 **12342. Initial ~~and Renewal~~ License Applications; Required Forms.**

10
11 (a) Any person applying for a state gambling license or key employee license shall, as
12 appropriate, complete the following forms, which are hereby incorporated by reference:

13 (1) Application for State Gambling License, CGCC-030 (Rev. ~~01-05~~11/07).

14
15 (2) Application for Gambling Establishment Key Employee License, CGCC-031
16 (Rev. ~~01-05~~11/07).

17
18 ~~(3) Cardroom Applicant Supplemental Information for State Gambling~~
19 ~~License~~Gambling Establishment Owner Applicant-Individual Supplemental
20 Background Investigation Information, DGC-APP-015A (Rev. ~~09-04~~08/07).

21
22 ~~(4) Cardroom Applicant Business~~ Gambling Establishment Owner Entity
23 Supplemental Information for State Gambling License, DGC-APP-015B (~~New 09-~~
24 ~~04~~Rev. 08/07).

25
26 (5) Gambling Establishment Supplemental Information for State Gambling License,
27 DGC-APP- 015C (~~New 09-04~~Rev. 08/07).

28
29 ~~(6) Cardroom Key Employee Supplemental Information for State Gambling~~
30 ~~License~~Gambling Establishment Key Employee Supplemental Background
31 Investigation Information, DGC-APP-016A (Rev. ~~09-04~~08-07).

32
33 (7) Cardroom Applicant's Spouse Supplemental Background Information for State
34 Gambling License, DGC-APP. 009A (Rev. 09-04)

35
36 ~~(8) Renewal Supplemental Information for State Gambling/Key Employee License~~
37 ~~and Instructions to Renewal Applicants~~, DGC-APP. 017A (Rev. 12-04).

38 (8) Trust Supplemental Background Investigation Information, DGC-APP-143 (~~New~~
39 11/07)

40
41 (9) Declaration of Full Disclosure, DGC-APP. 005 (Rev. 09-04).

42
43 (10) Authorization to Release Information, DGC-APP. 006 (Rev. ~~09-04~~08/07).

- 1 (11) Applicant's Declaration, Acknowledgment and Agreement (Community Property
2 Interest), DGC-APP. 011 (Rev. 09-04).
3
- 4 (12) Applicant's Declaration, Acknowledgment and Agreement (Sole and Separate
5 Property), DGC-APP. 012 (Rev. 09-04).
6
- 7 (13) Spouse's Declaration, Acknowledgment and Agreement (Community Property
8 Interest), DGC-APP. 013 (Rev. 09-04).
9
- 10 (14) Spouse's Declaration, Acknowledgment and Agreement (Sole and Separate
11 Property), DGC-APP. 014 (Rev. 09-04).
12
- 13 ~~(15) Report of Annual Gross Revenues DGC APP 018 (Rev. 09-03).~~
- 14
- 15 ~~(16) Declaration of Compliance With The Requirement for Public Notice of
16 Application for a Gambling License, DGC LIC. 100 (Rev. 07-03).~~
- 17
- 18 ~~(17) Instructions for Public Notice of an Application for a Gambling Establishment
19 License, DGC LIC. 102 (Rev. 07-03).~~
- 20
- 21 ~~(18) Public Notice of An Application for a Gambling Establishment License, DGC
22 LIC. 102A (Rev. 7-03).~~
- 23
- 24 ~~(19)~~(15) Appointment of Designated Agent, DGC-APP. 008 (Rev. 09-03).
25
- 26 ~~(20) Employee Work Permit Certification, DGC APP. 019 (Rev. 09-03).~~
- 27
- 28 ~~(21)~~(16) Key Employee Report, DGC-LIC. 101 (Rev. 07-03).
29
- 30 ~~(22) Instructions to Applicants, DGC APP. 007 (Rev. 12-04).~~
- 31
- 32 ~~(23)~~(17) Instructions to Applicant's Spouse, DGC-APP. 010 (Rev. 12/04).
33
- 34 ~~(24)~~(18) Notice to Applicants, DGC-APP. 001 (Rev. 09-04).
35
- 36 ~~(25)~~(19) Request for Live Scan Service (California Department of Justice Form BCII
37 8016, Rev. 4/01).
38
- 39 ~~(26)~~(20) Request for Copy of Personal Income Tax or Fiduciary Return, FTB-3516C1
40 (Rev. 06/03 side 1-PIT).
41
- 42 ~~(27)~~(21) Request for Copy of Corporation, Exempt Organization, Partnership, or
43 Limited Liability Company Return FTB-3516C1 (Rev. 06/03 side 2-CORP).
44
- 45 ~~(28)~~(22) Tax Information Authorization (IRS 8821, Rev. April 2004) Request for
46 Transcript of Tax Return IRS 4506-J, Rev. April 2006)

1
2 Authority cited: Sections 19811, 19824, 19840 and 19841, Business and Professions
3 Code.

4 Reference: Sections 19850, 19851, 19852, 19854, 19855, 19856, 19857, 19864, 19865,
5 19866, 19867, 19876, 19880, 19881, 19883, 19890, 19893, 19951 and 19982, Business
6 and Professions Code.

7
8
9 **12343. Processing Times -Initial Applications.**

10
11 (a) Except as provided in subsection (b), initial gambling or key employee license
12 applications submitted pursuant to this chapter shall be processed within the following
13 timeframes:

14 (1) The maximum time within which the Commission shall notify the applicant in
15 writing that an application or a resubmitted application is complete and accepted for
16 initial processing by the Commission, or that an application or a resubmitted
17 application is deficient and identifying what specific additional information is
18 required, is 20 days after receipt of the application. For the purposes of this section,
19 "application" means the Application for State Gambling License, CGCC-030 (Rev.
20 ~~01-0511/07~~) and the Application for Gambling Establishment Key Employee License,
21 CGCC-031 (Rev. ~~01-0511/07~~), both of which are incorporated by reference in
22 Section 12342. An application is not complete unless accompanied by the fee of five
23 hundred dollars (\$500) specified in Business and Professions Code section 19951(a).
24 In addition, an applicant shall submit with the application, any supplemental
25 information required by section 12342 for review by the Division pursuant to
26 paragraph (3) of this subsection. The supplemental information shall not be reviewed
27 for completeness by the Commission.

28
29 (2) An application for a license and the supplemental information shall be forwarded
30 by the Commission to the Division ~~for processing~~ within 10 days of the date that the
31 Commission determines that the application is complete.

32
33 (3) The Division shall review the supplemental information submitted for
34 completeness and notify the applicant of any deficiencies in the supplemental
35 information, or that the supplemental information is complete, within 30 days of the
36 date that the application and supplemental information are received by the Division
37 from the Commission. Notwithstanding this subsection, subsequent to acceptance of
38 the supplemental information as complete, the Division may pursuant to Business and
39 Professions Code section 19866 require the applicant to submit additional
40 information.

41
42 (4) Pursuant to Business and Professions Code section 19868, the Division shall, to
43 the extent practicable, submit its recommendation to the Commission within 180 days
44 after the date the Division is in receipt of both the completed application pursuant to
45 paragraph (2) of this subsection and the completed supplemental information pursuant

1 to paragraph (3) of this subsection. If the Division has not concluded its investigation
2 within 180 days, then it shall inform the applicant and the Commission in writing of
3 the status of the investigation and shall also provide the applicant and the
4 Commission with an estimated date on which the investigation may reasonably be
5 expected to be concluded.

6
7 (5) The Commission shall grant or deny the application within 120 days after receipt
8 of the final written recommendation of the Division concerning the application,
9 except that the Commission may notify the applicant in writing that additional time,
10 not to exceed 30 days, is needed.

11
12 (b) The processing times specified in subsection (a) may be exceeded in any of the
13 following instances:

14
15 (1) The applicant has agreed to extension of the time.

16
17 (2) The number of licenses to be processed exceeds by 15 percent the number
18 processed in the same calendar quarter the preceding year.

19
20 (3) The Commission must rely on another public or private entity for all or part of the
21 processing and the delay is caused by that other entity.

22
23 Authority cited: Sections 19811, 19824, 19840 and 19841, Business and Professions
24 Code.

25 Reference: Sections 19841 and 19868, Business and Professions Code.

26
27
28 **12344. License Renewals.**

29
30 (a) Each application for renewal of a state gambling license ~~for an individual or a~~
31 ~~business organization~~ or for renewal of a key employee license shall be accompanied by
32 all of the following:

33
34 (1) A completed ~~form~~ application:

35
36 (A) Applicants for a state gambling license shall use the form "Application for
37 State Gambling License, CGCC-030 (Rev. ~~01-05~~11/07)."

38
39 (B) Applicants for a key employee license shall use the form "Application for
40 Gambling Establishment Key Employee License, CGCC-031 (Rev. ~~01-05~~11/07)."

41
42 ~~(2) A completed form entitled "Renewal Supplemental Information for State~~
43 ~~Gambling/Key Employee License and Instructions to Renewal Applicants, DGC-~~
44 ~~APP.017A (Rev. 12-04)" together with any documents required by the form.~~

45
46 ~~(3)~~(2) A nonrefundable application fee in the amount of five hundred dollars (\$500).

1
2 (b) Each key employee or other person whose name is required to be endorsed upon the
3 license shall submit a separate application for renewal of that person's license, together
4 with the application fee specified in subsection (a).
5

6 (c) All applications for renewal of state gambling licenses and key employee licenses for
7 a particular gambling establishment shall be submitted together as a single package to the
8 California Gambling Control Commission.
9

10 (d) If, after a review of an application for renewal of a state gambling license or a key
11 employee license, the Division of Gambling Control determines that further investigation
12 is needed, the applicant shall submit an additional sum of money that, in the judgment of
13 the Director of the Division, will be adequate to pay the anticipated investigation and
14 processing costs, in accordance with Business and Professions Code section 19867.
15

16 Authority cited: Sections 19811, 19824, 19840 and 19841, Business and Professions
17 Code.

18 Reference: Sections 19876, 19851 and 19951, Business and Professions Code.
19
20

21 **12345. Processing Times -Renewal Applications.** 22

23 (a) Except as provided in subsection (b), renewal gambling or key employee license
24 applications submitted pursuant to Section 12344 shall be processed within the following
25 timeframes:
26

27 (1) An application for renewal of a gambling license or key employee license shall be
28 filed by the owner licensee or the key employee with the Commission no later than
29 120 days prior to the expiration of the current license.
30

31 (2) The maximum time within which the Commission shall notify the applicant in
32 writing that an application or a resubmitted application is complete and accepted for
33 initial processing by the Commission, or that an application or a resubmitted
34 application is deficient and identifying what specific additional information is
35 required, is 10 days after receipt of the application. For the purposes of this section,
36 "application" means the Application for State Gambling License, CGCC-030 (Rev.
37 ~~01-0511/07~~) and the Application for Gambling Establishment Key Employee License,
38 CGCC-031 (Rev. ~~01-0511/07~~), both of which are incorporated by reference in
39 Section 12342. An application is not complete unless accompanied by the fee of five
40 hundred dollars (\$500) specified in Business and Professions Code section 19951(a).
41 In addition, an applicant shall submit with the application, any supplemental
42 information required by section 12342 for review by the Division.
43

44 (3) An application for a license and the supplemental information shall be forwarded
45 by the Commission to the Division for processing within five days of the date that the
46 Commission determines that the application is complete.

1
2 (4) The Division shall submit its written recommendation concerning the renewal
3 application to the Commission no later than 45 days prior to the expiration of the
4 current license.

5
6 (b) The processing times specified in paragraphs (2) through (4) of subsection (a) may be
7 exceeded in any of the following instances

8
9 (1) The applicant has agreed to extension of the time.

10
11 (2) The number of licenses to be processed exceeds by 15 percent the number
12 processed in the same calendar quarter the preceding year.

13
14 (3) The Commission must rely on another public or private entity for all or part of the
15 processing and the delay is caused by that other entity.

16
17 Authority cited: Sections 19811, 19824, 19840 and 19841, Business and Professions
18 Code.

19 Reference: Sections 19868 and 19876, Business and Professions Code.

20
21
22 **Article 3. Table Fee; Requests for Additional Tables**

23
24 **12357. Table Fee.**

25
26 The fee required by Business and Professions Code section 19951, subdivision (b)(2)(B)
27 shall be based on the criteria in subsection (a) or (b) of this section, whichever is
28 applicable, and shall be due and paid annually by the holder of a state gambling license to
29 the Commission no later than 120 calendar days following the end of the licensee's fiscal
30 year.

31
32 (a) The fee specified in Business and Professions Code section 19951, subdivision (c)
33 shall be based on the number of tables authorized by the license during the licensee's
34 preceding fiscal year.

35
36 (b) The fee specified in Business and Professions Code section 19951, subdivision (d)
37 shall be based on the owner licensee's gross revenues for the preceding fiscal year.

38
39 (c) Each holder of a state gambling license shall submit to the Commission, together with
40 their payment of the annual fee specified in this section, a completed form Gambling
41 Establishment Annual Fee Calculation, CGCC-028 (New 08/07), which is hereby
42 incorporated by reference.

43
44 Authority cited: Sections 19811(b), 19823, 19824, 19840, 19841, 19876(a) and 19951,
45 Business and Professions Code.

46 Reference: Sections 19841, 19876(a) and 19951, Business and Professions Code.

1
2
3 **12358. Request for Additional Temporary Tables for Tournaments or Special**
4 **Events.**
5

6 (a) An owner licensee of a gambling establishment may apply to operate, on a limited and
7 temporary basis, for a tournament or special event (hereinafter, event), more tables than
8 the gambling establishment is authorized to regularly operate. To apply for additional
9 tables, the applicant must submit to the Commission, no less than 45 days prior to the
10 event, the following for each event:
11

12 (1) A completed and signed application form entitled "Request for a Certificate to
13 Operate Additional Tables on a Temporary Basis" CGCC-024 (Rev. 07/06), which is
14 attached in Appendix A to this Chapter.
15

16 (2) A non-refundable application fee of \$500, ~~made payable to the California~~
17 ~~Gambling Control Commission,~~ plus a Division review deposit ~~made payable to the~~
18 ~~Division of Gambling Control,~~ pursuant to California Code of Regulations, title 11,
19 section 2037, made payable to the California Gambling Control Commission.
20

21 (3) Fees for the additional tables, as calculated according to the form in subsection
22 (a)(1), above.
23

24 (b) The Commission shall not grant the application if a review by the Division discloses
25 any of the following:
26

27 (1) The requested temporary increase in the number of tables would exceed the
28 number of tables allowed to be operated by the local jurisdiction for either the
29 particular cardroom or the jurisdiction where the gambling establishment is located.
30

31 (2) The requested temporary increase in the number of tables has been denied by the
32 local jurisdiction where the gambling establishment is located.
33

34 (3) The gambling establishment's state gambling license is suspended or contains
35 conditions precluding the approval of a temporary increase in the number of tables.
36

37 (4) The gambling establishment has outstanding fees, deposits, fines, or penalties
38 owing to the Commission or to the Division.
39

40 (c) The Commission may deny the application if the application as submitted was
41 untimely or incomplete.
42

43 (d) A request by an applicant to withdraw the application shall result in the application
44 being considered abandoned, and the fees for the additional tables and unused deposit
45 amounts returned, with no further action to be taken by the Commission.
46

1 (e) The Commission may delegate the authority to deny the requested temporary increase
2 or to issue a license certificate approving the requested temporary increase in the number
3 of tables to any employee of the Commission. Commission staff shall commence the
4 initial review and shall forward the application to the Division for review within 7 days
5 of receipt of the application. The Division shall complete its review and return its
6 findings to the Commission within 25 days of receipt of the application from the
7 Commission. Commission staff shall then complete the review within 13 days of
8 receiving the Division's findings and notify the applicant.
9

10 Authority cited: Sections 19811, 19823, 19824, 19840, 19841(a)-(c) and (p), 19864,
11 19950(b) and 19952, Business and Professions Code.

12 Reference: Section 19951, Business and Professions Code.
13
14

15 **12359. Request for Additional Permanent Tables.**

16
17 (a) The owner licensee of a gambling establishment may apply to operate additional
18 tables on a permanent basis by submitting the following to the Executive Director:
19

20 (1) A completed and signed application form entitled "Application for Additional
21 Authorized Permanent Tables" CGCC-027 (Rev. 07-06), which is attached in
22 Appendix A to this Chapter.
23

24 (2) A non-refundable application fee of \$500, ~~made payable to the California~~
25 ~~Gambling Control Commission,~~ plus a Division review deposit ~~made payable to the~~
26 ~~Division of Gambling Control,~~ pursuant to California Code of Regulations, title 11,
27 section 2037, made payable to the California Gambling Control Commission.
28

29 (b) The Commission shall not grant the application if any of the following are disclosed
30 by the application or the results of the investigation of the applicant by the Division:
31

32 (1) The requested increase in the number of tables would exceed the number of tables
33 allowed to be operated by the local jurisdiction for either the particular cardroom or
34 the jurisdiction in which the gambling establishment is located.
35

36 (2) The requested increase in the number of tables has been denied by the local
37 jurisdiction in which the gambling establishment is located.
38

39 (3) The gambling establishment's state gambling license is suspended or is subject to
40 conditions precluding the approval of an increase in the number of tables.
41

42 (4) The gambling establishment has outstanding fees, deposits, fines, or penalties
43 owing to the Commission or to the Division.
44

45 (c) A request by an applicant to withdraw the application shall result in the application
46 being considered abandoned and unused deposit amounts returned, with no further action

1 to be taken by the Commission.
2

3 (d) Commission staff shall commence the initial review and shall forward the application
4 to the Division for investigation within 7 days of receipt of the application. The Division
5 shall complete its review and return its findings to the Commission within 25 days of
6 receipt of the application from the Commission. Commission staff shall then complete
7 the review and set the request on the Commission agenda within 90 days of receiving the
8 Division's findings and advise the applicant of the agenda date and any required table
9 fees due. If the request for additional permanent tables is approved, applicant must pay
10 the required tables fee due before placing the additional tables in operation.

11

12 Authority cited: Sections 19811, 19823, 19824, 19840, 19841, 19864, 19950(b) and
13 19951, Business and Professions Code.

14 Reference: Section 19951, Business and Professions Code.

ATTACHMENT A-2

A.2 - New forms proposed for incorporation by reference into the CCR:

- i. CGCC-028 (New. 08-07) "Gambling Establishment Annual Fee Collection Calculation"
- ii. DGC-APP. 143 (New 12-07)"Trust Supplemental Background Investigation Information"
- iii. IRS 4506-T (replaces IRS Form 8821)

GAMBLING ESTABLISHMENT ANNUAL FEE CALCULATION

CGCC-028 (New 08/07)



State of California
 California Gambling Control Commission
 2399 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833-4231
 (916) 263-0700; Fax (916) 263-0452
www.cgcc.ca.gov

Gambling Establishment Annual Fee Calculation

Business and Professions Code (B&P) section 19951 establishes two fee schedules for Gambling Establishment owner licensees to determine the amount of annual fees to be paid to the Commission. The fee schedules are based on the gross revenues of the owner licensee and the number of authorized tables from the previous fiscal year. In addition, B&P section 19954 requires each licensee to pay an additional one hundred dollars (\$100) for each authorized table. This fee will be deposited in the Gambling Addiction Program Fund, which is maintained by the Department of Alcohol and Drug Programs. Annual fees are to be submitted no later than 120 calendar days following the end of the owner licensee's fiscal year and in conjunction with the annual submission of financial statements.

You must provide truthful information in all of your responses on this form. Any misrepresentation or failure to disclose information requested on this form may constitute sufficient cause for denial or revocation of your state gambling license.

Instructions:

Type or print legibly, in ink, all information requested on this form. Send the completed form and required fees to the California Gambling Control Commission, 2399 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833-4231. Please make all checks payable to the California Gambling Control Commission.

Gambling Establishment (Cardroom) Name	
SECTION 1 – GAMBLING ACTIVITIES/REVENUE	
List the games offered and the gross revenue attributed to each game for the cardroom's prior fiscal year. Should you need additional space, attach a separate sheet of paper. If any section below does not apply, indicate N/A (not applicable).	
Fiscal Year Reporting:	
Poker Style Games	Revenue
1)	\$
2)	\$
3)	\$
4)	\$
California Style Games	Revenue
1)	\$
2)	\$
3)	\$
4)	\$
Other Games	Revenue
1)	\$
2)	\$
3)	\$
Tournament (Name)	Revenue (Entry Fee)
1)	\$
2)	\$
Total Annual Interest Received from the Issuance of Credit:	\$
Total Revenues Listed Above:	\$

SECTION 2a – TABLE FEE SCHEDULES

Check the appropriate box based on the Total Revenues Indicated in Section 1 and follow the instructions to determine the appropriate fee per authorized table.

- Annual gross revenues are less than \$200,000: Refer to Table 1 to determine appropriate fee per authorized table.
- Annual gross revenues are \$200,000 or more: To determine the appropriate fee per authorized table:
 - 1) Refer to the cardroom's Number of Authorized Tables range in Table 1 and the corresponding fee.
 - 2) Refer to the cardroom's Gross Revenues range in Table 2 and the corresponding fee.
 - 3) The fee per table will be whichever fee is greater.

Table 1

Number of Authorized Tables	1 – 5	6 – 8	9 – 14	15 – 25	26 – 70	71 or more
Fee Per Table	\$300	\$550	\$1300	\$2700	\$4000	\$4700

Table 2

Gross Revenues	\$200,000 – \$499,999	\$500,000 – \$1,999,999	\$2,000,000 – \$8,999,999	\$10,000,000 – \$29,999,999	\$30,000,000 or more
Fee Per Table	\$550	\$1300	\$2700	\$4000	\$4700

SECTION 2b – ANNUAL TABLE FEE CALCULATION

Fee Per Table (Determined in Section 2a):	\$
Multiply by Cardroom's Number of Authorized Tables:	X
Total Annual Table Fees to be Submitted:	\$

SECTION 2c – GAMBLING ADDICTION PROGRAM FEE CALCULATION

Gambling Addiction Fund Fee Per Authorized Table:	\$ 100
Multiply by Cardroom's Number of Authorized Tables:	X
Total Fees for Deposit to the Gambling Addiction Fund:	\$

SECTION 2d – TOTAL ANNUAL FEES DUE

ANNUAL FEES DUE (Total from Section 2b and 2c):	\$
---	----

SECTION 3 – DECLARATION / SIGNATURE

I declare under penalty of perjury under the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate, and complete.

Name of Individual Completing this Application (typed or printed)	Title
Signature	Date

Division of Gambling Control
Trust Supplemental Background Investigation Information

DGC-APP-143 (New 12/07)



DIVISION OF GAMBLING CONTROL
P. O. Box 168024
Sacramento, CA 95816-8024
(916) 263-3408, Fax (916) 263-3403

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE YOU COMPLETE THIS FORM

The Gambling Control Act requires any "person" who is an owner of a gambling enterprise to apply for and obtain a state gambling license. Business and Professions (B & P) Code section 19850.

A "trust" is a "person." B & P Code section 19805(ad) provides that:

"Person," unless otherwise indicated, includes a natural person, corporation, partnership, limited partnership, trust, joint venture, association, or any other business organization. (Emphasis added.)

Thus, a trust that is an owner of a cardroom must be licensed, just as a limited partnership in the same position must be licensed. B & P Code section 19852 goes on to mandate that certain trust-related persons must also apply for and obtain a state gambling license before the trust itself can be licensed, and to authorize the Commission to require licensing of other specified trust-related persons. According to B & P Code section 19852, a trustee of a trust that is an owner of a gambling enterprise, must also apply for and obtain a state gambling license [B & P Code section 19852(e)]. Similarly, the Commission may in its discretion require that the trustor or the beneficiary of a trust that is an owner of a gambling enterprise apply for and obtain a state gambling license [B & P Code section 19852(e)].

"Trustor" means the same thing as "grantor," "donor," or "settlor": a person who creates a trust.

B & P Code section 19852, provides, in part:

Except as provided in Section 19852.2 (racetrack ownership), an owner of a gambling enterprise that is not a natural person shall not be eligible for a state gambling license unless each of the following persons individually applies for and obtains a state gambling license:

"e) If the owner is a trust, then the trustee and, in the discretion of the commission, any beneficiary and the trustor of the trust." (Emphasis added.)

A current beneficiary must be licensed if either of the follows applies:

- (1) The beneficiary receives income from a trust that is an owner of a gambling enterprise. (B & P Code section 19850.) "Income" for the purposes of this Gambling Control Act form, includes distribution of the principal of a trust.
- (2) The beneficiary receives any percentage share of revenue from gambling activities. (B & P Code section 19852(q).) 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.

A current beneficiary who falls in either of the two above-noted categories must submit the following forms:

- One Application for State Gambling License, CGCC-030 (Rev. 12/07); and
- One Gambling Establishment Owner Applicant-Individual Supplemental Background Investigation Information, DGC-APP-015A (Rev. 08/07).

NOTE: Pursuant to B & P Code section 19859(g), any person less than 21 years of age is disqualified from receiving a gambling 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, 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 shall be submitted.

A contingent or future beneficiary is not required to be licensed unless specifically directed to apply for a license by the Commission. However, a contingent or future beneficiary may elect to submit an application, if, for instance, the beneficiary wishes to avoid future delays in receiving income or a share in ownership from a cardroom when the future event occurs, for instance, the death of the current beneficiary.

The purpose of this Trust Supplemental Background Investigation Information form is to obtain information that is necessary to determine whether the applicant meets the requirements for licensure under state law. By completing this form, the applicant is providing information that will be used to make that determination.

This form is to be completed for all trusts. The trustee, trustor, and the beneficiary (if applicable) apply for licensure using the following forms:

- One Application for State Gambling License, CGCC-030 (Rev. 12/07); and
- One Gambling Establishment Owner Applicant-Individual Supplemental Background Investigation Information, DGC-APP-015A (Rev. 08/07).

If the trustee is also the trustor and the beneficiary, only one CGCC-030 and one DGC-APP-015A form needs to be submitted. In this situation, the applicant will indicate in Section 4 of the CGCC-030 form that he/she is applying in three separate capacities (trustee, trustor, and beneficiary).

The applicant must provide truthful information in all responses in this application. All answers to questions in this application, and all supplemental documentation provided by the applicant, will be subject to verification. Any misrepresentation or failure to disclose information required on this application may constitute sufficient cause for denial or revocation.

Type, or print legibly in blue or black ink, all information requested on this application. If a question does not apply to the applicant, write "N/A" (Not Applicable). Applications not fully and accurately completed will be returned to the applicant for completion.

Please send your completed Trust Supplemental Background Investigation Information form, along with a completed Authorization to Release Information form (DGC-APP-006, Rev. 08/07) to the California Gambling Control Commission at 2398 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833-4231.

Division of Gambling Control - Trust Supplemental Background Investigation Information

SECTION 2 - TRUST INFORMATION			
A) TRUST NAME _____	B) ORIGINAL DATE OF TRUST _____	D) TYPE OF TRUST <input type="checkbox"/> REVOCABLE <input type="checkbox"/> IRREVOCABLE	
E) NAME OF SUITABILITY APPLICANT (e.g., Cardroom, Proposition Player Provider) _____	C) AMENDMENT DATE(S) _____		
F) RELATIONSHIP TO SUITABILITY APPLICANT (e.g., owner, shareholder, beneficiary) _____		G) IF OTHER THAN ESTATE PLANNING, DESCRIBE THE PURPOSE OF THE TRUST _____	
H) EFFECTIVE DATE OF THE TRUST _____ IF CONTINGENT, PLEASE EXPLAIN THE CONTINGENCY (e.g., death of the trustor) _____			
I) CURRENT MARKET VALUE OF TRUST ASSETS (ESTIMATED): \$ _____			
J) TRUST TAX ID NUMBER _____	K) IS THE TRUST TAX ID NUMBER SEPARATE FROM THAT OF ANOTHER PERSON OR ENTITY? ... <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, COMPLETE BELOW; IF YES, GO TO SECTION 2.		
1) NAME OF INDIVIDUAL (First, MI, Last) OR ENTITY ASSIGNED TAX ID NUMBER _____		2) RELATIONSHIP TO TRUST (e.g., trustee) _____	
3) ADDRESS (Number / Street / Apt) _____			
4) CITY _____	5) COUNTY _____	6) STATE _____	7) ZIP CODE _____

SECTION 3 - TRUSTEE, TRUSTOR, AND BENEFICIARY INFORMATION			
LIST EACH TRUSTEE, TRUSTOR, AND BENEFICIARY. (If additional space is needed, attach a separate sheet of paper.)			
A) INDIVIDUAL'S NAME (First, MI, Last) OR ENTITY NAME	B) ADDRESS (City, State, Zip Code)	C) SPECIFY TRUSTEE, TRUSTOR, AND/OR BENEFICIARY	D) CONTINGENT *
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
* CHECK "YES" IF THE INDIVIDUAL'S STATUS OR INTEREST IN THE TRUST IS CONTINGENT ON A FUTURE EVENT (and describe the contingency(ies)). IF A BENEFICIARY CURRENTLY RECEIVES INCOME FROM THE TRUST, THAT PERSON IS NOT A CONTINGENT BENEFICIARY.			

SECTION 2 - TRUST INFORMATION		
LIST EACH PERSON THAT HAS AUTHORITY OVER TRUST ASSETS AND/OR AUTHORITY OVER TRUST DISBURSEMENTS		
A) INDIVIDUAL'S NAME (First, M., Last) OR ENTITY NAME	B) DISCRETIONARY AUTHORITY OVER TRUST INVESTMENTS	C) SIGNATURE AUTHORITY OVER TRUST DISBURSEMENTS
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
D) NAME OF CONTACT PERSON FOR THE APPLICANT	PHONE NUMBER	EMAIL ADDRESS (If any)
_____	() _____	_____
E) LIST THE NAME OF PERSON WHO PREPARES AND FILES THE TRUST'S FINANCIAL STATEMENTS AND TAX FORMS, IF APPLICABLE		F) IS THIS PERSON AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT?
_____		<input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIBE DUTIES. (e.g., bookkeeping, preparation of audited financial statements, investment manager)		

G) IS THERE ANY COMMINGLING OF THE TRUST ASSETS WITH ASSETS NOT A PART OF THE TRUST? (if yes, provide details) ... <input type="checkbox"/> YES <input type="checkbox"/> NO		
H) IS ANY TRUSTEE ALSO A BENEFICIARY OF THE TRUST? (if yes, provide details if not listed in Section 2.) <input type="checkbox"/> YES <input type="checkbox"/> NO		

SECTION 3 - DOCUMENTATION
SUBMIT COMPLETED COPIES OF THE FOLLOWING DOCUMENTATION WITH THIS APPLICATION.
<input type="checkbox"/> THE TRUST DOCUMENT AND ALL AMENDMENTS (skated copies) <input type="checkbox"/> A PLAIN ENGLISH 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"/> ITEMIZED LIST OF (A) ALL TRUST ASSETS AND THEIR CURRENT ESTIMATED FAIR MARKET VALUES AND (B) ALL TRUST LIABILITIES FOR THE 12-MONTH PERIOD PRECEDING THE DATE OF THIS APPLICATION. <input type="checkbox"/> ITEMIZED LIST OF ALL TRUST INCOME AND EXPENSES, INCLUDING THEIR DOLLAR VALUES, FOR THE 12-MONTH PERIOD PRECEDING THE DATE OF THIS APPLICATION. <input type="checkbox"/> ITEMIZED LIST OF ALL DISTRIBUTIONS AND DISPOSITIONS OF TRUST ASSETS FOR THE 12-MONTH PERIOD PRECEDING THE DATE OF THIS APPLICATION <input type="checkbox"/> IRS FORM 4506-T (available at www.irs.gov)

SECTION 4 - SIGNATURE		
A PERSON HAVING AUTHORITY TO ACT ON BEHALF OF THE TRUST, INCLUDING THE AUTHORITY OVER TRUST INCOME AND ASSETS, MUST SIGN THIS FORM.		
NAME AND TITLE OF PERSON COMPLETING THE APPLICATION _____		
I declare under penalty of perjury, under the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, are true, accurate and complete, and that this declaration is executed by me at		
_____	() _____	_____
CITY AND STATE		DATE
PRINT FULL NAME	SIGNATURE	DATE
_____	_____	_____

Form **4506-T**

Request for Transcript of Tax Return

(Rev. April 2006)
Department of the Treasury
Internal Revenue Service

▶ Do not sign this form unless all applicable lines have been completed.
Read the instructions on page 2.

OMB No. 1545-0072

▶ Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-828-1040 to order a transcript. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

- 1a Name shown on tax return. If a joint return, enter the name shown first.
- 1b First social security number on tax return or employer identification number (see instructions)
- 2a If a joint return, enter spouse's name shown on tax return
- 2b Second social security number if joint tax return
- 3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code
- 4 Previous address shown on the last return filed if different from line 3
- 5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Caution: If a third party requires you to complete Form 4506-T, do not sign Form 4506-T if lines 6 and 9 are blank.

- 6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____
 - a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days.
 - b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days.
 - c Record of Account, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days.
- 7 Verification of Nonfiling, which is proof from the IRS that you did not file a return for the year. Most requests will be processed within 10 business days.
- 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days.

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

- 9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

Telephone number of taxpayer on line 1a or 2a

Sign Here

Signature (see instructions) _____ Date _____

Title (if line 1a above is a corporation, partnership, estate, or trust) _____

Spouse's signature _____ Date _____

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

Note. If you are requesting more than one transcript or other product and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501 978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 678-530-5326
Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, West Virginia	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, Wyoming	RAIVS Team Stop 38101 Fresno, CA 93888 559-253-4990
Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, North Dakota, Ohio, Wisconsin	RAIVS Team Stop 6705-841 Kansas City, MO 64999 816-823-7667
New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695 215-516-2931

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-820-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 146500 Stop 2800 F Cincinnati, OH 45250 859-669-3592
A foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695 215-516-2931

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

ATTACHMENT A-3

A.3 - Forms to be deleted (no longer incorporated by reference into the CCR):

- i. DGC-APP. 007 (Rev. 12-04) "Instructions to Applicants"
- ii. DGC-APP. 017A (Rev 12-04) "Instructions to Renewal Applicants"
- iii. DGC-APP. 018 " (Rev 09-03) "Schedule A - Report of Annual Gross Revenues"
- iv. DGC-APP. 019 (Rev. 09-03) "Employee Work Permit Certification"
- v. DGC-LIC. 100 (Rev. 07-03) "Declaration of Compliance with the Requirement for Public Notice of Application for a Gambling License"
- vi. DGC-LIC. 102 (Rev. 07-03) "Instructions for Public Notice of an Application for a Gambling Establishment License"
- vii. DGC-LIC. 102A (Rev. 07-03) "Public Notice of an Application for a Gambling Establishment License"
- viii. IRS Form 8821 (dropped in favor of IRS Form 4506-T)

Instructions to Applicants

(DGC-APP-001 (Rev. 12/04))

**DEPARTMENT OF JUSTICE
DIVISION OF GAMBLING CONTROL
INSTRUCTIONS TO APPLICANTS**

The following forms and documentation must be submitted in conjunction with the submission of an application for a state gambling license. Originals are required unless otherwise stated. Any corrections, changes or other alterations must be initialed and dated by the applicant. Pursuant to Business and Professions Code section 19868, subd. (a), an official filing date will not be established until all required forms, documentation, and fees have been received by the Division.

Forms/Documentation	Sole Proprietor	Corporate Partnership	Individual Corporate Interest	Individual Partnership Interest	Trustee/Trustor/Beneficiary	Key Employee	Other
	Supplemental Background Information Part I (DGC-APP 015A (Rev. 09-04))	X	X	X	X	X	
Supplemental Background Information Part II (DGC-APP 015A (Rev. 09-04))	X		X	X	X		X
Supplemental Background Information Part III (DGC-APP 015A (Rev. 09-04))		X					
Supplemental Background Information Part IV (DGC-APP 015A (Rev. 09-04))	X	X					
Key Employee Supplemental Background Information (DGC-APP 015A (Rev. 09-04))						X	
Applicant's Declaration, Acknowledgment, and Agreement (Community Property Interest) (DGC-APP 001 (Rev. 09-04)) or Applicant's Declaration, Acknowledgment, and Agreement (Sole and Separate Property) (DGC-APP 002 (Rev. 09-04))	X		X	X	X		
Affidavit of Full Disclosure (DGC-APP 005 (Rev. 09-04))	X		X	X	X		
Authorization to Release Information (DGC-APP 004 (Rev. 09-04))	X	X	X	X	X	X	X
Appointment of Designated Agent (DGC-APP 003 (Rev. 09-04))	X	X					
Request for Copy of Personal Income Tax or Fiduciary Return (FTB 3516 (Rev. 06-03 side 1))	X		X	X	X	X	X
Request for Copy of Bank & Corporation or Partnership Return (FTB 3516 (Rev. 06-03 side 2))							
Internal Revenue Service Tax Information Authorization (IRS 8821 (Rev. 04-04))	X	X	X	X	X	X	X
Tax Returns - Signed copies of state and federal, both individual and business for the past three years, including all schedules and attachments.	X	X		X	X	X	X
Bank Statements - Copies for any and all personal and business accounts for past 18 months	X	X	X	X	X	X	X
Investment Account Statements - Copies for any and all accounts for the past 18 months.	X	X	X	X	X	X	X
Naturalization Certificate - If naturalized citizen, copy of your naturalization certificate.	X			X	X	X	X
Request for Live Scan Service (DCII B016 (Rev. 04-01))	X		X	X	X	X	X
Balance Sheets and Income Statements - Copies for the last 3 fiscal years	X	X					
Trust Agreement - Copy					X		

Instructions to Applicants

DGC-APP 007 (Rev 12/04)

Forms/Documentation

	Sole Proprietor	Corporation/Partnership	Individual Corporate Interest	Individual Partnership Interest	Trustee/Trustee Beneficiary	Key Employee	Other
All Lease Agreements - Copy	X	X					
Purchase/Sale Agreement - Copy	X	X	X	X			
Loan Documentation - Copies	X	X	X	X			
Management Company Agreement - Copy		X					
Employment Contract - Copy						X	X
License Agreement - Copy							X
Local Gambling Establishment Business License or Permit - Copy	X	X					
Conditional Use Permit - Copy	X	X					
Local Cardroom Employee License, Permit, Badge, etc - Copy	X					X	
Names and rules of all games & gaming activities, including a description of the event that determines the winner of the game or gaming activity, the wagering conventions, and the fee collection and assessment methods	X	X					
Organizational Chart - Show Names, Job Titles and Lines of Accountability	X	X					
Identification of Potential Key Employees with Categories Identified (see Regulation 2060)	X	X					
Full and Complete Description of Duties Performed by Persons Occupying Each Potential Key Employee Position (Documentation must be signed by designated agent/owner licensee)	X	X					
Cardroom Security Plan/Cardroom Floor & Gambling Table Layout - Copy	X	X					

* Review both forms and complete the appropriate declaration. If you are married, your spouse must refer to the Instructions to Applicant=s Spouse @

Each applicant must submit a background investigation deposit that, in the judgment of the Director of the Division, will be adequate to pay the anticipated investigation and processing costs, in accordance with Business and Professions Code section 19867. An applicant is responsible for all costs incurred by the Division while conducting his/her 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 to the applicant. A license will not be issued until all outstanding background investigation and issuance fees are received.

Instructions to Renewal Applicants and
 Renewal Supplemental Information for
 State Gambling/Key Employee License
 (DGC-APP 017A (Rev. 11/04))

**DEPARTMENT OF JUSTICE
 DIVISION OF GAMBLING CONTROL**

INSTRUCTIONS TO RENEWAL APPLICANTS

The following forms and documentation must be submitted in conjunction with the submission of the Renewal Supplemental Information for State Gambling/Key Employee License. Any corrections, changes or other alterations must be initialed and dated by the applicant.

An official filing date will not be established until all required forms and documentation have been received by the Division.

FORMS/DOCUMENTATION	SUBMITTED / COMPLETED
Completed Renewal Supplemental Information for State Gambling/Key Employee License (DGC-APP 017A (Rev. 11/04)).	
Each Applicant for Renewal Must Complete Part I.	
One Owner Licensee/Designee, on behalf of the Gambling Establishment, Must Complete Part II.	
If a Licensee is a Corporation or Limited Liability Company, Part III Must be Completed.	
If a Licensee is a Partnership or Joint Venture, Part IV Must be Completed.	
One Owner Licensee/Designee, on behalf of the Gambling Establishment, must submit a copy of current local business license to operate the gambling establishment, the current bank statement for the chips-in-use account, and if applicable, the bank statement for all players= banks.	
Please note that several of the questions require explanations if there have been changes during the last 12 months. These written explanations should be on a separate sheet of paper.	
Appointment of Designated Agent - if changes have occurred (DGC-APP 008 (Rev. 09/03)).	
Authorization to Release Information (DGC-APP 006 (Rev. 09/03)).	
Schedule A - Report of Annual Gross Revenues (DGC-APP 018 (Rev. 09/03)).	

Each application for renewal of a State Gambling License shall be accompanied by a non-refundable fee in the amount of five hundred dollars (\$500). Upon review, an applicant may be required to deposit \$600 to pay the anticipated investigation and processing costs, in accordance with Business and Professions Code section 19867. Please submit the completed Renewal Supplemental Information for State Gambling/Key Employee License, along with the requested forms and documentation to:

California Gambling Control Commission
 P.O. Box 526013
 Sacramento, California 95852-6013

Instructions to Renewal Applicants and
Renewal Supplemental Information for
State Gambling/Key Employee License
JGC-APP-001 (Rev. 12/04)



California Department of Justice
Division of Gambling Control
P. O. Box 160024
Sacramento, CA 95816
(916) 263-3408

**RENEWAL SUPPLEMENTAL INFORMATION
FOR STATE GAMBLING/KEY EMPLOYEE LICENSE**

Upon review, a background investigation deposit of \$600 may be required to pay the anticipated investigation and processing costs, in accordance with Business and Professions Code section 19867.

I. EACH LICENSEE MUST COMPLETE THE FOLLOWING: (Print with ink or type. Answer all questions completely.)

1. Name of Licensee:		
2. Address of Licensee:		
3. Mailing Address of Licensee (if different):		
4. Telephone Numbers: Home: () Work: ()		
5. Establishment Name:		
6. Establishment Address:		
7. During the last 12 months, have changes occurred in any of the following areas? Please provide a detailed explanation on additional sheets for each Ayes@ response to questions 7, 8, 9, and 10.		
1. Personal information relating to you or your spouse (e.g., residence, marital status, employment [full, part-time & temporary], citizenship status, etc.)	Yes	No
2. Civil or Criminal Litigation (Include names of parties; the date filed; court and case number, city, county, and state; disposition and date.)	Yes	No
3. Probation	Yes	No
4. Convictions	Yes	No

Instructions to Renewal Applicants and
Renewal Supplemental Information for
State Gambling/Key Employee License
DGC-APP 017A (Rev. 12/04)

8. Have you been the subject of any disciplinary actions of any license, certificate or credential during the last 12 months?

Yes

No

9. Have you been prohibited from being present on the premises of any gaming or pari-mutuel wager establishment by any government office, agency or gambling establishment?

Yes

No

10. Do you have any financial interest in any business or organization that is engaged in any form of gambling prohibited by Penal Code Section 330 or 330.1?

Yes

No

11. Business and Professions Code section 19987 Campaign Finance Disclosure of Contribution Limitations

G None of the reporting requirements are applicable.

G Copies of any statements, documents, or reports are attached.

II. AN OWNER LICENSEE/DESIGNEE OF THE GAMBLING ESTABLISHMENT MUST COMPLETE THE FOLLOWING:

12. Have any changes occurred in the building lease during the last 12 months?

If yes, attach copy of lease and an explanation.

Yes

No

13. What was the gambling establishment's gross revenue for the preceding fiscal year \$

(Complete Schedule A - Report of Annual Gross Revenues DGC-APP 018

(Rev. 09/03))

14. Adequate Financing: Title 11, Division 3, California Code of Regulations, Section 2053 states that the Division may require a gambling establishment to present satisfactory evidence that there is adequate financing available to protect the public's health, safety and welfare. Please refer to complete text of Title 11, Division 3, California Code of Regulations, Section 2053 before completing this section.

The gambling establishment is in compliance with Section 2053(b) and has obtained sufficient security to cover chips in use

Employee Work Permit Certification: Pursuant to Business and Professions Code section 19912, the California Gambling Control Commission shall not issue a state gambling license until the applicant has submitted to the Division a

**Instructions to Renewal Applicants and
Renewal Supplemental Information for
State Gambling/Key Employee License**
JGC-APP 017A (Rev. 12/04)

certification that all gambling enterprise employees of the gambling establishment possess a valid work permit.

I hereby certify that all gambling enterprise employees of the gambling establishment identified above:

Hold a valid gambling enterprise employee work permit issued in accordance with the applicable ordinance of the _____ (city or county) in which his or her duties are performed.

Hold a valid gambling enterprise employee work permit issued by the California Gambling Control Commission.

16. Local License: Please attach a copy of your current local business license to operate the gambling establishment.

17. Have there been any changes in Third Party Providers of Proposition Players or Gambling Businesses operating in the gambling establishment?

If so, please provide updated information:

III. IF LICENSEE IS A CORPORATION OR LIMITED LIABILITY COMPANY, COMPLETE THE FOLLOWING:

18. Provide the name and addresses of all officers, directors and shareholders, and the percentage interest held by each:

_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

(If more room is required, please attach additional sheet(s))

19. Have changes occurred to the Articles of Incorporation or Statement of Officers during the last 12 months? If yes, please provide a detailed explanation on additional sheets.

Yes

No

IV. IF LICENSEE IS A PARTNERSHIP OR JOINT VENTURE, COMPLETE THE FOLLOWING:

20. Provide the name and addresses of each partner/investor and percentage interest held by each:

_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

(If more room is required, please attach additional sheet(s))

21. Have changes occurred to the Partnership Agreement during the last 12 months?

Yes

No

If yes, please provide a detailed explanation on additional sheets.

**Instructions to Renewal Applicants and
Renewal Supplemental Information for
State Gambling/Key Employee License**
JGC-APP D17A (Rev. 12/04)

**Instructions to Renewal Applicants and
Renewal Supplemental Information for
State Gambling/Key Employee License
DECLARATION (Rev. 12/04)**

DECLARATION

I, _____, certify and declare under penalty of perjury under the laws of the State of California that I am the _____ (owner/officer/general partner/designated agent) of the gambling establishment named on this Application for Renewal and that to the best of my knowledge, the information contained herein is true, correct and complete.

Printed Name

Title

Signature

Date

Report of Annual Gross Revenues

DGC-APP-018 (Rev. 09/03)

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TOTAL ANNUAL GROSS REVENUES	
Total Gross Annual Revenues - Poker Style Games	\$
Total Gross Annual Revenues - California Style Games	\$
Total Annual Interest Received from the Issuance of Credit	\$
Total Annual Revenue Received from Tournament Entry Fees	\$
Total Annual Gross Revenue for Gambling Establishment	\$

Employee Work Permit Certification

DGC-APP 019 (Rev. 05/03)



DEPARTMENT OF JUSTICE
DIVISION OF GAMBLING CONTROL
P.O. Box 168024
Sacramento, CA 95816
(916) 263-3408
(916) 263-3403 Facsimile

EMPLOYEE WORK PERMIT CERTIFICATION

(Type or print clearly in ink.)

Pursuant to Business and Professions Code Section 19912, the California Gambling Control Commission (Commission) shall not issue a state gambling license until the applicant has submitted to the Division a certification that all gambling enterprise employees of the gambling establishment possess a valid work permit.

Name of Gambling Establishment: _____

Location: _____

Mailing Address: _____

Telephone Number: (____) _____

I hereby certify that all gambling enterprise employees of the gambling establishment identified above:

- 9 Hold a valid gambling enterprise employee work permit issued in accordance with the applicable ordinance of the _____ (city or county) in which his or her duties are performed.
- 9 Hold a valid gambling enterprise employee work permit issued by the California Gambling Control Commission.

I swear under penalty of perjury that the foregoing is true and correct.

Owner Licensee/Designated Agent Printed Name

Title

Owner Licensee/Designated Agent Signature

Date

**Declaration of Compliance with the Requirement for
Public Notice of Application for a Gambling License**
DGC-LIC 100 (Rev. 07/03)

**DECLARATION OF COMPLIANCE
WITH THE REQUIREMENT FOR PUBLIC NOTICE OF
APPLICATION FOR A GAMBLING LICENSE**

Name of Applicant

Name of Gambling Establishment

Street Address

City, County, State, Zip Code

I, _____, do hereby declare that on _____, 20____,
(Please Print)

I served each resident or owner of real property within a _____ foot radius of the gambling establishment listed above, by depositing in the United States Mail, with postage fully prepaid, a sealed envelope containing a Public Notice of Application for a Gambling Establishment License, a copy of which is enclosed; or by publishing notice in a daily newspaper of general circulation other than a legal or professional trade publication, in the city in which the premises are situated, for 10 consecutive days, a copy of which is enclosed.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signed this _____ day of _____.

Signature

Title

Enclosures

**Instructions for Public Notice of an
Application for a Gambling Establishment License**

DGC-LIC 102 (Rev. 07/03)

**INSTRUCTIONS FOR PUBLIC NOTICE OF
AN APPLICATION FOR A
GAMBLING ESTABLISHMENT LICENSE**

Pursuant to Division of Gambling Control (Division) regulations, California Code of Regulations, Title 11, Division 3, Article 4, section 2034, an applicant for licensure of a proposed gambling establishment or an existing gambling establishment that is requesting expansion, shall notify every resident and owner of real property within the required radius of the premises of the proposed gambling establishment or expansion. The required radius is designated as follows:

- (1) Group I licensee: 5,000 feet.
- (2) Group II licensee: 1,000 feet.
- (3) Group III licensee: 500 feet.

Measurement is a straight line distance from the establishment premises to any residence or property address. If any portion of the residence or property is within the required radius of the establishment as stated above, those residents and owners of real property must be notified.

Notification shall be made by using a Public Notice of an Application for a Gambling Establishment License, form DGC-LIC 102A (Rev. 07/03). Each notice must be mailed in a properly addressed and stamped envelope, or, by publishing such notice in a daily newspaper of general circulation, other than a legal or professional trade publication, in the city in which the premises is situated. The notice must run for ten consecutive days and be printed in a 10 point font.

Pursuant to the Division's regulations, California Code of Regulations, Title 11, Division 3, Article 4, section 2034, within 90 calendar days of the date an applicant is notified that an application is complete, a Declaration of Compliance form, DGC-LIC 100 (Rev. 07/03), must be executed and mailed to the Division. A written list of the names and addresses of all persons notified by mail, or a copy of the published notice including dates published and name of newspaper, must be kept by the applicant for at least 90 calendar days from the date the final action is taken on the application and must be made available to the Division, upon request, during that time frame.

**Public Notice of an Application for
a Gambling Establishment License**

DCJ-LIC 102A (Rev 07/03)

**PUBLIC NOTICE OF AN APPLICATION
FOR A
GAMBLING ESTABLISHMENT LICENSE**

Date of Notice: _____, 20____

To Whom It May Concern:

You are hereby notified that the below-named applicant proposes to operate a gambling establishment or expand the existing establishment at the following location (name and address of the gambling establishment are as they appear on the application for licensure):

Name of Applicant

Name of Gambling Establishment

Street Address

City, State, Zip

Please be advised that you may protest the issuance of this license by submitting your comments, in writing, to the Department of Justice, Division of Gambling Control, P.O. Box 168024, Sacramento, CA 95816. Written protests may be filed at any time prior to licensure.

Tax Information Authorization

▶ Do not use this form to request a copy or transcript of your tax return. Instead, use Form 4506 or Form 4506-T.

OMB No. 1545-0047
 For IRS Use Only
 Received by _____
 Name _____
 Signature _____
 Function _____
 Date _____

1 Taxpayer information. Taxpayer(s) must sign and date this form on line 7.

Taxpayer name(s) and address (type or print)	Social security number(s)	Employer identification number
	Daytime telephone number	Plan number (if applicable)

2 Appointee. If you wish to name more than one appointee, attach a list to this form.

Name and address	CAF No. _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
------------------	---

3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (use the instructions for line 3)	(d) Specific Tax Matters (see instr.)

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions on page 3. If you check this box, skip lines 5 and 6. ▶

- 5 Disclosure of tax information (you must check a box on line 5a or 5b unless the box on line 4 is checked)**
- a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ▶
 - b If you do not want any copies of notices or communications sent to your appointee, check this box ▶

6 Retention/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you must attach a copy of any authorizations you want to remain in effect and check this box ▶

To revoke this tax information authorization, see the instructions on page 3.

7 Signature of taxpayer(s). If a tax matter applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods on line 3 above.

▶ IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Print Name	_____ Title (if applicable)	_____ Print Name	_____ Title (if applicable)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN number for electronic signature		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN number for electronic signature	

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

Authorization to file Form 8821 electronically. Your appointee may be able to file Form 8821 with the IRS electronically. PIN number boxes have been added to the taxpayer's signature section. Entering a PIN number will give your appointee authority to file Form 8821 electronically using the PIN number as the electronic signature. You can use any five digits other than all zeroes as a PIN number. You may use the same PIN number that you used on other filings with the IRS. See **Where To File** on page 3 if completing Form 8821 only for this purpose.

Purpose of Form

Form 8821 authorizes any individual, corporation, firm, organization, or partnership you designate to inspect and/or receive your confidential information in any office of the IRS for the type of tax and the years or periods you list on Form 8821. You may file your own tax information authorization without using Form 8821, but it must include all the information that is requested on Form 8821.

Form 8821 does not authorize your appointee to advocate your position with respect to the Federal tax laws; to execute waivers, consents, or closing agreements; or to otherwise represent you before the IRS. If you want to authorize an individual to represent you, use Form 2848, Power of Attorney and Declaration of Representative.

Use Form 4506, Request for Copy of Tax Return, to get a copy of your tax return.

Use new Form 4506-T, Request for Transcript of Tax Return, to order: (a) transcript of tax account information and (b) Form W-2 and Form 1099 series information.

Use Form 56, Notice Concerning Fiduciary Relationship, to notify the IRS of the existence of a fiduciary relationship. A fiduciary (trustee, executor, administrator, receiver, or guardian) stands in the position of a taxpayer and acts as the taxpayer. Therefore, a fiduciary does not act as an appointee and should not file Form 8821. If a fiduciary wishes to authorize an appointee to inspect and/or receive confidential tax information on behalf of the fiduciary, Form 8821 must be filed and signed by the fiduciary acting in the position of the taxpayer.

When To File

Form 8821 must be received by the IRS within 60 days of the date it was signed and dated by the taxpayer.

Where To File Chart

IF you live in . . .	THEN use this address . . .	Fax Number*
Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, or West Virginia	Internal Revenue Service Memphis Accounts Management Center Stop 8423 5333 Getwell Road Memphis, TN 38118	901-546-4115
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wisconsin, or Wyoming	Internal Revenue Service Ogden Accounts Management Center 1973 N. Rulon White Blvd. Mail Stop 6737 Ogden, UT 84404	801-620-4249
All APO and FPO addresses, American Samoa, nonpermanent residents of Guam or the Virgin Islands**, Puerto Rico (or if excluding income under Internal Revenue Code section 933), a foreign country: U.S. citizens and those filing Form 2555, 2555-EZ, or 4563.	Internal Revenue Service Philadelphia Accounts Management Center DPSW 312 11601 Roosevelt Blvd. Philadelphia, PA 19255	215-516-1017

*These numbers may change without notice.

**Permanent residents of Guam should use Department of Taxation, Government of Guam, P.O. Box 23607, GMF, GU 96921; permanent residents of the Virgin Islands should use: V.I. Bureau of Internal Revenue, 9601 Estate Thomas Charlotte Amaile, St. Thomas, V.I. 00802.

Where To File

Generally, mail or fax Form 8821 directly to the IRS. See the **Where To File Chart** on page 2. Exceptions are listed below.

- If Form 8821 is for a specific tax matter, mail or fax it to the office handling that matter. For more information, see the instructions for line 4.
- If you complete Form 8821 only for the purpose of electronic signature authorization, do not file Form 8821 with the IRS. Instead, give it to your appointee, who will retain the document.

Revocation of an Existing Tax Information Authorization

If you want to revoke an existing tax information authorization and do not want to name a new appointee, send a copy of the previously executed tax information authorization to the IRS, using the **Where To File Chart** on page 2. The copy of the tax information authorization must have a current signature of the taxpayer under the original signature on line 7. Write "REVOKE" across the top of Form 8821. If you do not have a copy of the tax information authorization you want to revoke, send a statement to the IRS. The statement of revocation must indicate that the authority of the tax information authorization is revoked, list the tax matters, must be signed and dated by the taxpayer, and list the name and address of each recognized appointee whose authority is revoked.

To revoke a specific use tax information authorization, send the tax information authorization or statement of revocation to the IRS office handling your case, using the above instructions.

Taxpayer Identification Numbers (TINs)

TINs are used to identify taxpayer information with corresponding tax returns. It is important that you furnish correct names, social security numbers (SSNs), individual taxpayer identification numbers (ITINs), or employer identification numbers (EINs) so that the IRS can respond to your request.

Partnership Items

Sections 6221–6234 authorize a Tax Matters Partner to perform certain acts on behalf of an affected partnership. Rules governing the use of Form 8821 do not replace any provisions of these sections.

Specific Instructions

Line 1. Taxpayer Information

Individuals. Enter your name, TIN, and your street address in the space provided. Do not enter your appointee's address or post office box. If a joint return is used, also enter your spouse's name and TIN. Also enter your EIN if applicable.

Corporations, partnerships, or associations. Enter the name, EIN, and business address.

Employee plan. Enter the plan name, EIN of the plan sponsor, three-digit plan number, and business address of the plan sponsor.

Trust. Enter the name, title, and address of the trustee, and the name and EIN of the trust.

Estate. Enter the name, title, and address of the decedent's executor/personal representative, and the name and identification number of the estate. The identification number for an estate includes both the EIN, if the estate has one, and the decedent's TIN.

Line 2. Appointee

Enter your appointee's full name. Use the identical full name on all submissions and correspondence. Enter the nine-digit CAF number for each appointee. If an appointee has a CAF number for any previously filed Form 8821 or power of attorney (Form 2848), use that number. If a CAF number has not been assigned, enter "NONE," and the IRS will issue one directly to your appointee. The IRS does not assign CAF numbers to requests for employee plans and exempt organizations.

If you want to name more than one appointee, indicate so on this line and attach a list of appointees to Form 8821.

Check the appropriate box to indicate if either the address, telephone number, or fax number is new since a CAF number was assigned.

Line 3. Tax Matters

Enter the type of tax, the tax form number, the years or periods, and the specific tax matter. Enter "Not applicable," in any of the columns that do not apply.

For example, you may list "Income tax, Form 1040" for calendar year "2003" and "Excise tax, Form 720" for the "1st, 2nd, 3rd, and 4th quarters of 2003." For multiple years, you may list "2001 through (thru or a dash —) 2003" for an income tax return; for quarterly returns, list "1st, 2nd, 3rd, and 4th quarters of 2001 through 2002" (or 2nd 2002 — 3rd 2003). For fiscal years, enter the ending year and month, using the YYYYMM format. Do not use a general reference such as "All years," "All periods," or "All taxes." Any tax information authorization with a general reference will be returned.

You may list any tax years or periods that have already ended as of the date you sign the tax information authorization. Also, you may include on a tax information authorization future tax periods that end no later than 3 years after the date the tax information authorization is received by the IRS. The 3 future periods are determined starting after December 31 of the year the tax information authorization is received by the IRS. You must enter the type of tax, the tax form number, and the future year(s) or period(s). If the matter relates to estate tax, enter the date of the decedent's death instead of the year or period.

In column (d), enter any specific information you want the IRS to provide. Examples of column (d) information are: lien information, a balance due amount, a specific tax schedule, or a tax liability.

For requests regarding Form 8802, Application for United States Residency Certification, enter "Form 8802" in column (d) and check the specific use box on line 4. Also, enter the appointee's information as instructed on Form 8802.

Line 4. Specific Use Not Recorded on CAF

Generally, the IRS records all tax information authorizations on the CAF system. However, authorizations relating to a specific issue are not recorded.

Check the box on line 4 if Form 8821 is filed for any of the following reasons: (a) requests to disclose information to loan companies or educational institutions, (b) requests to disclose information to Federal or state agency investigators for background checks, (c) application for EIN, or (d) claims filed on Form 843, Claim for Refund and Request for Abatement. If you check the box on line 4, your appointee should mail or fax Form 8821 to the IRS office handling the matter. Otherwise, your appointee should bring a copy of Form 8821 to each appointment to inspect or receive information. A specific-use tax information authorization will not revoke any prior tax information authorizations.

Line 6. Retention/Revocation of Tax Information Authorizations

Check the box on this line and attach a copy of the tax information authorization you do not want to revoke. The filing of Form 8821 will not revoke any Form 2848 that is in effect.

Line 7. Signature of Taxpayer(s)

Individuals. You must sign and date the authorization. Either husband or wife must sign if Form 8821 applies to a joint return.

Corporations. Generally, Form 8821 can be signed by: (a) an officer having legal authority to bind the corporation, (b) any person designated by the board of directors or other governing body, (c) any officer or employee on written request by any principal officer and attested to by the secretary or other officer, and (d) any other person authorized to access information under section 6103(e).

Partnerships. Generally, Form 8821 can be signed by any person who was a member of the partnership during any part of the tax period covered by Form 8821. See **Partnership Items** on page 3.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. Form 8821 is provided by the IRS for your convenience and its use is voluntary. If you designate an appointee to inspect and/or receive confidential tax information, you are required by section 6103(c) to provide the information requested on Form 8821. Under section 6109, you must disclose your social security number (SSN), employer identification number (EIN), or individual taxpayer identification number (ITIN). If you do not provide all the information requested on this form, we may not be able to honor the authorization.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also give this information to other countries pursuant to tax treaties. We may also disclose this information to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism. The authority to disclose information to combat terrorism expired on December 31, 2003. Legislation is pending that would reinstate this authority.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping, 6 min.; Learning about the law or the form, 12 min.; Preparing the form, 24 min.; Copying and sending the form to the IRS, 20 min.**

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 8821 simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. Do not send Form 8821 to this address. Instead, see the **Where To File Chart** on page 2.

ATTACHMENT A-4

- A.4 Forms, currently incorporated by reference into the CCR, proposed for revision
- i. CGCC-030 (Rev. 11-07) "Application for State Gambling License"
 - a. Old version—in strikeout style
 - b. New version—underline style
 - ii. CGCC-031 (Rev. 11-07) "Application for Gambling Establishment Key Employee License"
 - a. Old version—in strikeout style
 - b. New version—underline style
 - iii. DGC-APP. 015A (Rev. 08-07) "Gambling Establishment Owner Applicant-Individual Supplemental Background Investigation Information"
 - iv. DGC-APP. 015B (Rev. 08-07) "Gambling Establishment Owner Entity Supplemental Background Information for State Gambling License"
 - v. DGC-APP. DGC-APP. 015C (Rev. 08-07) "Gambling Establishment Supplemental Information for State Gambling License"
 - vi. DGC-APP. 016A (Rev. 08-07) "Gambling Establishment Key Employee Supplemental Background Investigation Information"
 - vii. DGC-APP. 006 (Rev. 08-07) "Authorization to Release Information"



Commission Use Only	
Fee Received:	_____
Date to CGC:	_____

APPLICATION FOR STATE GAMBLING LICENSE

Please refer to the instructions when completing the application. Type or print (in ink) all information requested on this application form. If additional space is needed, please note response on a separate sheet of paper and attach to the application.

SECTION 1: TYPE OF LICENSE Initial Renewal

SECTION 2: ENTITY TYPE

SECTION 3: APPLICANT AND ESTABLISHMENT INFORMATION

Applicant's Full Legal Name: _____ Gender: Male Female NA

Other Names: _____

Name of Gambling Establishment: _____

Business Address:

Street City State Zip Code

Mailing Address (if different than Business Address): _____

Street City State Zip Code

Business Telephone Number: _____ Business Facsimile Number (if applicable): _____

() ()

SECTION 4: AUTHORIZED REPRESENTATIVE

I have been authorized by _____ to submit this application.

SECTION 5: DECLARATION

I declare under penalty of perjury under the laws of the State of California that the foregoing information, and all information submitted with this application is true, correct, and complete.

Applicant/Authorized Representative Signature: _____

Print Name: _____ Title: _____

Title: _____

Designated Agent Name: _____ Telephone Number: _____

_____ () ()

APPLICATION FOR STATE GAMBLING LICENSE INSTRUCTIONS

Retain a photocopy of the complete application packet for your permanent records. A separate application and fee is required for each applicant. Applications not fully and accurately completed (including all required supporting materials) will be returned to the sender for completion. If the application is returned at any point in the processing, the applicant will need to follow the directions included with it and resubmit it in a timely manner. The applicant is responsible for providing the appropriate information needed to determine eligibility for the issuance of a State Gambling License each time an application is submitted. If a question is not applicable, indicate with "N/A". If additional space is needed, use a separate sheet of paper and precede each response with the applicable section and item. Attach the paper to the back of the application. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Any corrections, changes or other alterations must be initiated and dated by the applicant. If any or all information is not provided, the application may be delayed, returned for completion, or denied.

Items required for the application to be considered complete:

- Application for State Gambling License (CGC-030)
- A non-refundable \$500 application fee (payable to the California Gambling Control Commission)

In addition to completing this application, applicants must also furnish supplemental information as required by Title 4, California Code of Regulations, section 12342.

See, especially, the form entitled *Instructions to Applicants, DGC-APP-007 (Rev. 12-04)* for additional information.

SECTION 1: TYPE OF LICENSE

Indicate whether you are applying for an initial or renewal license by checking the appropriate box:

SECTION 2: ENTITY TYPE

Indicate the entity type from the list below:

Sole Proprietor	Shareholder	Limited Liability Company (LLC)	Partnership
Corporation	LLC Member	General Partner	Limited Partnership
Limited Partner	Joint Venture	Trust(s)	Trust (specify type)
Director	Beneficiary	Financial Interest	Funding Source
Corporate Interest Trust	Officer	Landlord	Community Property Interest
Other Interest			

If "other interest," enter the entity type in the blank provided in Section 2.

SECTION 3: APPLICANT AND ESTABLISHMENT INFORMATION

If applying as an individual, provide your full legal name and any other names (aliases, etc.). If applying as a business entity, provide the legal name of the entity and any alternative names for the same business entity. You must notify the Commission of any name, address or telephone number changes. Your information is used to provide proper identification of your file, to contact you, and/or to determine your eligibility. Personal information contained in the *Application for State Gambling License CGC-030* may be disclosed to the public in accordance with the Gambling Control Act (Business and Professions Code section 19621(b)).

SECTION 4: AUTHORIZED REPRESENTATIVE

If the gambling establishment is a sole proprietorship and the sole proprietor signs the application in Section 5, then indicate "N/A" in Section 4. If, however, the sole proprietor elects to designate a specific individual as an authorized representative for the purposes of this application, then the name of the sole proprietor should be entered in the space provided in Section 4 of the application. If a corporation or other business entity owns the gambling establishment, then the name of the business entity must be entered in the space provided in Section 4.

SECTION 5: DECLARATION

Sign and date the application under penalty of perjury. An application must be signed and dated to be considered complete. The designated agent information must also be included, if applicable.

APPLICATION FOR STATE GAMBLING LICENSE
CGCC-030 (Rev. 11/07)



State of California
California Gambling Control Commission
2399 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833-4231
(916) 293-0700; Fax: (916) 293-0452
www.cgcc.ca.gov

APPLICATION FOR STATE GAMBLING LICENSE

Pursuant to Business and Professions Code section 19650, every person who directly or indirectly receives any compensation, reward, percentage or share of money or property played in any controlled game in this state, shall apply for and obtain a state gambling license. A license certificate will be issued after the application for state gambling license is approved and will indicate the name of the "owner licensee". All other applicants are considered "endorsed licensees" and will not receive a separate license certificate, but their names will be endorsed on the license issued to the owner of the gambling enterprise.

Instructions:

Type or print legibly, in ink, all information requested on this application. If a question does not apply, write "N/A" (Not Applicable). Incomplete applications will be returned. You must provide truthful information in all your responses. All answers to questions in this application and on all supplemental documentation will be subject to verification. Any misrepresentation or failure to disclose information may constitute sufficient cause for denial or revocation of your gambling license.

Send the completed application package with required fees/deposits (listed below) to: California Gambling Control Commission, 2399 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833-4231. Please make all checks payable to the California Gambling Control Commission.

Name of Gambling Establishment (Cardroom)	Name of Applicant (Individual or Entity)
<p>Please check one box indicating whether you are applying for an <i>initial</i> or <i>renewal</i> license.</p>	
<p><input type="checkbox"/> INITIAL</p> <p>Application Fee: \$ 500 Non-refundable (Owner Licensee and Endorsed Licensee)</p> <p>Background Deposit: \$ 5,000 (Owner Licensee and Endorsed Licensee) \$ 900 (Trust, Trustee, and Trustor) \$ 750 (Community Property Spouse) <i>Unused portion of background deposit will be refunded.</i></p> <p>NOTE: Initial applicants must also attach a completed Supplemental Background Information form, as indicated below:</p> <p><u>Gambling Establishment (Cardroom): Attach a Gambling Establishment Supplemental Information for State Gambling License, DGC-APP-015C (Rev. 08/07) form - Owner Licensee to submit on behalf of gambling establishment</u></p> <p><u>Individual Applicants: Attach a Gambling Establishment Owner Applicant - Individual Supplemental Background Investigation Information, DGC-APP-015A (Rev. 08/07) form</u></p> <p><u>Entity Applicants: Attach a Gambling Establishment Owner - Entity Supplemental Information for a State Gambling License, DGC-APP-015B (Rev. 08/07) form</u></p> <p><u>*Trust Applicants: Attach a Trust Supplemental Background Investigation Information, DGC-APP-143 (New 08/07) form</u></p> <p><small>*Contingent beneficiaries do not need to submit an application if benefits are contingent upon a specific future event or circumstance.</small></p>	
<p><input type="checkbox"/> RENEWAL</p> <p>Application Fee: \$ 500 Non-refundable (Owner Licensee and Endorsed Licensee)</p> <p>Background Deposit: \$ 600 (Owner Licensee) Other applicants may be responsible for background deposits upon notification from the Division of Gambling Control. <i>Unused portion of background deposit will be refunded.</i></p>	

SECTION 1 – TYPE OF APPLICATION (check one box)

Submit the information listed below with the required fees/deposits with your initial or renewal application.

Owner Licensee: The owner of the gambling enterprise for which the license certificate shall be issued

Sole Proprietors: Submit one application with all sections completed except 3a and 3b

All other Owner Licensee Types, including Trusts (As indicated in section 3a): Complete all sections except 4

Endorsed Licensee: Shall be endorsed on the gambling enterprise license certificate

Individual Applicants, including Trustors and Trustees (As indicated in section 4): Complete sections 4, 5(B), and 7

Entity Applicants, including Trusts (As indicated in section 3a): Complete sections 3, 5(B), and 7

SECTION 2a – GAMBLING ESTABLISHMENT (CARDROOM) INFORMATION

Attach a current organization chart for the gambling establishment (cardroom) that includes the owner licensee, all endorsed licensees, and all key employees.

Gambling Establishment (Cardroom) Name

Street Address

Mailing Address (if different than above)

Telephone Number

Fax Number

Website Address (if any)

()

()

Hours of Operation:

24 hrs/365 days

Hours as indicated:

Open

Close

MON

TUES

WED

THURS

FRI

SAT

SUN

SECTION 2b – EMPLOYEE WORK PERMIT CERTIFICATION (check one box)

I certify that all gambling enterprise employees (employees of this gambling establishment) have complied with Business and Professions Code section 19912 by either:

Holding a valid gambling enterprise employee work permit issued in accordance with the applicable ordinance of the city or county in which his or her duties are performed, or,

Holding a valid gambling enterprise employee work permit issued by the California Gambling Control Commission.

SECTION 3a – ENTITY STRUCTURE (check one box)

Attach a current organization chart for the entity indicating the names and titles of any officers, shareholders, partners, members, etc. that are associated with the entity.

General Partnership

Limited Partnership

Joint Venture

Limited Liability Company

Other _____

Corporation

Publicly Traded

Private

Sub-Chapter S

Sub-Chapter C

Trust:

Revocable

Irrevocable

SECTION 3b - ENTITY INFORMATION

Please provide the information below for the entity structure indicated in section 3a. Identify all individual officers (President, Secretary, Treasurer, and Chief Financial Officer), directors, shareholders, partners, members, etc. of the entity. For Trusts identify the Trustor and any Trustees. For officers and directors of corporations with no ownership, enter 0% in the ownership column. If a section does not apply, write "N/A" not applicable. If additional space is needed, please use separate sheets of paper.

Entity Name

Street Address

Telephone Number

()

Fax Number

()

Entity / Individual's Name	Title	Ownership / Membership Interest Percentage	Compensation Arrangement (salary, hourly wage, incentives, bonus, etc.)
		%	
		%	
		%	
		%	
		%	
		%	

SECTION 4 - INDIVIDUAL APPLICANT INFORMATION

Indicate your association with the business. (Check all that apply)

Sole Proprietor

General Partner

Limited Partner

Shareholder

Officer

Director

Landlord

LLC Member

Financial Interest Holder

Community Property Interest

Other _____

Trustor

Trustee

Current Beneficiary

Last Name

First Name

Middle Initial

Other names you have used or bear, known by (aliases, maiden name, nicknames, other name changes, legal or otherwise):

*Address of Record - Number/Street. (See page 4 for note)

Apt / Unit Number

City

County

State

Zip Code

Residence Address, if different than above

Contact Numbers

Home ()

Work ()

Cell ()

E-mail Address, if any:

Birthdate (mm/dd/yyyy)

Gender

Male Female

*Social Security Number (See page 4 for note)

SECTION 5- RENEWAL INFORMATION

Complete this section only if you are renewing your license. If you answer "Yes" to any of the questions below, please provide an explanation on a separate sheet of paper and attach to the application.

A) Gambling Establishment:

- 1. Have there been any changes affecting ownership or controlling interest in this gambling establishment since last filing a State Gambling License application? Yes No
- 2. Have there been any changes to the terms (financial or otherwise) of the gambling establishment lease or a change of landlord since last filing a State Gambling License application? Yes No

B) Owner Licensee or Endorsed Licensee:

- 1. Have you been a party to any civil litigation since last filing a State Gambling License application? Yes No
- 2. Have you been named in any administrative action affecting any license certification since last filing a State Gambling License application? Yes No
- 3. Have you been convicted of any crime (misdemeanor or felony) since last filing a State Gambling License application? Yes No
- 4. Have you acquired or increased a financial interest in a business that conducts lawful gambling outside the state since last filing a State Gambling License application? Yes No

Complete the following only if renewing as a Trust:

- 5. Have there been (a) any amendments to the trust document or (b) any changes to a beneficiary, trustee, or trust asset since last filing a State Gambling License application? Yes No

SECTION 6- AUTHORIZED REPRESENTATIVE / DESIGNATED AGENT INFORMATION

Last Name	First Name	Middle Initial
Relationship to Applicant <input type="checkbox"/> Owner <input type="checkbox"/> Attorney <input type="checkbox"/> Employee <input type="checkbox"/> Other		Business Name, if applicable
Mailing Address		
Telephone Number { }	Fax Number { }	E-mail Address (if any)

SECTION 7 - DECLARATION / SIGNATURE

An applicant applying as an individual must sign on his or her own behalf. If applying as a business entity or trust, the chief executive officer or designated agent must sign on behalf of the entity.

I declare under penalty of perjury under the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate, and complete.

Name of Individual Completing this Application (Printed or Typed)	Title
Signature	Date

*Once the Commission has issued the license, the address of record you enter on this application is considered public information pursuant to the Information Practices Act (Civil Code section 1798 et seq.) and the Public Records Act (Government Code section 6250 et seq.) and will be placed on the internet. The Commission will mail all correspondence to this address. If you do not wish your residence address to be available to the public, you may provide a post office box number or a personal mail box. However, if your address of record is not your residence address, you must also provide your residence address to the Commission, in which case your residence will not be available to the public.

**Disclosure of your U.S. social security number is mandatory. Business and Professions Code section 30 and Public Law 94-455 (42 USC section 4050X2HC) authorize collection of your social security number. Your social security number will be used exclusively for law enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code section 17520 or for verification of 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.



APPLICATION FOR KEY EMPLOYEE LICENSE

Please refer to the instructions when completing the application. Type or print (in ink) all information requested on this application form. If additional space is needed, please file responses on a separate sheet of paper and attach to the application.

SECTION 1: TYPE OF LICENSE Initial Renewal

SECTION 2: PERSONAL INFORMATION

Applicant's Full Legal Name: _____ Gender: Male Female

First	Middle (if applicable)	Last

Other Names: Aliases, Name Changes, Former, Legal, Maiden, and Nicknames

E-mail Address (if applicable): _____

SECTION 3: TITLE/ WORK SCHEDULE/ DESCRIPTION OF DUTIES

Job Title: _____ Work Days and Hours: _____

Brief description of duties:

SECTION 4: DECLARATION

I declare under penalty of perjury under the laws of the State of California that the foregoing information, and all information submitted with this application is true, correct, and complete.

Applicant signature: _____

Print Name: _____ Date: _____ / ____ / ____

SECTION 5: ESTABLISHMENT INFORMATION

Name of Gambling Establishment:

Gambling Establishment Business Address:

 Street City State Zip Code

Mailing Address (if different than business address):

 Street City State Zip Code

Business Telephone Number: _____ Business Facsimile Number (if applicable): _____
 () ()

Designated Agent/Authorized Representative/Owner's Name: _____ Contact Number: _____
 ()

Designated Agent/Authorized Representative/Owner's Signature: _____ Designated Agent/Authorized Representative/Owner's E-mail: _____

APPLICATION FOR KEY EMPLOYEE LICENSE INSTRUCTIONS

Retain a photocopy of the complete application packet for your permanent records. A separate application and fee is required for each applicant. Applications not fully and accurately completed (including all required supporting materials) will be returned to the sender for completion. If the application is returned at any point in the processing, the applicant will need to follow the directions included with it and resubmit it in a timely manner. The applicant is responsible for providing the appropriate information needed to determine eligibility for the issuance of a State Gambling License each time an application is submitted. If a question is not applicable, indicate with "N/A." If additional space is needed, use a separate sheet of paper and precede each response with the applicable section and item. Attach the paper to the back of the application. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Any corrections, changes or other alterations must be initialed and dated by the applicant. If any or all information is not provided, the application may be delayed, returned for completion, or denied.

Items required for the application to be considered complete:

- Application for Key Employee License (CGCC-031) (Rev. 01-05)
- A non-refundable \$500 application fee (payable to the California Gambling Control Commission)

In addition to completing this application, applicants must also furnish supplemental information as required by Title 4, California Code of Regulations, section 12342.

See, especially, the form entitled *Instructions to Applicants, DGC-APP-007 (Rev. 12/04)* for additional information.

SECTION 1: TYPE OF LICENSE

Indicate whether you are applying for an initial or a renewal license by checking the appropriate box.

SECTION 2: PERSONAL INFORMATION

Provide your full legal name and list all other names. You must notify the Commission of any name, address or telephone number changes.

Your information is used to provide proper identification of your file, to contact you, and/or to determine your eligibility. Personal information contained in the *Application for Key Employee License, CGCC-031* may be disclosed to the public in accordance with the Gambling Control Act (Business and Professions Code section 10824(b)).

SECTION 3: TITLE/ WORK SCHEDULE/ DESCRIPTION OF DUTIES

Enter the job title applied for, specify regular work days and hours, and provide a brief description of duties relating to the position.

SECTION 4: DECLARATION

Sign and date the application under penalty of perjury. An application must be signed and dated to be considered complete.

SECTION 5: ESTABLISHMENT INFORMATION

Enter the requested information in the boxes provided. The designated agent/authorized representative/owner's printed name and signature **MUST** be complete to verify that the applicant has been offered a key employee position at the gambling establishment.

**APPLICATION FOR GAMBLING ESTABLISHMENT
KEY EMPLOYEE LICENSE**

CGCC-031 (Rev. 11/07)



State of California
California Gambling Control Commission
2399 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833-4231
(916) 263-0700, Fax: (916) 263-0482
www.cgcc.ca.gov

APPLICATION FOR GAMBLING ESTABLISHMENT KEY EMPLOYEE LICENSE

Pursuant to Business and Professions Code section 19854 of the Gambling Control Act, every key employee shall apply for and obtain a key employee license issued by the California Gambling Control Commission. Licenses issued to key employees shall be for specified positions only, and shall be detailed on the endorsement described in Business and Professions Code section 19851(b).

Instructions:

Type or print legibly, in ink, all information requested on this application. If a question does not apply, write "N/A" (Not Applicable). Applications not fully and accurately completed will be returned.

You must provide truthful information in all your responses in this application. All information provided and all answers to questions will be subject to verification. Any misrepresentation or failure to disclose information required on this application may constitute sufficient cause for denial or revocation.

Send the completed application package with required fees/deposits (listed below) to: California Gambling Control Commission, 2399 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833-4231. Please make all checks payable to the California Gambling Control Commission.

Applicant's Last Name	First Name	Middle Initial
Gambling Establishment (Casino) Name		
Please check one box indicating if you are applying for an <i>initial</i> or <i>renewal</i> license.		
<input type="checkbox"/> INITIAL		
Application Fee:	\$ 500 Non-refundable	
Background Deposit:	\$ 1,200 <i>Unused portion of background deposit will be refunded.</i>	
✓ Initial applicants must also submit a completed <i>Gambling Establishment Key Employee Supplemental Background Investigation Information, DGC-APP, 016A (Rev. 08/07)</i> form.		
<input type="checkbox"/> RENEWAL		
Application Fee:	\$ 500 Non-refundable	
Background Deposit:	No background deposit is required at time of application submission, however you may be required to submit a background deposit upon notification by the Division of Gambling Control. <i>Unused portion of background deposit will be refunded.</i>	

SECTION 1 – APPLICANT INFORMATION

Other names you have used or been known by (aliases, maiden name, nicknames, other name changes, legal or otherwise)

Address of Record – Number/Street (See below for note)

Apt. / Unit Number

City

County

State

Zip Code

Residence Address, if different than above

Contact Numbers

Home ()

Work ()

Fax

Other

Cell

Fax

Birthdate (mm/dd/yyyy)

Gender

Male

Female

**Social Security Number (See below for note)

SECTION 2 – JOB TITLE / DESCRIPTION

Job Title

Description of Job Duties

SECTION 3 - RENEWAL INFORMATION

Complete this section only if renewing your key employee license. If you answer "Yes" to any of the questions below, please provide an explanation on a separate sheet of paper and attach to the application.

1. Have you been a party to any civil litigation, named in any administrative action affecting any license or certification, or convicted of any crime since you last filed an application for a Key Employee License?

Yes No

2. Have you acquired or increased a financial interest in a business that conducts lawful gambling outside the state since last filing a Key Employee License application?

Yes No

SECTION 4 – AUTHORIZED REPRESENTATIVE/DESIGNATED AGENT INFORMATION (if any)

Last Name

First Name

Middle Initial

Relationship to Applicant

Self Attorney Other

Business Name, if applicable

Mailing Address

Telephone Number

()

Fax Number

()

E-mail Address (if any)

SECTION 5 – DECLARATION/SIGNATURE

I declare under penalty of perjury under the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate, and complete.

Signature of Applicant in Full (no initials)

Date

*Once the Commission has issued the license, the address of record you enter on this application is considered public information pursuant to the Information Practices Act (Civil Code section 1798 et seq.) and the Public Records Act (Government Code section 6250 et seq.) and will be placed on the Internet. The Commission will mail all correspondence to this address. If you do not wish your residence address to be available to the public, you may provide a post office box number or a personal mail box (PMB). However, if your address of record is not your residence address, you must also provide your residence address to the Commission, in which case your residence will not be available to the public.

**Disclosure of your U.S. social security number is mandatory. Business and Professions Code section 30 and Public Law 94-455 (42 USC § 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 verification of 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.

Cardroom Applicant Supplemental Information for State Gambling License
Owner Applicant-Individual Supplemental Background Investigation Information

SC-APP-015A (New 09/04 Rev. 06/07)



DEPARTMENT OF JUSTICE
DIVISION OF GAMBLING CONTROL
P.O. Box 168024
Sacramento, CA 95816-8024
(916) 263-3408; Fax (916) 263-3403 facsimile

CARDROOM APPLICANT
SUPPLEMENTAL INFORMATION FOR STATE GAMBLING LICENSE

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE YOU COMPLETE THIS FORM

Instructions—Type or print legibly in ink an answer to every question. If a question does not apply to you, indicate with "N/A" (Not Applicable). If the space available is insufficient, use a separate sheet and precede each answer with the applicable section and question number. Do not misstate or omit any **material fact(s) information** as each statement made herein is subject to verification. Any corrections, changes or other alterations must be initialed and dated by the applicant.

~~PLEASE SEND THE COMPLETED SUPPLEMENTAL INFORMATION ALONG WITH THE APPLICATION FOR STATE GAMBLING LICENSE, A \$500 NON-REFUNDABLE APPLICATION FEE, A \$5,000 DEPOSIT TO PAY THE ANTICIPATED INVESTIGATION AND PROCESSING COSTS, IN ACCORDANCE WITH BUSINESS AND PROFESSIONS CODE SECTION 19867, AND, IF APPROPRIATE, GAMBLING ESTABLISHMENT SUPPLEMENTAL INFORMATION FORM (DGC APP-015C (Rev. 09/04)) TO: California Gambling Control Commission, P.O. Box 526013, Sacramento, CA 95852-6013.~~

MUST BE COMPLETED BY SOLE PROPRIETORS, INDIVIDUALS WITH A PARTNERSHIP OR CORPORATE INTEREST, TRUSTEES, TRUSTORS, BENEFICIARIES, AND "OTHER" APPLICANTS.

This Supplemental Form must be completed by a natural person who is a sole proprietor, a person with individual partnership interest or individual corporate interest, shareholder, member, officer, director, trustor, trustee, current beneficiary, landlord with a financial interest in the gambling establishment community property interest, funding source, and other applicant.

Applicant's Full Name

Date of Photograph



Gambling Establishment Owner Applicant - Individual Supplemental Background Investigation Information

PART I - PERSONAL HISTORY INFORMATION

PERSONAL				
1. <u>DATE FULL NAME:</u>				
LAST		FIRST		MIDDLE
RESIDENCE ADDRESS (NUMBER / STREET)		CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT) (NUMBER / STREET)		CITY	STATE	ZIP
OCCUPATION		TELEPHONE		
PLACE OF BIRTH <u>BIRTH PLACE</u> (CITY / COUNTY / STATE / COUNTRY)			DRIVER'S LICENSE/IDENTIFICATION CARD NO. <u>NUMBER</u> / STATE <u>ISSUED</u>	
			NO	STATE
PHYSICAL DESCRIPTION				
HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	
DISTINGUISHING MARKS (SCARS, TATTOOS, ETC.) DESCRIBE AND INDICATE LOCATION				

2. ALIAS(ES), NICKNAMES, MAIDEN NAME, OTHER NAME CHANGES, LEGAL OR OTHERWISE: _____

3. DATE OF BIRTH: _____

6. BUSINESS/EMPLOYMENT ADDRESS: _____

8. TELEPHONE - RESIDENCE () - BUSINESS ()

9. SOCIAL SECURITY NUMBER: _____

* 1. GENDER: MALE FEMALE

* APPLICANTS ARE REQUIRED TO PROVIDE THEIR SOCIAL SECURITY NUMBER. THIS REQUIREMENT IS AUTHORIZED BY BUSINESS AND PROFESSIONS CODE SECTIONS 19841(A)(3), 19864(B)(6), AND 19866. THIS INFORMATION IS USED TO OBTAIN RECORDS RELEVANT TO BACKGROUND INVESTIGATIONS.

B. CITIZENSHIP (PROVIDE COPY OF RESIDENT ALIEN CARD (FRONT AND BACK) OR CERTIFICATE OF NATURALIZATION)

ARE YOU A UNITED STATES CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PROVIDE A COPY OF YOUR RESIDENT ALIEN CARD (FRONT AND BACK)	IF NO, OF WHAT COUNTRY ARE YOU A CITIZEN?
IF ALIEN ALIEN NUMBER, ALIEN REGISTRATION NUMBER	IF NATURALIZED, CERTIFICATE NO. NUMBER (PROVIDE COPY OF NATURALIZATION CERTIFICATE)
DATE NATURALIZED (MM/DD/YYYY)	ALIEN NUMBER PLACE

CURRENT MARITAL STATUS				
<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED
CURRENT SPOUSE INFORMATION				
FULL NAME				
LAST		FIRST		MIDDLE
RESIDENCE ADDRESS (IF DIFFERENT FROM APPLICANT) <u>NUMBER / STREET</u>		CITY	STATE	ZIP
DATE OF BIRTH	DATE YEARS OF MARRIAGE	HOME PHONE TELEPHONE - RESIDENCE	WORK PHONE BUSINESS	

Gambling Establishment Owner Applicant - Individual Supplemental Background Investigation Information

PLACE OF BIRTH _____

EMPLOYER _____ OCCUPATION _____

ADDRESS OF EMPLOYER _____
 STREET _____ CITY _____ STATE _____ ZIP _____

3. FORMER MARRIAGE(S)

NAME OF FORMER SPOUSE(S) (LAST, FIRST, MIDDLE, MAIDEN)	DATES OF MARRIAGE (OR DIVORCE)	TELEPHONE NUMBER

NA YOURS/DECEASED

FULL NAME
 LAST: _____ FIRST: _____ MIDDLE: _____ MAIDEN: _____

DATE OF BIRTH: _____ DATE OF MARRIAGE: _____

D. FAMILY

1. CHILDREN AND DEPENDENTS

PROVIDE THE FOLLOWING INFORMATION FOR EACH OF YOUR CHILDREN (INCLUDING BIRTH, STEP, ADOPTED, AND FOSTER CHILDREN) AND OTHER DEPENDENTS

NAME (LAST, FIRST, MIDDLE, MAIDEN)	DATE OF BIRTH	RESIDENCE ADDRESS	RELATIONSHIP	OCCUPATION

2. CO-HABITANTS AND ROOMMATES

PROVIDE THE FOLLOWING INFORMATION FOR ANY ADULTS, ~~NOT DISCLOSED IN QUESTION D4.~~ (NOT DISCLOSED AS CHILDREN AND DEPENDENTS ABOVE) WITH WHOM YOU RESIDE

NAME (LAST, FIRST, MIDDLE, MAIDEN)	DATE OF BIRTH	EMPLOYER/OCCUPATION	EMPLOYER ADDRESS & TELEPHONE	RELATIONSHIP

3. PARENTS AND STEP-PARENTS

PROVIDE THE FOLLOWING INFORMATION FOR YOUR PARENTS AND STEP-PARENTS. IF RETIRED, LIST LAST OCCUPATION. OR IF DECEASED, PROVIDE DATE OF DEATH AND LIST LAST ADDRESS AND OCCUPATION

NAME (LAST, FIRST, MIDDLE, MAIDEN)	DATE OF BIRTH/DEATH	RESIDENCE ADDRESS	OCCUPATION	RELATIONSHIP

Gambling Establishment Owner Applicant - Individual Supplemental Background Investigation Information

FATHER				
MOTHER				
STEPFATHER				
STEPMOTHER				

4. BROTHERS AND SISTERS SIBLINGS

PROVIDE THE FOLLOWING INFORMATION FOR YOUR BROTHERS AND SISTERS IF RETIRED, LIST LAST OCCUPATION; OR IF DECEASED, PROVIDE DATE OF DEATH AND LIST LAST ADDRESS AND OCCUPATION

NAME (LAST, FIRST, MIDDLE, MAIDEN)	DATE OF BIRTH/DEATH	RESIDENCE ADDRESS	OCCUPATION	RELATIONSHIP

E. EDUCATION

NAME OF SCHOOL	LOCATION (CITY/STATE)	DATES OF ATTENDANCE	DEGREE/CERTIFICATES OBTAINED
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
OTHER			

HAVE YOU EVER SERVED IN ANY BRANCH OF THE U.S. ARMED FORCES? YES NO

IF YES, ATTACH A COPY OF YOUR DD-214

BRANCH OF SERVICE	DATES OF SERVICE FROM: _____ TO: _____
IF YES, COUNTRY SERVED (IF APPLICABLE)	SERIAL SERVICE NUMBER

TYPE OF DISCHARGE ENTRY LEVEL HONORABLE GENERAL OTHER THAN HONORABLE BAD CONDUCT DISHONORABLE

WHILE IN THE MILITARY SERVICE, WERE YOU EVER CONVICTED OF ANY OFFENSE OR FORMALLY DISCIPLINED?

HAVE YOU EVER BEEN DISCIPLINED WHILE IN THE MILITARY?

YES NO

DID THIS RESULT IN A COURT MARTIAL? IF YES, PROVIDE COMPLETE DETAILS BELOW

YES NO

DATE (MM/YYYY)	FINAL CHARGE	COURT LOCATION (CITY & STATE)

Gambling Establishment Owner Applicant - Individual Supplemental Background Investigation Information

RESIDENCE

BEGINNING WITH YOUR CURRENT RESIDENCE, LIST ALL RESIDENCES YOU HAVE HAD FOR THE LAST 10 YEARS. LIST ALL RESIDENCES DURING THE LAST TEN YEARS (MOST RECENT FIRST, INCLUDING YOUR CURRENT RESIDENCE). PROVIDE COMPLETE ADDRESSES AND MARKERS SUCH AS STREET, ETC., AND UNIT OR APARTMENT NUMBER. DO NOT USE P.O. BOXES.

MONTH & YEAR (MO/YR)	STREET	CITY	STATE	ZIP	RENT/OWN (CHECK ONE) RENT _____ OWN _____
					RENT _____ OWN _____
					RENT _____ OWN _____
					RENT _____ OWN _____

A) CURRENT ADDRESS (NUMBER / STREET / APT)					FROM (MM/YY)	TO (MM/YY)
CITY	COUNTY	STATE	ZIP	<input type="checkbox"/> RENT <input type="checkbox"/> OWN		
B) FORMER ADDRESS (NUMBER / STREET / APT)					FROM (MM/YY)	TO (MM/YY)
CITY	COUNTY	STATE	ZIP	<input type="checkbox"/> RENT <input type="checkbox"/> OWN		
C) FORMER ADDRESS (NUMBER / STREET / APT)					FROM (MM/YY)	TO (MM/YY)
CITY	COUNTY	STATE	ZIP	<input type="checkbox"/> RENT <input type="checkbox"/> OWN		

EMPLOYMENT

BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT, LIST YOUR WORK HISTORY, INCLUDING ALL PERIODS OF UNEMPLOYMENT FOR THE PAST 10 YEARS. LIST ALL JOBS YOU HAVE HAD, INCLUDING PART-TIME, TEMPORARY, SELF-EMPLOYMENT, AND VOLUNTEER ACTIVITIES. FOR PERIODS OF UNEMPLOYMENT, IN THE DUTIES/ASSIGNMENT SECTION, EXPLAIN HOW YOU SUPPORTED YOURSELF.

MONTH & YEAR (FROM-TO)	A) NAME OF EMPLOYER NAME/MAILING ADDRESS/TELEPHONE NUMBER OF EMPLOYER/BUSINESS	FROM (MM/YY)	TO (MM/YY)
ADDRESS (NUMBER / STREET)		NAME OF SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER () EXT ()
JOB TITLE	REASON FOR LEAVING	GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES / ASSIGNMENTS: DESCRIPTION OF DUTIES			

MONTH & YEAR (FROM-TO)	B) NAME OF EMPLOYER NAME/MAILING ADDRESS/TELEPHONE NUMBER OF EMPLOYER/BUSINESS	FROM (MM/YY)	TO (MM/YY)
ADDRESS (NUMBER / STREET)		NAME OF SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER () EXT ()
JOB TITLE	REASON FOR LEAVING	GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Gambling Establishment Owner Applicant - Individual Supplemental Background Investigation Information

HAVE YOU EVER BEEN FOUND GUILTY (CRIMINAL OR ADMINISTRATIVE) OF VIOLATING ANY CAMPAIGN LAW(S)? YES NO

IF YOUR ANSWER TO J1 ABOVE WAS YES, PROVIDE DETAILS:

6. ARE YOU CURRENTLY ON PROBATION? YES NO
 7. HAS A CRIMINAL INDICTMENT, INFORMATION, OR COMPLAINT EVER BEEN RETURNED AGAINST YOU WHICH YOU HAVE NOT INCLUDED IN J1-4 ABOVE? YES NO

IF YES, PROVIDE COMPLETE DETAILS:

8. HAVE YOU RECEIVED A PARDON FOR ANY CRIMINAL OFFENSE? YES NO

IF YES, PROVIDE COMPLETE DETAILS:

9. HAVE YOU EVER HAD A CIVIL OR CRIMINAL RECORD EXPUNGED OR SEALED BY A COURT ORDER? YES NO

IF YES, PROVIDE COMPLETE DETAILS:

10. HAVE YOU EVER BEEN SUBPOENAED TO APPEAR OR TESTIFY BEFORE A COUNTY, STATE, OR FEDERAL GRAND JURY, GOVERNMENT BOARD OR COMMISSION? YES NO

IF YES, PROVIDE COMPLETE DETAILS:

11. HAVE YOU, AS AN INDIVIDUAL, MEMBER OF A PARTNERSHIP, OR SHAREHOLDER, DIRECTOR, OR OFFICER OF A CORPORATION, BEEN PARTY TO A LAWSUIT OR ARBITRATION WITHIN THE LAST 10 YEARS? YES NO

IF YOUR ANSWER TO J11 WAS YES, PROVIDE THE FOLLOWING DETAILS. IF YES, PLEASE PROVIDE DETAILS BELOW

J1 NAME(S) OF PLAINTIFF(S) AND DEFENDANT(S)

NAME(S) OF CLAIMANT(S) AND RESPONDENT(S)

DATE FILED (MM/DD/YYYY)

STATE OR FEDERAL COURT

CASE NUMBER

CITY/COUNTY/STATE

DATE OF DISPOSITION

DISPOSITION

J2 NAME(S) OF PLAINTIFF(S) AND DEFENDANT(S)

NAME(S) OF CLAIMANT(S) AND RESPONDENT(S)

DATE FILED (MM/DD/YYYY)

STATE OR FEDERAL COURT

CASE NUMBER

CITY/COUNTY/STATE

DATE OF DISPOSITION

DISPOSITION

J3 NAME(S) OF PLAINTIFF(S) AND DEFENDANT(S)

NAME(S) OF CLAIMANT(S) AND RESPONDENT(S)

DATE FILED (MM/DD/YYYY)

STATE OR FEDERAL COURT

CASE NUMBER

CITY/COUNTY/STATE

DATE OF DISPOSITION

DISPOSITION

K CHARACTER REFERENCES

LIST FIVE INDIVIDUALS WHO YOU HAVE KNOWN FOR AT LEAST FIVE YEARS. DO NOT INCLUDE RELATIVES, PRESENT EMPLOYER, OR YOUR EMPLOYEES.

NAME & WHERE EMPLOYED	STREET	CITY	STATE	ZIP	YEARS KNOWN
NAME	BUSINESS				

Gambling Establishment Owner Applicant - Individual Supplemental Background Investigation Information

OCCUPATION/EMPLOYER	HOME	
NAME	BUSINESS	
OCCUPATION/EMPLOYER	HOME	
NAME	BUSINESS	
OCCUPATION/EMPLOYER	HOME	
NAME	BUSINESS	
OCCUPATION/EMPLOYER	HOME	
NAME	BUSINESS	
OCCUPATION/EMPLOYER	HOME	

HAVE YOU EVER APPLIED TO A LOCAL GOVERNMENT AGENCY FOR A PERMIT, BADGE, OR LICENSE TO OWN, OPERATE, OR WORK IN A GAMBLING ESTABLISHMENT? HAVE YOU EVER HELD OR APPLIED FOR A PERMIT, LICENSE, CERTIFICATE, REGISTRATION OR AUTHORIZATION RELATED TO GAMING? YES NO

IF YES, LIST BELOW ANY LICENSING OR REGULATORY AGENCY (TRIBAL, STATE, LOCAL OR INTERNATIONAL) TO WHICH YOU HAVE APPLIED FOR A LICENSE, PERMIT, CERTIFICATE, REGISTRATION OR AUTHORIZATION RELATED TO GAMING ACTIVITIES OR LOTTERY, WHETHER OR NOT SUCH LICENSE, PERMIT, CERTIFICATE, REGISTRATION OR AUTHORIZATION WAS GRANTED, INCLUDE ANY APPLICATIONS THAT WERE WITHDRAWN, DENIED AND/OR ARE PENDING.

IF YOUR ANSWER TO L1 WAS YES, PROVIDE THE FOLLOWING DETAILS:

GOVERNMENT AGENCY	TYPE OF APPLICATION	PERMIT/BADGE/LICENSE NUMBER	APPROVED/DENIED	DATES HELD OR REASONS FOR DENIAL

A) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY)	ISSUING AGENCY
		FROM TO	
CITY, COUNTY, STATE, COUNTRY			ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)
B) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY)	ISSUING AGENCY
		FROM TO	
CITY, COUNTY, STATE, COUNTRY			ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)
C) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY)	ISSUING AGENCY
		FROM TO	
CITY, COUNTY, STATE, COUNTRY			ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)

IF DENIED OR REVOKED, PROVIDE REASONS FOR DENIAL OR REVOCATION:

1. ~~HAVE YOU EVER WITHDRAWN OR SURRENDERED AN APPLICATION FOR A GAMBLING REGISTRATION, LICENSE, OR RELATED FINDING OF SUITABILITY OR BEEN A PARTICIPANT IN ANY GROUP WHICH HAS WITHDRAWN OR SURRENDERED AN APPLICATION FOR A GAMBLING REGISTRATION, LICENSE, OR RELATED FINDING OF SUITABILITY IN ANY STATE? YES NO~~

~~IF YOUR ANSWER TO 1.2 WAS YES, PROVIDE THE FOLLOWING DETAILS:~~

GAMBLING ESTABLISHMENT NAME & ADDRESS	LICENSING AGENCY	DATE & REASON(S) FOR WITHDRAWAL

2. ~~HAVE YOU EVER HELD A FINANCIAL INTEREST IN A GAMBLING VENTURE, INCLUDING, BUT NOT LIMITED TO: GAMBLING ESTABLISHMENT (CARDROOM), RACE TRACK, RACE HORSE/DOG, LOTTERY, CASINO, BOOKMAKING OPERATION, PARI-MUTUEL OPERATION, OR BINGO PARLOR? YES NO~~

~~IF YOUR ANSWER TO 1.3 WAS YES, PROVIDE THE FOLLOWING DETAILS:~~

NAME & LOCATION OF BUSINESS	TYPE OF VENTURE	DATES OF INVOLVEMENT	NAMES OF ALL PARTNERS

3. ~~HAVE YOU EVER APPLIED FOR A PRIVILEGED REGISTRATION, PROFESSIONAL LICENSE, CERTIFICATE, OR CREDENTIAL (OTHER THAN GAMBLING) IN ANY STATE, INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING: YES NO~~

- | | | | |
|---|----------------------------|---------------------------------|------------------------------|
| ALCOHOLIC BEVERAGE LICENSE | LAWYER | RACE HORSE/DOG OWNER | SECURITIES DEALER |
| REAL ESTATE BROKER OR SALES ACCOUNTANT | DOCTOR | NOTARY PUBLIC | CONTRACTOR |
| | BOXING PROMOTER | TRAINER OR MANAGER | PILOT |

~~IF YOUR ANSWER TO 1.4 WAS YES, PROVIDE THE FOLLOWING DETAILS:~~

TYPE OF LICENSE	LICENSING AGENCY	LICENSE NUMBER	APPROVED/DENIED	DATES HELD OR REASONS FOR DENIAL

7. ~~HAVE ANY DISCIPLINARY ACTIONS EVER BEEN TAKEN, OR ARE ANY ACTIONS PENDING, AGAINST THE AFOREMENTIONED REGISTRATION(S), LICENSE(S), CERTIFICATE(S), CREDENTIAL(S) AND/OR ANY GAMBLING RELATED PERMIT(S), BADGE(S), REGISTRATION(S), OR LICENSE(S)? YES NO~~

Gambling Establishment Owner Applicant - Individual Supplemental Background Investigation Information

ALL BUSINESSES, CORPORATIONS AND PARTNERSHIPS WITH WHICH YOU ARE CURRENTLY OR HAVE BEEN ASSOCIATED AS AN OWNER, OFFICER, DIRECTOR, ACTIVE (HOLDER, PARTNER OR OTHER RELATED SIMILAR CAPACITY FOR THE WITHIN THE PAST 10 YEARS

A) NAME OF BUSINESS/CORPORATION/PARTNERSHIP		DATES OF INVOLVEMENT FROM TO		BUSINESS/CORPORATION/PARTNERSHIP MAILING ADDRESS/TELEPHONE NUMBER	
BUSINESS TELEPHONE NUMBER ()					
YOUR CAPACITY/TITLE	PRIMARY PURPOSE OF COMPANY THE BUSINESS	AMOUNT OF INITIAL INVESTMENT	% OF OWNERSHIP OR L# OF SHARES CURRENTLY OWNED	GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
B) NAME OF BUSINESS/CORPORATION/PARTNERSHIP		DATES OF INVOLVEMENT FROM TO		BUSINESS/CORPORATION/PARTNERSHIP MAILING ADDRESS/TELEPHONE NUMBER	
BUSINESS TELEPHONE NUMBER ()					
YOUR CAPACITY/TITLE	PRIMARY PURPOSE OF COMPANY THE BUSINESS	AMOUNT OF INITIAL INVESTMENT	% OF OWNERSHIP OR L# OF SHARES CURRENTLY OWNED	GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
C) NAME OF BUSINESS/CORPORATION/PARTNERSHIP		DATES OF INVOLVEMENT FROM TO		BUSINESS/CORPORATION/PARTNERSHIP MAILING ADDRESS/TELEPHONE NUMBER	
BUSINESS TELEPHONE NUMBER ()					
YOUR CAPACITY/TITLE	PRIMARY PURPOSE OF COMPANY THE BUSINESS	AMOUNT OF INITIAL INVESTMENT	% OF OWNERSHIP OR L# OF SHARES CURRENTLY OWNED	GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PART II - PERSONAL FINANCIAL INFORMATION

1- DO YOU ANTICIPATE ACTIVE PARTICIPATION IN THE MANAGEMENT AND OPERATION OF THE GAMBLING ESTABLISHMENT? YES NO

IF YES, IN WHAT CAPACITY? EXPLAIN BELOW.

IN WHAT CAPACITY WILL YOU PARTICIPATE IN THE MANAGEMENT AND OPERATION OF THE GAMBLING ESTABLISHMENT?

2- AMOUNT TO BE INVESTED IN THE BUSINESS	\$	PERCENTAGE OF OWNERSHIP THIS WILL REPRESENT	%
--	----	---	---

3- IDENTIFY THE SOURCE OF ALL MONIES USED FOR YOUR INVESTMENT, INCLUDE ACCOUNT NUMBERS AND INSTITUTION NAMES IF APPLICABLE

4- HAS YOUR INTEREST IN THIS GAMBLING ESTABLISHMENT BEEN ASSIGNED, OR PLEDGED, OR HYPOTHECATED TO ANY PERSON, FIRM, OR CORPORATION, OR HAS ANY AGREEMENT BEEN ENTERED INTO WHEREBY YOUR INTEREST IS TO BE ASSIGNED, PLEDGED, OR SOLD EITHER IN PART OR IN WHOLE? YES NO

IF YES, PROVIDE COMPLETE DETAILS. EXPLAIN BELOW.

5- HAVE YOU EVER FILED FOR BANKRUPTCY WITHIN THE LAST 10 YEARS? YES NO

IF YES, EXPLAIN BELOW. IF YES, IDENTIFY THE FEDERAL DISTRICT COURT WHERE THE BANKRUPTCY WAS FILED, CASE NUMBER, DATE FILED AND DESCRIBE THE CIRCUMSTANCES WHICH RESULTED IN THIS ACTION. (PLEASE PROVIDE COPIES OF YOUR BANKRUPTCY PETITION AND ORDER, WHICH LISTS ALL CREDITORS AND DISCHARGED DEBTS.)

FEDERAL DISTRICT COURT WHERE FILED	DATE FILED (MM/DD/YYYY)	CASE NUMBER	DATE DISCHARGED (MM/DD/YYYY)	DESCRIBE THE CIRCUMSTANCES THAT RESULTED IN THIS ACTION

Gambling Establishment Owner Applicant - Individual Supplemental Background Investigation Information

6. HAVE ANY INDIVIDUALS OR GOVERNMENTAL AGENCIES YOU HAD ANY JUDGEMENTS OR LIENS FILED AGAINST YOU AS AN INDIVIDUAL, SOLE PROPRIETOR, MEMBER OF A PARTNERSHIP, OR OWNER OF SHAREHOLDER OF A CORPORATION? YES NO

IF YES, PROVIDE COMPLETE DETAILS HERE

<input type="checkbox"/> LIEN <input type="checkbox"/> JUDGEMENT	DATE FILED (MM/DD/YYYY)	NAME OF PERSON/ENTITY THAT FILED THE LIEN OR JUDGEMENT	NAME OF PERSON/ENTITY AGAINST WHICH THE LIEN OR JUDGEMENT WAS FILED
---	-------------------------	--	---

EXPLANATION AND STATUS

<input type="checkbox"/> LIEN <input type="checkbox"/> JUDGEMENT	DATE FILED (MM/DD/YYYY)	NAME OF PERSON/ENTITY THAT FILED THE LIEN OR JUDGEMENT	NAME OF PERSON/ENTITY AGAINST WHICH THE LIEN OR JUDGEMENT WAS FILED
---	-------------------------	--	---

EXPLANATION AND STATUS

7. HAVE YOU HAD ANY PURCHASE REPOSSESSED OR DEBT TURNED OVER TO COLLECTION FOR ANY REASON WITHIN THE LAST 10 YEARS? YES NO

IF YES, PROVIDE COMPLETE DETAILS HERE

ASSET	REPOSSESSION/SEIZURE/COLLECTION	DATE (MM/DD/YYYY)	REASON

8. DO YOU OWN, OR CONTROL OR MANAGE ANY ASSETS OR LIABILITIES OUTSIDE THE UNITED STATES? YES NO

IF YES, PROVIDE COMPLETE DETAILS HERE

DESCRIPTION OF ASSET/LIABILITY	DATE ACQUIRED (MM/DD/YYYY)	LOCATION

9. DO YOU OWN, CONTROL, OR MANAGE OR HOLD ANY ASSETS OR LIABILITIES FOR ANOTHER PERSON OR ENTITY? YES NO

IF YES, PROVIDE COMPLETE DETAILS HERE

10. IS YOUR INTEREST IN THIS GAMBLING ESTABLISHMENT HELD BY A TRUST (ESTATE PLANNING OR OTHER)? YES NO
IF YES, YOU MUST ALSO COMPLETE AND SUBMIT AN APPLICATION FOR STATE GAMBLING LICENSE (CGCC-030) FOR THE TRUST AND A TRUST SUPPLEMENTAL BACKGROUND INVESTIGATION INFORMATION FORM (DGC-APP-143).

11. DO YOU HOLD IN TRUST ANY ASSETS FOR ANOTHER PERSON OR ENTITY? ~~YES~~ NO IF YES, PROVIDE COMPLETE DETAILS

12. HAS YOUR STATE OR FEDERAL INCOME TAX RETURN EVER BEEN AUDITED OR ADJUSTED? ~~YES~~ NO IF YES, PROVIDE COMPLETE DETAILS

13. LAST FEDERAL INCOME TAX RETURN WAS FILED ON _____ FOR THE TAX YEAR

MONTH/YEAR

CITY STATE

14. LAST STATE INCOME TAX RETURN WAS FILED ON _____ FOR THE TAX YEAR

MONTH/YEAR

CITY STATE

Gambling Establishment Owner Applicant - Individual Supplemental Background Investigation Information

14. DO YOU HAVE A SAFE, DEPOSIT BOX OR OTHER SUCH DEPOSITORY, ACCESS TO ANY DEPOSITORY, OR DO YOU USE ANY OTHER PERSON'S DEPOSITORY? YES NO

IF YOUR ANSWER TO A14 WAS YES, PROVIDE THE FOLLOWING DETAILS:

NAME OF BOX OWNER	BOX NUMBER OR TYPE OF DEPOSITORY	LOCATION	CITY & STATE

TYPE OF INCOME	APPLICANT	OTHER
INCOME/WAGES	\$	\$
BUSINESS INCOME (EXPLAIN TYPE OF BUSINESS)	\$	\$
INTEREST INCOME	\$	\$
DIVIDEND INCOME	\$	\$
RENTAL INCOME	\$	\$
CHILD SUPPORT	\$	\$
GIFTS	\$	\$
SPOUSAL SUPPORT/ALIMONY	\$	\$
OTHER (SPECIFY)	\$	\$
OTHER (SPECIFY)	\$	\$
OTHER (SPECIFY)	\$	\$
TOTAL GROSS INCOME	\$	\$

TYPE OF EXPENDITURE	APPLICANT
REAL ESTATE (MORTGAGE) PAYMENTS	\$
RENT	\$
HOUSEHOLD EXPENSES (UTILITIES, FOOD, GASOLINE, HOME AND CAR MAINTENANCE, ENTERTAINMENT, ETC.)	\$
BUSINESS EXPENSES (DESCRIBE)	\$
CREDIT CARD PAYMENTS	\$
VEHICLE PAYMENTS	\$
OTHER (DESCRIBE)	\$
OTHER (DESCRIBE)	\$
TOTAL MONTHLY EXPENDITURES	\$

THE ASSET AND LIABILITY FIGURES SHOWN BELOW ARE AS OF _____, 20____.

STATEMENT OF ASSETS

FROM THE FOLLOWING STATEMENT OF ASSETS, LIST THE TOTAL VALUE OF ALL ASSETS, BOTH TANGIBLE AND INTANGIBLE. ALL ASSETS MUST BE LISTED AND DESCRIBED FULLY ON THE CORRESPONDING SCHEDULE. LIST THE VALUE OF ALL ASSETS, BOTH TANGIBLE AND INTANGIBLE. ALL ASSETS MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES.

ASSETS	*PURCHASE PRICE	CURRENT MARKET VALUE
CASH (TOTAL FROM SCHEDULE A)		\$
STOCKS AND BONDS (TOTAL FROM SCHEDULE G B)		\$
ACCOUNTS AND NOTES RECEIVABLE (TOTAL FROM SCHEDULE B C)		\$
BUSINESS INVESTMENTS* (TOTAL FROM SCHEDULE D)	\$	\$
REAL ESTATE* (TOTAL FROM SCHEDULE E)	\$	\$
OTHER ASSETS (TOTAL FROM SCHEDULE F)		\$
TOTAL ASSETS		\$

STATEMENT OF LIABILITIES

FROM THE FOLLOWING STATEMENT OF LIABILITIES, LIST THE TOTAL OF ALL LIABILITIES. ALL LIABILITIES MUST BE LISTED AND DESCRIBED FULLY ON THE CORRESPONDING SCHEDULE. LIST THE VALUE OF ALL YOUR LIABILITIES. ALL LIABILITIES MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES. IF APPLICABLE, ANY DEBT INCURRED TO FINANCE THE TOTAL INVESTED IN THE GAMBLING ESTABLISHMENT SHOULD BE REFLECTED ON ONE OF THE SCHEDULES LISTED BELOW.

LIABILITIES	*INITIAL AMOUNT	PRESENT BALANCE
ACCOUNTS PAYABLE (TOTAL FROM SCHEDULE G)		\$
TAXES PAYABLE (TOTAL FROM SCHEDULE H)		\$
NOTES PAYABLE* (TOTAL FROM SCHEDULE I)	\$	\$
MORTGAGE PAYABLE* (TOTAL FROM SCHEDULE J)	\$	\$
CONTINGENT AND OTHER LIABILITIES (TOTAL FROM SCHEDULE K)		\$
TOTAL LIABILITIES		\$

NOTE: ADDITIONAL FINANCIAL INFORMATION MAY BE REQUIRED BY THE DIVISION OF GAMBLING CONTROL.

FOLLOWING ITEMS MUST BE SUBMITTED IN CONJUNCTION WITH AN APPLICATION FOR A STATE GAMBLING LICENSE (CGCC-030) AND OWNER APPLICANT-INDIVIDUAL SUPPLEMENTAL BACKGROUND INVESTIGATION INFORMATION FORM (DGC-APP 015A). ORIGINALS ARE REQUIRED UNLESS OTHERWISE STATED. ONLY DOCUMENTS THAT ARE DATED AND SIGNED BY ALL PARTIES WILL BE ACCEPTED. FAILURE TO PROVIDE COMPLETE DOCUMENTS MAY RESULT IN DENIAL OF A LICENSE/DENIAL OF SUITABILITY PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 19868(A). AN OFFICIAL FILING DATE WILL NOT BE ESTABLISHED UNTIL ALL REQUIRED FORMS

- Background Investigation Deposit required in CCR, Title 11, Division 3, Chapter 1, Article 4, Section 2037
- Gambling Establishment Supplemental Information form (DGC-APP- 015C) for the gambling establishment. If there are multiple owners of this gambling establishment, only one DGC-APP- 015C form needs to be submitted to provide information about the gambling establishment.
- If you are applying as a shareholder, member, partner, etc., a Gambling Establishment Owner Entity Supplemental Information form (DGC-APP- 015B) for the business entity (corporation, LLC, partnership, etc.) that is buying or operating the gambling establishment also needs to be submitted.
- Applicant's Declaration, Acknowledgment, and Agreement (Community Property Interest) (DGC-APP 011 (Rev. 05/05)) OR Applicant's Declaration, Acknowledgment, and Agreement (Sole and Separate Property) (DGC-APP 012 (Rev. 05/05)) - Review both forms and complete the appropriate declaration. If you are married, your spouse must refer to the "Instructions to Applicant's Spouse."
- Application for State Gambling License (CGCC-030) and a Trust Supplemental Background Investigation Information form (DGC-APP 143) if your interest in this gambling establishment is held by a trust.
- Declaration of Full Disclosure (DGC-APP 005 (Rev. 05/05))
- Authorization to Release Information (DGC-APP 006 (Rev. 08/07))
- Appointment of Designated Agent (DGC-APP 008 (Rev. 09-04))
- Copy of DD214, if you ever served in Armed Forces
- Naturalization Certificate or Permanent Resident Identification - If a naturalized citizen, copy of front and back of your naturalization certificate.
- Resident Alien Card (front and back) if you are not a United States citizen.
- Copy of the completed Request for Live Scan Service (BCII 8016) after fingerprints have been taken.
- Local Cardroom Employee License, Permit, Badge, etc. - copy
- Management Company/Consultant Agreement, if applicable - copy
All Current Lease/Rental Agreements if applying as a sole proprietor - copies
- Loan Documentation for the loan obtained to purchase the gambling establishment (if applying as a sole proprietor) - copies
- Tax Returns - Signed and dated copies of state and federal for the past three years, including all schedules and attachments - both individual and for any businesses you own.
- Request for copy of Personal Income Tax or Fiduciary Return (FTB 3516C1 (Rev. 06-03 side 1))
- Internal Revenue Service Request for Transcript of Tax Return (4506-T (Rev. 4/2006))
- Current Balance Sheets and Income Statements for yourself and all of your businesses
- Bank Statements - Copies of all monthly statements for all personal and business accounts corresponding to the same period of time reflected in the balance sheet and income statement.
- Investment Account Statements - Copies of all monthly statements for all personal and business accounts corresponding to the same period of time reflected in the balance sheet and income statement.
- Bankruptcy court records, if applicable - copy

Pursuant to Business and Professions Code section 19867, an applicant is responsible for all costs incurred by the Division while conducting a background investigation for gambling license suitability. 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 all outstanding background investigation and issuance fees are received.

DECLARATION

_____, declare that I have read the foregoing Cardroom Applicant Individual Supplemental Information for State Gambling License and understand its contents. My statements are true and correct and contain a complete and true account of the information requested. I executed this declaration with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial of an application or revocation of a state gambling license, finding or permit. I have familiarized myself with the contents of the California Gambling Control Act (Business and Professions Code section 18810 et seq.), and the Regulations of the California Gambling Control Commission (California Code of Regulations, Title 4), and the Regulations of the Division of Gambling Control (California Code of Regulations, Title 11) as adopted and agree to abide by them.

I expressly waive, release, and forever discharge the State of California and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executor, can, shall, or may have against the State of California and its agents, relating to this Cardroom Applicant Individual Supplemental Information for State Gambling License.

I declare under penalty of perjury under the laws of the State of California, that the foregoing is true, correct, and complete. I declare under penalty of perjury under the laws of the State of California that I have personally completed this form and know that the contents hereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate and complete, and that this declaration is executed by me at _____ of _____ City and State Date

PRINTED FULL NAME (TITLE)	SIGNATURE	DATE
---------------------------	-----------	------

STATEMENT OF ASSETS
SCHEDULE A - ASSETS
Cash

List all cash you have and where it is located, e.g. bank accounts, financial institutions (foreign and domestic), safe deposit boxes, home and office safes, etc.

LOCATION OF CASH (e.g. Name & Address of Bank Name & Address of Bank or Investment Account)	Type of Account	Account No. Number	Date Opened	Names of Persons Who Have Signature Authority on Account	Debit of Balance	Balance
						\$1
						\$2
						\$3
						\$4
						\$5
						\$6
						\$7
						\$8
						\$9
						\$1
						TOTAL \$ - \$

*This total should match the corresponding total reported on page 9.

Signature of Prosector _____ Date _____

STATEMENT OF ASSETS
SCHEDULE E - ASSETS
 Real Estate

List any real property in which you held any direct, indirect, vested, or contingent interest - direct or indirect interest held in real property by yourself, your spouse, or your dependent children.

Address, Location, Parcel Number, Address or Parcel Number & Location	Type (Residential/Commercial)	Percentage of Ownership	Date of Purchase	Income (Rent, Lease) Current Income (Rent, Lease) (Indicate per month, year, %)	Purchase Price	Date of Current Market Value	Current Market Value
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
						TOTAL \$	\$

This total should match the corresponding total reported on page 9.

Signature of Preparer _____ Date _____

STATEMENT OF LIABILITIES
SCHEDULE G - LIABILITIES
Accounts Payable
 (Revolving Accounts/Credit Cards)

List all open accounts payable for which you are obligated, even those with a zero balance (e.g. revolving accounts, credit cards, leases, lines of credit).

Name & Address of Creditor	Account Number	Collateral Credit Limit	Date Incurred	Monthly Payment Payment Amount & Payment Period (e.g., Monthly, Monthly, etc.)	Interest Rate (%)	Date of Unpaid Balance	Unpaid Balance
							\$
							\$
							\$
							\$
							\$
							\$
							\$
						TOTAL \$	\$

*This total should match the corresponding total reported on page 8.

Signature of Preparer _____ Date _____

STATEMENT OF LIABILITIES
 SCHEDULE I - LIABILITIES

Notes Payable

List all notes payable for which you are obligated.

Name & and Address of Creditor	Date Incurred	Account Number	Collateral	Maturity Date	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Original Note Amount	Interest Rate (%)	Date of Unpaid Balance	Unpaid Balance
						\$			\$
						\$			\$
						\$			\$
						\$			\$
						\$			\$
						\$			\$
						\$			\$
						\$			\$
								TOTAL \$	\$

This total should match the corresponding total reported on page 9.

Signature of Preparer _____ Date _____

**STATEMENT OF LIABILITIES
SCHEDULE K - LIABILITIES**

Contingent and Other Liabilities

List any other indebtedness or contingent liability for which you are obligated, e.g., spousal support co-signer on a loan, pending litigation, child support, alimony, etc.

Name & Address of Creditor	Date Incurred	Collateral	Description of Liability & and Account Number	Payment Amount & Payment Period (e.g., Weekly, Monthly, Etc.)	Interest Rate (%)	Original Amount	Date of Unpaid Balance	Unpaid Balance
						\$		
						\$		
						\$		
						\$		
						\$		
						\$		
						\$		
							TOTAL \$	

This total should match the corresponding total reported on page 9.

Signature of Preparer _____ Date _____

**Cardroom Applicant Business Gambling Establishment Owner Entity
Supplemental Information for State Gambling License**

DGC-APP - 015B (New 08/04 Rev 08/07)



CALIFORNIA DEPARTMENT OF JUSTICE
DIVISION OF GAMBLING CONTROL
1425 River Park Drive, Suite 400
P.O. Box 168024
Sacramento, CA 95816-8024
(916) 263-3408; Fax (916) 263-3403

**CARDROOM APPLICANT - BUSINESS
SUPPLEMENTAL INFORMATION**

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE YOU COMPLETE THIS FORM

Instructions: Type or print legibly in ink an answer to every question. If a question does not apply to you, indicate with "N/A" (Not Applicable). If the space available is insufficient, use a separate sheet and precede each answer with the applicable section and question number. Do not misstate or omit any material fact(s) information as each statement made herein is subject to verification. Any corrections, changes or other alterations must be initialed and dated by the applicant.

~~PLEASE SEND THE COMPLETED SUPPLEMENTAL INFORMATION ALONG WITH THE APPLICATION FOR STATE GAMBLING LICENSE AND A \$500 NON-REFUNDABLE APPLICATION FEE, A \$5,000 DEPOSIT EXCEPT TRUSTS WHICH SHALL SUBMIT A DEPOSIT IN A SUM OF MONEY THAT, IN THE JUDGMENT OF THE DIRECTOR OF THE DIVISION, WILL BE ADEQUATE TO PAY THE ANTICIPATED INVESTIGATION AND PROCESSING COSTS, IN ACCORDANCE WITH BUSINESS AND PROFESSIONS CODE SECTION 19867, AND, IF APPROPRIATE, GAMBLING ESTABLISHMENT SUPPLEMENTAL INFORMATION FORM (DGC APP 015C (Rev 08/04)) TO: California Gambling Control Commission, P.O. Box 526013, Sacramento, CA 95852-6013.~~

~~MUST BE COMPLETED BY AUTHORIZED REPRESENTATIVE OR DESIGNATED AGENT OF THE CORPORATION, PARTNERSHIP, TRUST, LIMITED LIABILITY CORPORATION, JOINT VENTURE, ETC.~~

This Supplemental Form must be completed by a business entity (corporation, partnership, limited liability company, joint venture or other business) that is applying for a state gambling license as an owner of a gambling establishment.

SECTION 1 - BUSINESS INFORMATION				
NAME OF BUSINESS APPLICANT		TRADE NAME TO BE USED (IF APPLICABLE)		
BUSINESS/ MAILING ADDRESS (NUMBER / STREET)		CITY	STATE	ZIP
MAIN OFFICE (IF DIFFERENT THAN ABOVE) (NUMBER / STREET)		CITY	STATE	ZIP
ADDRESS WHERE BUSINESS RECORDS ARE MAINTAINED (IF DIFFERENT THAN ABOVE) (NUMBER / STREET)		CITY	STATE	ZIP
BUSINESS PHONE ()	BUSINESS FAX ()	FEDERAL TAX ID NUMBER	STATE TAX ID NUMBER	IS IT A PARTNERSHIP?
If applicant has ever conducted business under another name in any jurisdiction or State, provide name and jurisdiction or state. HAS THIS BUSINESS EVER OPERATED UNDER ANOTHER NAME IN ANY JURISDICTION (INCLUDING INTERNATIONAL JURISDICTIONS)? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YOU IN THE ABOVE PROVIDE THE FOLLOWING DETAILS:				
A. BUSINESS NAME		JURISDICTION		

Gambling Establishment Owner Entity Supplemental Background Investigation Information

B. BUSINESS NAME _____ **JURISDICTION** _____

DOES THIS BUSINESS HAVE PARENT COMPANIES, SUBSIDIARIES OR AFFILIATES? NO YES

IF YES PLEASE DESCRIBE TO THE ABOVE PROVIDE THE FOLLOWING DETAILS:

A. BUSINESS NAME	PARENT/SUBSIDIARY/AFFILIATE	RELATIONSHIP TO GAMING ESTABLISHMENT
B. BUSINESS NAME	PARENT/SUBSIDIARY/AFFILIATE	RELATIONSHIP TO GAMING ESTABLISHMENT

LIST ANY CURRENT OR PREVIOUS BUSINESS RELATIONSHIP(S) AND/OR AGREEMENTS WITH THE GAMING INDUSTRY, INCLUDING TRIBAL GAMING

NAME OF BUSINESS/TRIBE	ADDRESS	NATURE OF RELATIONSHIP	DATES OF RELATIONSHIP

3. Type of Business: Corporation Partnership Limited Liability Co. Joint Venture Sole Proprietor

SECTION 2 - OTHER LICENSING INFORMATION

HAS THIS BUSINESS EVER APPLIED TO ANY LICENSING OR REGULATORY AGENCY FOR A LICENSE, PERMIT, CERTIFICATE, REGISTRATION, OR AUTHORIZATION RELATED TO GAMING, WHETHER OR NOT SUCH A LICENSE, PERMIT, CERTIFICATE, REGISTRATION, OR AUTHORIZATION WAS GRANTED? HAS THIS BUSINESS EVER HELD OR APPLIED FOR A PERMIT, LICENSE, CERTIFICATE, REGISTRATION OR AUTHORIZATION RELATED TO GAMING IN ANY JURISDICTION? YES NO

IF YES, PROVIDE THE FOLLOWING DETAILS. LIST BELOW ANY LICENSING OR REGULATORY AGENCY (TRIBAL, STATE, LOCAL OR INTERNATIONAL) TO WHICH YOU HAVE APPLIED FOR A LICENSE, PERMIT, CERTIFICATE, REGISTRATION OR AUTHORIZATION RELATED TO GAMING ACTIVITIES OR LOTTERY, WHETHER OR NOT SUCH LICENSE, PERMIT, CERTIFICATE, REGISTRATION OR AUTHORIZATION WAS GRANTED (INCLUDE ANY APPLICATIONS THAT WERE WITHDRAWN, DENIED AND/OR ARE PENDING).

Licensing/Regulatory Agency	Name & Address of Gaming Business	Type of Application	License/Permit/Certificate/Registration Authorization Number	Dates Held

<u>LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #</u>	<u>TYPE OF APPLICATION</u>	<u>DATES HELD (MM/YYYY)</u>	<u>ISSUING AGENCY</u>
		FROM: _____ TO: _____	
<u>CITY, COUNTY, STATE, COUNTRY</u>		<u>ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)</u>	
<u>LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #</u>	<u>TYPE OF APPLICATION</u>	<u>DATES HELD (MM/YYYY)</u>	<u>ISSUING AGENCY</u>
		FROM: _____ TO: _____	
<u>CITY, COUNTY, STATE, COUNTRY</u>		<u>ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)</u>	
<u>LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #</u>	<u>TYPE OF APPLICATION</u>	<u>DATES HELD (MM/YYYY)</u>	<u>ISSUING AGENCY</u>
		FROM: _____ TO: _____	
<u>CITY, COUNTY, STATE, COUNTRY</u>		<u>ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)</u>	

Gaming Establishment Owner Entry Supplemental Background Investigation Information

HAS THIS BUSINESS EVER APPLIED TO ANY LICENSING OR REGULATORY AGENCY FOR A LICENSE, PERMIT, CERTIFICATE, REGISTRATION OR AUTHORIZATION NOT RELATED TO GAMING? WHETHER OR NOT SUCH A LICENSE, PERMIT, CERTIFICATE, REGISTRATION OR AUTHORIZATION WAS GRANTED? YES NO

IF YES TO THE ABOVE, PROVIDE THE FOLLOWING DETAILS (INCLUDE ANY APPLICATIONS THAT WERE WITHDRAWN, DENIED AND/OR PENDING):

A) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY)	ISSUING AGENCY
		FROM TO	
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	
B) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY)	ISSUING AGENCY
		FROM TO	
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	
C) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY)	ISSUING AGENCY
		FROM TO	
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	

2. Has this business ever had any disciplinary, administrative, or regulatory actions taken against the aforementioned application(s) for a license, permit, certificate, registration, or authorization related to gaming (e.g. withdrawal, denial, suspension, revocation, surrender)? Yes No

If Yes, provide the following details:

Licensing/Regulatory Agency	Name & Address of Gaming Establishment	Type of Application	Registration/Permit/License/Certificate Number	Action Taken	Date Denied or Revoked

3. Has this business ever withdrawn or surrendered an application for registration, permit, badge, license, certificate, finding of suitability, or any other authorization related to gaming in any jurisdiction? Yes No

If Yes, provide the following details:

Licensing/Regulatory Agency	Name & Address of Business	Type of Application	Registration/Permit/Badge/License/Certificate Number	Action Taken	Date & Reason(s) for Withdrawal or Surrender

4. LIST ALL STATES AND/OR COUNTRIES WHERE THIS BUSINESS IS INCORPORATED, REGISTERED OR QUALIFIED TO DO BUSINESS, ALSO LIST OR PROVIDE THE CORPORATION, REGISTRATION, OR LICENSE NUMBER AND DATE QUALIFIED TO DO BUSINESS

STATE	COUNTRY	CORPORATION/REGISTRATION/LICENSE NUMBER	DATE QUALIFIED TO DO BUSINESS

Gambling Establishment Owner Entity Supplemental Background Investigation Information

List all individuals (founder, partner, officer, director, shareholder, or member) with an ownership/financial interest in the business.

Name	Title	Investment Amount	Percentage of Interest
TOTAL (MUST EQUAL 100%)			

SECTION 3: LITIGATION HISTORY

HAS THIS BUSINESS BEEN PARTY TO A LAWSUIT OR ARBITRATION WITHIN THE LAST 10 YEARS? YES NO

IF YES, PROVIDE DETAILS HERE. EXPLAIN EACH INCIDENT.

I. NAME(S) OF PLAINTIFF(S) AND DEFENDANT(S)

NAME(S) OF CLAIMANT(S) AND RESPONDENT(S)

DATE FILED (MM/DD/YYYY)	STATE OR FEDERAL COURT	CASE NUMBER
NAME, ADDRESS, CITY, COUNTY, STATE	DATE OF DISPOSITION	DISPOSITION
BRIEF EXPLANATION OF ISSUES		

II. NAME(S) OF PLAINTIFF(S) AND DEFENDANT(S)

NAME(S) OF CLAIMANT(S) AND RESPONDENT(S)

DATE FILED (MM/DD/YYYY)	STATE OR FEDERAL COURT	CASE NUMBER
NAME, ADDRESS, CITY, COUNTY, STATE	DATE OF DISPOSITION	DISPOSITION
BRIEF EXPLANATION OF ISSUES		

III. NAME(S) OF PLAINTIFF(S) AND DEFENDANT(S)

NAME(S) OF CLAIMANT(S) AND RESPONDENT(S)

DATE FILED (MM/DD/YYYY)	STATE OR FEDERAL COURT	CASE NUMBER
NAME, ADDRESS, CITY, COUNTY, STATE	DATE OF DISPOSITION	DISPOSITION
BRIEF EXPLANATION OF ISSUES		

LIST ANY REMUNERATION EXCEEDING \$100,000 \$200,000 PAID ANNUALLY TO PERSONS OTHER THAN THE DIRECTORS AND OFFICERS OF THIS BUSINESS

NAME OF PAYEE	ADDRESS OF PAYEE	REASON FOR PAYMENT	ANNUAL AMOUNT
			\$
			\$

Gambling Establishment Owner Entity Supplemental Background Investigation Information

NAME OF PAYEE	ADDRESS OF PAYEE	REASON FOR PAYMENT	ANNUAL AMOUNT \$
NAME OF PAYEE	ADDRESS OF PAYEE	REASON FOR PAYMENT	ANNUAL AMOUNT \$

SECTION FINANCIAL INFORMATION

HAS ANY INTEREST IN THIS BUSINESS BEEN ASSIGNED, PLEDGED OR HYPOTHECATED TO ANY INDIVIDUAL OR ENTITY OR HAS ANY AGREEMENT OR CONTRACT BEEN ENTERED INTO WHEREBY ANY INTEREST IS TO BE ASSIGNED, PLEDGED, OR HYPOTHECATED EITHER IN PART OR IN WHOLE? YES NO

IF YES, PROVIDE COMPLETE DETAILS AND DATES HERE:

HAS THIS BUSINESS FILED FOR BANKRUPTCY WITHIN THE LAST 10 YEARS? YES NO

IF YES, IDENTIFY THE FEDERAL DISTRICT COURT WHERE THE BANKRUPTCY WAS FILED, CASE NUMBER, AND DATE FILED, AND DESCRIBE THE CIRCUMSTANCES WHICH RESULTED IN THIS ACTION. [EXPLAIN BELOW. (You can provide copies of the bankruptcy petition and order, which lists all creditors and discharged debts.)]

FEDERAL DISTRICT COURT WHERE FILED	DATE FILED (MM/DD/YYYY)	CASE NUMBER	DATE DISCHARGED (MM/DD/YYYY)	DESCRIBE THE CIRCUMSTANCES THAT RESULTED IN THIS ACTION

HAS THIS BUSINESS HAD A MATERIAL REORGANIZATION WITHIN THE LAST THREE YEARS? YES NO

IF YES, PROVIDE COMPLETE DETAILS AND DATES:

HAVE ANY INDIVIDUALS, BUSINESSES OR GOVERNMENTAL AGENCIES FILED LIENS OR JUDGEMENTS AGAINST THIS BUSINESS WITHIN THE LAST 10 YEARS? YES NO

IF YES, PROVIDE COMPLETE DETAILS AND DATES HERE:

<input type="checkbox"/> LIEN <input type="checkbox"/> JUDGEMENT	DATE FILED (MM/DD/YYYY)	NAME OF PERSON/ENTITY THAT FILED THE LIEN OR JUDGEMENT	EXPLANATION/STATUS

EXPLANATION AND STATUS:

<input type="checkbox"/> LIEN <input type="checkbox"/> JUDGEMENT	DATE FILED (MM/DD/YYYY)	NAME OF PERSON/ENTITY THAT FILED THE LIEN OR JUDGEMENT	EXPLANATION/STATUS

EXPLANATION AND STATUS:

HAS THIS BUSINESS HAD ANY ASSETS REPOSSESSED, SEIZED, OR DEBT TURNED OVER TO COLLECTION FOR ANY REASON WITHIN THE LAST SEVEN (7) YEARS? YES NO

IF YES, PROVIDE COMPLETE DETAILS AND DATES HERE:

ASSETS	REPOSSESSED/SEIZED/COLLECTION	DATE (MM/DD/YYYY)	REASON

DOES THIS BUSINESS OWN, OR CONTROL OR MANAGE ANY ASSETS OR LIABILITIES LOCATED OUTSIDE THE UNITED STATES? YES NO

IF YES, PROVIDE COMPLETE DETAILS HERE:

DESCRIPTION OF ASSET/LIABILITY	DATE ACQUIRED (MM/DD/YYYY)	LOCATION

DOES THIS BUSINESS OWN, CONTROL, MANAGE OR HOLD IN TRUST ANY ASSETS OR LIABILITIES FOR ANOTHER INDIVIDUAL OR ENTITY? YES NO

IF YES, PROVIDE COMPLETE DETAILS HERE:

Gambling Establishment Owner/Entity Supplemental Background Investigation Information

YES NO
 IS THIS BUSINESS, OR ANY INTEREST IN THIS BUSINESS, HELD BY A TRUST?

YES NO
 IF YES, YOU MUST ALSO COMPLETE AND SUBMIT AN APPLICATION FOR STATE GAMBLING LICENSE (1000) INCLUDING THE TRUST AND A TRUSTEE'S SUPPLEMENTAL BACKGROUND INVESTIGATION INFORMATION. A TRUST THAT HELDS AN INTEREST IN A GAMBLING ESTABLISHMENT IN HOUSTON, TEXAS, AND CURRENT TAXPAYER(S), TRUSTEES, AND BENEFICIARIES WHO ARE NOT CONTINGENT ON A FUTURE EVENT, MUST ALSO APPLY FOR A STATE GAMBLING LICENSE.

YES NO
 IS THE BUSINESS NEGOTIATING OR PLANNING ANY ACQUISITION(S), MERGERS, OR SALE OF THIS BUSINESS, A SUBSIDIARY, OR AN AFFILIATE IN THE NEAR FUTURE? DOES THIS BUSINESS HAVE ANY PLANS TO SELL, MERGE, OR ACQUIRE NEW BUSINESSES IN THE NEXT 24 MONTHS?

IF YES, PROVIDE COMPLETE DETAILS AND DATES

Yes No
 Has the business' income tax rate been added or adjusted within the last 10 years?

If Yes, provide complete details:

10 Business' last Federal income tax return was filed on _____ for tax year _____ at _____

11 Business' last State income tax return was filed on _____ for tax year _____ at _____

THE ASSET AND LIABILITY FIGURES SHOWN BELOW ARE AS OF _____, 20__.

STATEMENT OF ASSETS

From the following Statement of Assets, list the total value of all assets, both tangible and intangible. All assets must be listed and described fully on the corresponding schedule. If applicable, the business investment(s) should be reflected on Schedule "D." LIST THE VALUE OF ALL ASSETS BOTH TANGIBLE AND INTANGIBLE. ALL ASSETS MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES

ASSETS	PURCHASE PRICE	CURRENT MARKET VALUE
CASH (TOTAL FROM SCHEDULE A)		\$
STOCKS AND BONDS (TOTAL FROM SCHEDULE C B)		\$
ACCOUNTS AND NOTES RECEIVABLE (TOTAL FROM SCHEDULE B C)		\$
BUSINESS INVESTMENTS* (TOTAL FROM SCHEDULE D)	\$	\$
<u>CAPITAL IMPROVEMENTS</u>		\$
REAL ESTATE* (TOTAL FROM SCHEDULE E)	\$	\$
OTHER ASSETS (TOTAL FROM SCHEDULE F)		\$
TOTAL ASSETS		\$

STATEMENT OF LIABILITIES

From the following Statement of Liabilities, list the total of all liabilities. All liabilities must be listed and described fully on the corresponding schedule. If applicable, any debt incurred to finance the business investment(s) should be reflected on one of the schedules listed below. LIST THE VALUE OF ALL YOUR LIABILITIES. ALL LIABILITIES MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES. IF APPLICABLE, ANY DEBT INCURRED TO FINANCE THE TOTAL INVESTED IN THE GAMBLING ESTABLISHMENT SHOULD BE REFLECTED ON ONE OF THE SCHEDULES LISTED BELOW.

LIABILITIES	INITIAL AMOUNT	PRESENT BALANCE
ACCOUNTS PAYABLE (TOTAL FROM SCHEDULE G)		\$
TAXES PAYABLE (TOTAL FROM SCHEDULE H)		\$
NOTES PAYABLE* (TOTAL FROM SCHEDULE I)	\$	\$
MORTGAGE PAYABLE* (TOTAL FROM SCHEDULE J)	\$	\$
CONTINGENT AND OTHER LIABILITIES (TOTAL FROM SCHEDULE K)		\$
TOTAL LIABILITIES		\$

14. OWNER'S EQUITY (ASSETS MINUS LIABILITIES) \$ _____

NOTE: ADDITIONAL FINANCIAL INFORMATION MAY BE REQUIRED BY THE DIVISION OF GAMBLING CONTROL.

Gambling Establishment Owner Entity Supplemental Background Investigation Information

The following items must be submitted in conjunction with an Application for a State Gambling License (CGCC-030) and this Owner Entity Supplemental Background Investigation Information form (DGC-APP 015B). Originals are required unless otherwise stated. Only documents that are dated and signed by all parties will be accepted. Failure to provide complete documents may result in denial of a license/denial of suitability. Pursuant to Business and Professions Code section 19868(a), an official filing date will not be established until all required forms, documentation and fees have been received by the State.

- Background Investigation Deposit required in CCR, Title 11, Division 3, Chapter 1, Article 4, Section 2037
- Gambling Establishment Supplemental Information form (DGC-APP 015C) for the gambling establishment. Individual owners/shareholders/members/etc. also need to each submit an Owner Applicant - Individual Supplemental Information (DGC-APP 015A).
- Application for State Gambling License (CGCC-030) and a Trust Supplemental Background Investigation Information form (DGC-APP 143) if this business is held by a trust.
- Declaration of Full Disclosure (DGC-APP 005 (Rev. 05/05))
- Authorization to Release Information (DGC-APP 006 (Rev. 08/07))
- Appointment of Designated Agent (DGC-APP 008 (Rev. 05/05))
- Current Articles of Incorporation and Statement of Information if this entity is a corporation
- Current Articles of Organization and Operating Agreement if this entity is a limited liability company
- Certificate of Limited Partnership, Partnership Agreement, Operating Agreement if this is a limited partnership
- Partnership Agreement, if this entity is a General Partnership (also include a copy of the Statement of Partnership Authority if one was filed)
- Current Organizational Chart for this Owner Entity - Show Names, Job Titles and Lines of Accountability
- All Current Lease/Rental Agreements between the owner entity and the gambling establishment - copies
- Management Company/Consultant Agreement, if applicable - copy
- Local Gambling Establishment License or Permit - copy
- Loan Documentation for the loan obtained to purchase the gambling establishment - copies
- Tax Returns - Signed and dated copies of business state and federal for the past three years, including all schedules and attachments.
- Request for Copy of Corporation, Exempt Organization, Partnership, or Limited Liability Company Tax Return (FTB 3516C1 (Rev. 06-03), side 2)
- Internal Revenue Service Request for Transcript of Tax Return (4506-T (Rev. 4/2006))
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- Bank Statements - Copies of all monthly statements for all business accounts corresponding to the same period of time reflected in the balance sheet and income statement.
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- Bankruptcy court records, if applicable - copy

Pursuant to Business and Professions Code section 19867, an applicant is responsible for all costs incurred by the Division while conducting a background investigation for gambling license suitability. 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 all outstanding background investigation and issuance fees are received.

DECLARATION		
<p>I, _____, declare that I, the authorized representative or designated agent, have read the foregoing Cardroom Applicant – Business Supplemental Information and understand its contents. My statements are true and correct and contain a full and true account of the information requested. I execute this declaration with the knowledge that any misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial of an application or revocation of a state license, finding or permit. I have familiarized myself with the contents of the California Gambling Control Act (Business and Professions Code section 19800 et seq.), the Regulations of the California Gambling Control Commission (California Code of Regulations, Title 4), and the Regulations of the Division of Gambling Control (California Code of Regulations, Title 17) as adopted and agree to abide by them.</p> <p>I expressly waive, release, and forever discharge the State of California and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors, can, shall, or may have against the State of California and its agents, relating to this Application Package for Licensure.</p> <p>I declare under penalty of perjury under the laws of the State of California that the foregoing is true, correct, and complete. <u>I declare under penalty of perjury of the laws of the State of California that I have personally completed this form and know that the contents thereof and the information contained herein, including all corrections, changes and other alterations, is true, accurate and complete, and that this declaration is executed by me at _____ on _____</u></p>		
<p style="text-align: center; font-size: small;">City and State Date</p>	<p style="text-align: center; font-size: small;">SIGNATURE</p>	<p style="text-align: center; font-size: small;">DATE</p>
<p style="font-size: small;">PRINTED FULL NAME (FFLE)</p>		

Business Name: _____

Gambling Establishment Cover Entity Supplemental Background Investigation Information
STATEMENT OF ASSETS
SCHEDULE D - ASSETS
 Business Investments

List any business investments in which any direct, indirect, vested or contingent or vested interest is held by the business, along with the names of all individuals or entities who share a direct, indirect, or vested or contingent or vested interest. This should include, but not be limited to, joint ventures, partnerships, limited liability companies and corporations

Entity Name	Type of Entity	No. Number of Shares or Units	Name in which hold	Percent of Ownership	Individuals or Entities Sharing Interest & Percentage Ownership	Date of Purchase	Purchase Price	Date of Current Market Value	Current Market Value
							\$		\$
							\$		\$
							\$		\$
							\$		\$
							\$		\$
							\$		\$
							\$		\$
								TOTAL \$	\$

*This total should match the corresponding total reported on page 5.

Signature of Preparer _____ Date _____

Gambling Establishment (Wright Entity Supplemental) Background Investigation Informants
STATEMENT OF ASSETS
SCHEDULE E - ASSETS
 Real Estate

List any real property in which the business holds any direct, indirect, vested, or contingent interest. Direct or indirect interest held in real property by you or self your spouse, or your dependent children.

Address/location/Parcel Number Address or Parcel Number & Location	Type (Residential/Commercial)	Percentage of Ownership	Date of Purchase	Income (Rent/Lease) Income (Rent/Lease) (Indicate per month/year/etc.)	Purchase Price	Date of Current Market Value	Current Market Value
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
TOTAL \$:							\$

*This total should match the corresponding total reported on page 5.

Signature of Preparer _____ Date _____

Continuing Subsidiary Owner Entity Supplemental Background Investigation Information
STATEMENT OF ASSETS
SCHEDULE F - ASSETS
 Other Assets

List all other assets the business holds (e.g., art collections, coin collections, antiques, automobiles, etc.)

Type of Asset	Description	Date of Purchase	Purchase Price	Date of Current Market Value	Current Market Value
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
				TOTAL \$	\$

*This total should match the corresponding total reported on page 5.

Signature of Preparer _____ Date _____

Gambling Exemption Owner Entity Supplemental Background Investigation Informal
STATEMENT OF LIABILITIES
SCHEDULE G - LIABILITIES
Accounts Payable

List all accounts payable for the business (e.g. revolving accounts, credit cards, leases, lines of credit)

Name & Address of Creditor	Account Number	Collateral	Date Incurred	Payment Amount & Payment Period (e.g. Weekly, Monthly, etc.)	Interest Rate (%)	Date of Unpaid Balance	Unpaid Balance	
							\$	
							\$	
							\$	
							\$	
							\$	
							\$	
							\$	
TOTAL \$							—	\$

This total should match the corresponding total reported on page 5.

Signature of Preparer _____ Date _____

Gambling & Amusement Owner, Entity, Supplemental Backward Investigation Information
STATEMENT OF LIABILITIES
SCHEDULE H - LIABILITIES
Taxes Payable

List all unpaid and estimated taxes.

Taxing Authority (e.g., State Franchising Tax Board/Internal Revenue Service/Board of Equalization, etc.)	Related Tax Period	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Original Amount	Fines, Penalties, and Interest	Date of Unpaid Balance	Unpaid Balance
						\$
						\$
						\$
						\$
						\$
						\$
						\$
					TOTAL \$	\$

*This total should match the corresponding total reported on page 5.

Signature of Preparer _____ Date _____

Continental Lead Adjustment Owner Entity Supplemental Background Investigation Information
STATEMENT OF LIABILITIES
SCHEDULE J - LIABILITIES
Mortgages Payable

List all mortgages or liens on real estate.

Name & Address of Creditor Account Number	Address & or Parcel Number and Location of Real Estate	Date Incurred	Collateral	Interest Rate (%)	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Original Loan Amount	Date of Unpaid Balance	Unpaid Balance
						\$1		\$1
						\$1		\$1
						\$1		\$1
						\$1		\$1
						\$1		\$1
						\$1		\$1
						\$1		\$1
							TOTAL \$	1

*This total should match the corresponding total reported on page 5.

Signature of Preparer _____ Date _____

Granting to _____ Supplemental Background Investigation Information
STATEMENT OF LIABILITIES
SCHEDULE K - LIABILITIES
 Contingent and Other Liabilities

List any other indebtedness or contingent liability, e.g., co-signer on a loan, pending litigation, child support, alimony, etc.

Name & Address of Creditor	Date Incurred	Collateral	Description of Liability & Account Number	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Interest Rate (%)	Original Amount	Date of Unpaid Balance	Unpaid Balance
						\$		\$
						\$		\$
						\$		\$
						\$		\$
						\$		\$
						\$		\$
						\$		\$
TOTAL \$ *								\$

*This total should match the corresponding total reported on page 5.

Signature of Preparer _____ Date _____

Gambling Establishment Supplemental Information for State Gambling License

IC-APP - 019C (New 09/04 Rev. 09/07)



CALIFORNIA DEPARTMENT OF JUSTICE
DIVISION OF GAMBLING CONTROL
1425 River Park Drive, Suite 400
P.O. Box 168024
Sacramento CA 95845 95816-8024
(916) 263-3408; Fax (916) 263-3403

GAMBLING ESTABLISHMENT SUPPLEMENTAL INFORMATION

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE YOU COMPLETE THIS FORM

Instructions: Type or print legibly in ink an answer to every question. If a question does not apply to you, indicate with "N/A" (Not Applicable). If the space available is insufficient, use a separate sheet and precede each answer with the applicable section and question number. Do not misstate or omit any material fact(s) information as each statement made herein is subject to verification. Any corrections, changes or other alterations must be initialed and dated by the applicant.

THIS COMPLETED SUPPLEMENTAL INFORMATION FORM MUST BE COMPLETED BY THE OWNER ENTITY OF THE GAMBLING ESTABLISHMENT (SOLE PROPRIETOR, PARTNERSHIP, CORPORATION, ETC.) AND SUBMITTED WITH THE APPROPRIATE CARDROOM APPLICANT SUPPLEMENTAL FORM (DGC APP. 015A OR DGC APP. 015B). This Supplemental Form must be completed on behalf of the gambling establishment.

NAME OF GAMBLING ESTABLISHMENT APPLICANT		TRADE NAME TO BE USED (IF APPLICABLE)
--	--	---------------------------------------

3. Type of Business: Corporation Partnership Limited Liability Co. Jt. Venture Sole Proprietor

4. Gambling Establishment mailing address: _____

5. Main office (if different than above): _____

6. Address where Gambling Establishment records are maintained (if different than above): _____

7. IF APPLICANT HAS EVER CONDUCTED BUSINESS UNDER ANOTHER NAME IN ANY JURISDICTION OR STATE, PROVIDE NAME AND JURISDICTION OR STATE. HAS THIS GAMBLING ESTABLISHMENT EVER OPERATED UNDER ANOTHER NAME IN ANY JURISDICTION (INCLUDING INTERNATIONAL JURISDICTIONS)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES TO THE ABOVE, PROVIDE THE FOLLOWING DETAILS		
A. BUSINESS NAME	LOCATION	DATES OF OPERATION
B. BUSINESS NAME	LOCATION	DATES OF OPERATION

Gambling Establishment Phone: () _____ Gambling Establishment Fax: () _____
Federal tax ID number: _____ State tax ID number: _____
SSN (if sole proprietorship): _____

8. DOES THIS GAMBLING ESTABLISHMENT HAVE PARENT COMPANIES, SUBSIDIARIES OR AFFILIATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES PLEASE DESCRIBE TO THE ABOVE, PROVIDE THE FOLLOWING DETAILS		
A. BUSINESS NAME	PARENT/SUBSIDIARY/AFFILIATE	RELATIONSHIP TO GAMBLING ESTABLISHMENT
B. BUSINESS NAME	PARENT/SUBSIDIARY/AFFILIATE	RELATIONSHIP TO GAMBLING ESTABLISHMENT

Gambling Establishment Supplemental Background Investigation Information

OPERATIONAL HOURS OF OPERATIONS <input type="checkbox"/> 24 HOURS/365 DAYS, OR							
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
OPENING TIME							
CLOSING TIME							
BUSINESS OFFICE HOURS <input type="checkbox"/> SAME AS HOURS OF OPERATION, OR							
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
OPENING TIME							
CLOSING TIME							
PROPOSED NUMBER OF TABLES-NUMBER OF PERMANENT TABLES OPERATING OR TO BE OPERATED IN THE GAMBLING ESTABLISHMENT							

12. Name(s) of Proposed Game(s):

13. List all individuals with a financial interest in the gambling establishment. Each of the persons named is required to submit a separate application.

Name	Investment Amount
TOTAL (MUST EQUAL 100%)	

14. List all other individuals, not listed, with a financial interest in the gambling establishment, including, but not limited to, percentage lease-landlords and percentage game interests.

Name	Nature of Interest

15. LIST ANY THIRD PARTY PROVIDERS OF PROPOSITION PLAYER SERVICES OR OTHER GAMBLING BUSINESSES OPERATING IN THE THIS GAMBLING ESTABLISHMENT AS OF THE DATE OF THIS APPLICATION

NAME	ADDRESS AND TELEPHONE NUMBER	PHONE
		()
		()
		()

CHIPS IN USE: THE CALIFORNIA CODE OF REGULATIONS REQUIRES GAMBLING ESTABLISHMENTS TO MAINTAIN A SEPARATE, SPECIFICALLY DESIGNATED, INSURED ACCOUNT WITH A LICENSED FINANCIAL INSTITUTION IN AN AMOUNT NOT LESS THAN THE TOTAL VALUE OF THE CHIPS IN USE BY THE GAMBLING ESTABLISHMENT. PROVIDE THE TOTAL VALUE OF THE CHIPS OUTSTANDING AT ANY GIVEN TIME AT THIS GAMBLING ESTABLISHMENT AND A COPY OF THE MOST RECENT STATEMENT ON THIS ACCOUNT.

AMOUNT OF CHIPS IN USE AT THIS GAMBLING ESTABLISHMENT	FINANCIAL INSTITUTION WHERE CHIPS IN USE ACCOUNT IS MAINTAINED	CURRENT BALANCE

LAYERS' BANK: THE CALIFORNIA CODE OF REGULATIONS REQUIRES GAMBLING ESTABLISHMENTS TO MAINTAIN A SEPARATE, SPECIFICALLY DESIGNATED, INSURED ACCOUNT WITH A LICENSED FINANCIAL INSTITUTION IN AN AMOUNT NOT LESS THAN THE TOTAL AMOUNT OF THE MONIES THAT PATRONS HAVE ON DEPOSIT WITH THE GAMBLING ESTABLISHMENT.

Gambling Establishment Supplemental Background Investigation Information

DOES THE GAMBLING ESTABLISHMENT OFFER PLAYERS BANKS? YES NO

ENTER THE AMOUNT OF MONEY YOUR BUSINESS RECORDS SHOW AS BEING DEPOSITED BY PLAYERS

ATTACH A COPY OF THE MOST RECENT STATEMENT OF THE FINANCIAL INSTITUTION'S ACCOUNT COVERING THE PLAYERS' BANK FUNDS.

THE DIVISION OF GAMBLING CONTROL MAY ALLOW THE GAMBLING ESTABLISHMENT TO PROVIDE SOME OTHER FORM OF SECURITY IN LIEU OF MAINTAINING THE REQUIRED FUNDS IN THE DIVISION'S BANK FINANCIAL INSTITUTION ACCOUNTS. IF THE GAMBLING ESTABLISHMENT WISHES TO SEEK APPROVAL, OR HAS ALREADY OBTAINED APPROVAL, FOR THIS ALTERNATE FORM OF SECURITY, PLEASE PROVIDE A COPY OF YOUR APPLICATION AND COPIES OF ANY WRITTEN APPROVAL RECEIVED FROM THE DIVISION.

HAS THIS GAMBLING ESTABLISHMENT BEEN PARTY TO A LAWSUIT OR ARBITRATION WITHIN THE LAST 10 YEARS? YES NO

IF YES, EXPLAIN EACH INCIDENT

NAME OF PLAINTIFF(S) AND DEFENDANT(S)

NAME OF CLAIMANT(S) AND RESPONDENT(S)

DATE FILED (MM/DD/YYYY)

STATE OR FEDERAL COURT

CASE NUMBER

CITY/COUNTY/STATE

DATE OF DISPOSITION

DISPOSITION

BRIEF EXPLANATION OF ISSUE

NAME OF PLAINTIFF(S) AND DEFENDANT(S)

NAME OF CLAIMANT(S) AND RESPONDENT(S)

DATE FILED (MM/DD/YYYY)

STATE OR FEDERAL COURT

CASE NUMBER

CITY/COUNTY/STATE

DATE OF DISPOSITION

DISPOSITION

BRIEF EXPLANATION OF ISSUE

NAME OF PLAINTIFF(S) AND DEFENDANT(S)

NAME OF CLAIMANT(S) AND RESPONDENT(S)

DATE FILED (MM/DD/YYYY)

STATE OR FEDERAL COURT

CASE NUMBER

CITY/COUNTY/STATE

DATE OF DISPOSITION

DISPOSITION

BRIEF EXPLANATION OF ISSUE

HAS ANY INTEREST IN THE GAMBLING ESTABLISHMENT BEEN ASSIGNED, PLEDGED, OR HYPOTHECATED TO ANY INDIVIDUAL OR ENTITY OR HAS ANY AGREEMENT OR CONTRACT BEEN ENTERED INTO WHEREBY AN INTEREST IS TO BE ASSIGNED, PLEDGED, OR HYPOTHECATED EITHER IN PART OR IN WHOLE? YES NO

IF YES, EXPLAIN BELOW

Gambling Establishment Supplemental Background Investigation Information

HAVE ANY INDIVIDUALS, BUSINESSES OR GOVERNMENTAL AGENCIES FILED LIENS OR JUDGEMENTS AGAINST THIS GAMBLING ESTABLISHMENT WITHIN THE LAST 10 YEARS? YES NO

IF YES, PROVIDE DETAILS HERE:

TYPE	DATE FILED (MM/DD/YYYY)	NAME OF PERSON/ENTITY THAT FILED THE LIEN OR JUDGEMENT	EXPLANATION/STATUS
<input type="checkbox"/> LIEN <input type="checkbox"/> JUDGEMENT			

EXPLANATION AND STATUS:

TYPE	DATE FILED (MM/DD/YYYY)	NAME OF PERSON/ENTITY THAT FILED THE LIEN OR JUDGEMENT	EXPLANATION/STATUS
<input type="checkbox"/> LIEN <input type="checkbox"/> JUDGEMENT			

EXPLANATION AND STATUS:

IS THIS GAMBLING ESTABLISHMENT OR ANY INTEREST IN THIS GAMBLING ESTABLISHMENT HELD BY A TRUST? YES NO

IF YES, YOU MUST ALSO COMPLETE AND SUBMIT AN APPLICATION FOR STATE GAMING AND REGULATION 2001 FOR THE TRUST AND A TRUST SUPPLEMENTAL BACKGROUND INVESTIGATION (ICGCC-030/DGC-APP 015B) WHEN A FINANCIAL INTEREST IS HELD BY A TRUST. ANY CURRENT TOUGHCARD, TRUSTEES, AND BENEFICIARIES WHO ARE NOT CURRENT ON A TOUGHCARD MUST ALSO APPLY FOR A STATE GAMBLING LICENSE.

ARE THERE ANY GAME INVENTORS WHO HAVE A FINANCIAL INTEREST IN THIS GAMBLING ESTABLISHMENT (I.E. RECEIVING COMPENSATION THAT IS BASED ON CARDROOM REVENUE, ETC.)? YES NO

EACH PERSON WHO RECEIVES A PERCENTAGE OF REVENUES FROM THE GAMBLING ESTABLISHMENT IS REQUIRED TO SUBMIT A SEPARATE APPLICATION AS AN OWNER (ICGCC-030/DGC-APP 015A OR 015B) AND SUPPORTING DOCUMENTS.

IF YES, PROVIDE DETAILS HERE:

NAME	NATURE OF INTEREST ADDRESS	GAME INVENTORS/GAMES PLAYED	COMPENSATION ARRANGEMENTS/ % OF REVENUE

ARE THERE ANY EMPLOYEES WHO PARTICIPATE IN PROFIT SHARING PLANS OR TO WHOM BONUSES ARE PAID THAT ARE BASED ON GAMBLING ESTABLISHMENT REVENUE? YES NO

EACH PERSON WHO RECEIVES A PERCENTAGE OF REVENUES FROM THE GAMBLING ESTABLISHMENT IS REQUIRED TO SUBMIT A SEPARATE APPLICATION AS AN OWNER (ICGCC-030/DGC-APP 015A OR 015B) AND SUPPORTING DOCUMENTS.

IF YES, PROVIDE DETAILS HERE:

NAME	TITLE	SUPPLEMENTAL PAYMENT	COMPENSATION ARRANGEMENTS/ % OF REVENUE

PROPERTY INFORMATION

NAME OF PROPERTY OWNER: _____

NAME OF LEASING AGENTS (S&B) (S): _____

ADDRESS - (NUMBER) STREET: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE PHONE NUMBER: () _____ MONTHLY RENT/LEASE PAYMENT: _____

IS ANY PORTION OF THE RENT/LEASE PAYMENT BASED ON GAMBLING ESTABLISHMENT REVENUES? YES NO

EACH PERSON WHO RECEIVES A PERCENTAGE OF REVENUES FROM THE GAMBLING ESTABLISHMENT IS REQUIRED TO SUBMIT A SEPARATE APPLICATION AS AN OWNER (ICGCC-030/DGC-APP 015A OR 015B) AND SUPPORTING DOCUMENTS.

DO ANY PERSONS WHO OWN THE BUILDING IN WHICH THIS GAMBLING ESTABLISHMENT OPERATES OR THE LAND UPON WHICH THIS GAMBLING ESTABLISHMENT SITS, OR ANY PERSONS EMPLOYED BY THE LESSOR, HAVE A FINANCIAL INTEREST IN THIS GAMBLING ESTABLISHMENT? YES NO

IF YES, PROVIDE DETAILS HERE:

NAME OF PERSON WITH INTEREST	ADDRESS	DESCRIPTION OF THEIR FINANCIAL INTEREST IN THIS GAMBLING ESTABLISHMENT

Gambling Establishment Supplemental Background Investigation Information

LIST ANY REMUNERATION EXCEEDING \$200,000 PAID ANNUALLY BY THE GAMBLING ESTABLISHMENT TO PERSONS OTHER THAN THE LICENSED OWNERS OF THE GAMBLING ESTABLISHMENT.

<u>NAME OF PAYEE</u>	<u>ADDRESS OF PAYEE</u>	<u>REASON FOR PAYMENT</u>	<u>ANNUAL AMOUNT</u>
			\$
<u>NAME OF PAYEE</u>	<u>ADDRESS OF PAYEE</u>	<u>REASON FOR PAYMENT</u>	<u>ANNUAL AMOUNT</u>
			\$
<u>NAME OF PAYEE</u>	<u>ADDRESS OF PAYEE</u>	<u>REASON FOR PAYMENT</u>	<u>ANNUAL AMOUNT</u>
			\$
<u>NAME OF PAYEE</u>	<u>ADDRESS OF PAYEE</u>	<u>REASON FOR PAYMENT</u>	<u>ANNUAL AMOUNT</u>
			\$

17. GROSS ANNUAL INCOME

Source: _____ ANNUAL AMOUNT: \$ _____

Source: _____ ANNUAL AMOUNT: \$ _____

Source: _____ ANNUAL AMOUNT: \$ _____

TOTAL GROSS ANNUAL INCOME: \$ _____

THE ASSET AND LIABILITY FIGURES SHOWN BELOW ARE AS OF _____, 20____

18. STATEMENT OF ASSETS (A) (1)

In the following Statement of Assets, list the total value of all assets, both tangible and intangible. All assets must be listed and described fully on the corresponding schedule. AT THE VALUE OF ALL ASSETS, BOTH TANGIBLE AND INTANGIBLE, ASSOCIATED WITH THIS GAMBLING ESTABLISHMENT. ALL ASSETS MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES. If applicable, the gaming establishment's investment(s) should be reflected on Schedule "D".

<u>ASSETS</u>	<u>PURCHASE PRICE</u>	<u>CURRENT MARKET VALUE</u>
CASH (TOTAL FROM SCHEDULE A)		\$
STOCKS AND BONDS (TOTAL FROM SCHEDULE C (B))		\$
ACCOUNTS AND NOTES RECEIVABLE (TOTAL FROM SCHEDULE B (C))		\$
BUSINESS INVESTMENTS* (TOTAL FROM SCHEDULE D)	\$	\$
CAPITAL IMPROVEMENTS		\$
REAL ESTATE* (TOTAL FROM SCHEDULE E)	\$	\$
OTHER ASSETS (TOTAL FROM SCHEDULE F)		\$
TOTAL ASSETS		\$

Gambling Establishment Supplemental Background Investigation Information

STATEMENT OF LIABILITIES

In the following Statement of Liabilities, list the total of all liabilities. All liabilities must be listed and described fully on the corresponding schedule. If applicable, any debt incurred by the business establishment(s) should be reflected on one of the schedules listed below. **LIST THE VALUE OF ALL LIABILITIES ASSOCIATED WITH THIS GAMBLING ESTABLISHMENT. ALL LIABILITIES MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES.**

LIABILITIES	TOTAL AMOUNT	PRESENT BALANCE
ACCOUNTS PAYABLE (TOTAL FROM SCHEDULE G)		\$
TAXES PAYABLE (TOTAL FROM SCHEDULE H)		\$
NOTES PAYABLE* (TOTAL FROM SCHEDULE I)	\$	\$
MORTGAGE PAYABLE* (TOTAL FROM SCHEDULE J)	\$	\$
CONTINGENT AND OTHER LIABILITIES (TOTAL FROM SCHEDULE K)		\$
TOTAL LIABILITIES		\$

14. **OWNER'S EQUITY (ASSETS MINUS LIABILITIES)** \$ _____

NOTE: ADDITIONAL FINANCIAL INFORMATION MAY BE REQUIRED BY THE DIVISION OF GAMBLING CONTROL.

The following items must be submitted in conjunction with an Application for a State Gambling License (CGCC-030) and this Gambling Establishment Supplemental Background Investigation Information form (DGC-APP 015C). Originals are required unless otherwise stated. Only documents that are dated and signed by all parties will be accepted. Failure to provide complete documents may result in denial of a license/denial of suitability. Pursuant to Business and Professions Code section 19868(a), an official filing date will not be established until all required forms, documentation and fees have been received by the State.

- Background Investigation Deposit required in CCR, Title 11, Division 3, Chapter 4, Article 4, Section 2037
- Owner Supplemental Information form (DGC-APP 015A and/or 015B)
- Application for State Gambling License (CGCC-030) and a Trust Supplemental Background Investigation Information form (DGC-APP 143) if this gambling establishment is held by a trust.
- Declaration of Full Disclosure (DGC-APP 005 (Rev. 05/05))
- Authorization to Release Information (DGC-APP 006 (Rev. 08/07))
- Appointment of Designated Agent (DGC-APP 008 (Rev. 05/05) (initial applications only)
- Organizational Chart - Show Names, Job Titles and Lines of Accountability
- Identification of Key Employees and a full and complete description of duties performed by persons occupying each key employee position (document must be signed by designated agent/owner licensee)
- Current Conditional Use Permit, if applicable - copy
- Current Local Gambling Establishment Business License or Permit - copy
- Chips In Use Account - a copy of the most recent statement of the financial institution account covering the chips in use (initial and renewal applications)
- Players' Bank Account - a copy of the most recent statement of the financial institution account covering the players' bank funds, if applicable
- Cardroom Security Plan/Cardroom Floor & Gambling Table Layout (see B&P Code section 19924) - copy
- Emergency Preparedness and Evacuation Plan (see CCR, Title 4, Section 12370) - copy
- Rules for all games and gaming activities, including a description of the event that determines the winner of the game or gaming activity, the wagering conventions, and the fee collection and assessment methods (see CCR, Title 11, Section 2071)
- Tax Returns - Signed and dated copies of the gambling establishment's state and federal tax returns for the past three years, including all schedules and attachments
- Current Balance Sheet and Income Statement
- Investment Account Statements - Copies of all monthly statements for all accounts corresponding to the same period of time reflected in the balance sheet and income statement

Pursuant to Business and Professions Code section 19867, an applicant is responsible for all costs incurred by the Division while conducting a background investigation for gambling license suitability. 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 all outstanding background investigation and issuance fees are received.

DECLARATION

I, _____, declare that I, the authorized representative or designated agent, we read the foregoing Gambling Establishment Supplemental Information and understand its contents. My statements are true and correct and contain a full and true account of the information requested. I execute this declaration with the knowledge that any misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial of an application or revocation of a state license, finding or permit. I have familiarized myself with the contents of the California Gambling Control Act (Business and Professions Code section 19800 et seq.), the Regulations of the California Gambling Control Commission (California Code of Regulations, Title 4), and the Regulations of the Division of Gambling Control (California Code of Regulations, Title 11) as adopted and agree to abide by them.

I expressly waive, release, and forever discharge the State of California and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors, can, shall, or may have against the State of California and its agents, relating to this Application Package for Licensure.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true, correct, and complete. I declare under penalty of perjury of the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate and complete, and that this declaration is executed by me at _____ on _____

City and State _____ Date _____	
PRINTED FULL NAME (TITLE)	SIGNATURE
	DATE

Gambling Establishment Name: _____

STATEMENT OF ASSETS
SCHEDULE A - ASSETS

Cash

List all cash the gambling establishment has and where it is located, e.g. bank accounts, financial institutions (foreign and domestic), safe deposit boxes, office safes, etc.

LOCATION OF CASH (i.e. Name & Address of Bank Name & Address of Bank or Investment Account)	Type of Account	Account No. Number	Date Opened	Name of Persons Who have Signature Authority on Account	Date of Balance	Balance
						\$
						\$
						\$
						\$
						\$
						\$
						\$
TOTAL \$:						\$

*This total amount match the corresponding total reported on page 5.

Signature of Preparer _____

Date _____

STATEMENT OF ASSETS
SCHEDULE B C - ASSETS
Stocks and Bonds

List all stocks, bonds, mutual funds, commodity accounts, options, warrants, etc or other similar investments held or controlled by the gambling establishment.

Issuer	Registered Owners	Account Number	Type (Note if stocks, bonds, mutual funds, etc.)	Date of Current Market Value	No. Number of Shares or Units	Current Market Value
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
					TOTAL \$	\$

This total should match the corresponding total reported on page 5.

Signature of Preparer _____ Date _____

STATEMENT OF ASSETS
 SCHEDULE D - ASSETS
 Business Investments

List any business investments in which any direct, indirect, vested or contingent or vested interest is held by the gambling establishment, along with the names of all individuals or entities who share a direct, indirect, or vested or contingent or vested interest. This should include, but not be limited to, joint ventures, partnerships, limited liability companies, and corporations.

Entity Name	Type of Entity	No. Number of Shares or Units	Name in which held	Percent of Ownership	Individuals or Entities Sharing Interest & Percentage Ownership	Date of Purchase	Purchase Price	Date of Current Market Value	Current Market Value
							\$		\$
							\$		\$
							\$		\$
							\$		\$
							\$		\$
							\$		\$
							\$		\$
TOTAL \$:									\$

*This total should match the corresponding total reported on page 5.

Signature of Preparer _____ Date _____

STATEMENT OF LIABILITIES
SCHEDULE J - LIABILITIES
Mortgages Payable

List all mortgages or liens on real estate.

Name & Address of Creditor Account Number	Address & or Parcel Number (and Location of Real Estate)	Date Incurred	Collateral	Interest Rate (%)	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Original Loan Amount	Date of Unpaid Balance	Unpaid Balance
						\$2		\$2
						\$2		\$2
						\$2		\$2
						\$2		\$2
						\$2		\$2
						\$2		\$2
						\$2		\$2
							TOTAL \$	\$

*This total should match the corresponding total reported on page 5.

Signature of Preparer _____ Date _____

**STATEMENT OF LIABILITIES
SCHEDULE K - LIABILITIES
Contingent and Other Liabilities**

List any other indebtedness or contingent liability, e.g., co-signer on a loan, pending litigation, child support, alimony, etc.

Name & Address of Creditor	Date Incurred	Collateral	Description of Liability & <u>and</u> Account Number	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Interest Rate (%)	Original Amount	Date of Unpaid Balance	Unpaid Balance	
						\$1		\$1	
						\$1		\$1	
						\$1		\$1	
						\$1		\$1	
						\$1		\$1	
						\$1		\$1	
						\$1		\$1	
							TOTAL \$	\$1	\$1

*This total should match the corresponding total reported on page 5.

Signature of Preparer _____ Date _____

Cardroom Key Employee Supplemental Information for State Gambling License Gambling Establishment Key Employee Supplemental Background Investigation Information

1GC-APP 016A (Rev 08/04 08/07)



DEPARTMENT OF JUSTICE
 DIVISION OF GAMBLING CONTROL
 P.O. Box 168024
 Sacramento, CA 95816-8024
 (916) 263-3408
 Fax (916) 263-3403 facsimile

**CARDROOM KEY EMPLOYEE
 SUPPLEMENTAL INFORMATION FOR STATE GAMBLING LICENSE**

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE YOU COMPLETE THIS FORM

Type or print legibly in ink an answer to every question. If a question does not apply to you, indicate with AN/A (Not Applicable). If the space available is insufficient, use a separate sheet and precede each answer with the applicable section and question number. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Any corrections, changes or other alterations must be initialed and dated by the applicant.

PLEASE SEND THE COMPLETED SUPPLEMENTAL BACKGROUND INFORMATION, ALONG WITH THE APPLICATION FOR A STATE GAMBLING LICENSE, A \$500 NON-REFUNDABLE APPLICATION FEE AND A \$1,200 DEPOSIT TO PAY THE ANTICIPATED INVESTIGATION AND PROCESSING COSTS, IN ACCORDANCE WITH BUSINESS AND PROFESSIONS CODE SECTION 19867 TO: California Gambling Control Commission, P.O. Box 526013, Sacramento, CA 95852-6013.

Business and Professions Code section 19854 requires every gambling establishment key employee to apply for and obtain a key employee license issued by the California Gambling Control Commission. Licenses issued to key employees shall be for specified positions only, and shall be detailed on the enforcement described in Business and Professions Code section 19851(b). The purpose of this Gambling Establishment Key Employee Supplemental Background Investigation Information form is to obtain information from you that is necessary to determine whether you meet the requirements for licensure under state law. By completing this form you are providing information that will be used to make that determination.

You must provide truthful information in all your responses in this application. All answers to questions in this application, and all supplemental documentation provided by you, will be subject to verification. Any misrepresentation or failure to disclose information required on this application may constitute sufficient cause for denial or revocation.

Type, or print legibly in blue or black ink, all information requested on this application. If a question does not apply to you, write AN/A (Not Applicable). Applications not fully and accurately completed will be returned to the sender for completion.

Please send your completed Gambling Establishment Key Employee Supplemental Background Investigation Information form and Application (CGCC-031) to the California Gambling Control Commission at 2399 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833-4231. Include a background deposit fee as required in Title 11, California Code of Regulations, section 2037.

Affix a
passport quality photograph
taken within the last 30 days
here

Applicant's Full Name

Date of Photograph

Instructions: Type or print legibly (in blue or black ink) an answer to every question. If a question does not apply to you, write "N/A" (Not Applicable). If more space is needed to answer a question, please use page 9 of the form and precede each answer with the applicable section.

PART I - PERSONAL HISTORY INFORMATION

A. SECTION I PERSONAL INFORMATION

1. Full Name:

Last First Middle

2. Alias(es), Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise:

3. Date of Birth:

4. Place of Birth:

City County State Country

5. Residence Address:

Street City County State Zip

6. Telephone: Residence: () Business: ()

7. Social Security Number*:

8. Driver License or Identification Card No./State Issued:

No. State Exp.

9. Physical Description

Height: Weight: Hair Color: Eye Color:

10. Distinguishing marks (scars, tattoos, etc.). Describe and indicate location:

11. Gender: Male Female

*Applicants are required to provide their social security number. This requirement is authorized by Business and Professions Code section 19841(a)(2), 19864(b)(6), and 19865. This information is used to obtain records relevant to background investigation.

B. CITIZENSHIP (provide copy of resident alien card (front and back) or certificate of naturalization)

Are you a United States citizen? Yes No

If alien, Alien No.:

If naturalized, Certificate No.:

Alien No.:

Date Naturalized

YOUR FULL NAME LAST _____		1 YOUR FULL NAME FIRST _____		1 YOUR FULL NAME MIDDLE _____	
BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY): _____			DRIVER'S LICENSE IDENTIFICATION CARD NUMBER NO _____ STATE _____ EXP _____		
PHYSICAL DESCRIPTION					
HEIGHT _____		WEIGHT _____		HAIR COLOR _____	
DISTINGUISHING MARKS (SCARS, TATTOOS, ETC.) DESCRIBE AND INDICATE LOCATION: _____					
ARE YOU A UNITED STATES CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF NO, OF WHAT COUNTRY ARE YOU A CITIZEN? _____		
ALIEN REGISTRATION NUMBER _____			IF NATURALIZED, CERTIFICATE NUMBER _____		
DATE NATURALIZED (MM/DD/YYYY): _____			PLACE _____		
DO YOU HAVE ANY FAMILY MEMBERS CURRENTLY WORKING IN ANY POSITION IN ANY GAMING FACILITY IN CALIFORNIA? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, COMPLETE INFORMATION BELOW.					
NAME OF FAMILY MEMBER _____		HOME ADDRESS (NUMBER / STREET / APT) _____		CITY _____ STATE _____ ZIP _____	
RELATIONSHIP _____		POSITION HELD _____		SUPERVISOR'S NAME _____	
NAME OF FAMILY MEMBER _____		HOME ADDRESS (NUMBER / STREET / APT) _____		CITY _____ STATE _____ ZIP _____	
RELATIONSHIP _____		POSITION HELD _____		SUPERVISOR'S NAME _____	

G. SECTION 2: MARITAL STATUS INFORMATION

1. Current Marital Status:

Single Married Separated Divorced Widowed

2. Current Spouse Information:

Full Name:

Last _____ First _____ Middle _____

Maiden _____

Date of Birth: _____ Place of Birth: _____

Date of Marriage: _____

Residence Address (if different from applicant): _____

Telephone: Residence: (____) _____ Business: _____

(____) _____

Employer: _____

Occupation: _____

Address of

Employer: _____ Street _____

City _____ State _____ Zip _____

3. Former Marriage(s):

_____	_____	_____
-------	-------	-------

Name of Former Spouse(s) (Last, First, Middle, Maiden)	Dates of Marriage (From-To)	Telephone Number

SINGLE
 MARRIED
 SEPARATED
 DIVORCED
 WIDOWED

CURRENT SPOUSE:

NAME	DATE OF BIRTH	YEARS OF MARRIAGE

N/A
 FORMER SPOUSE

NAME	DATE OF BIRTH	YEARS OF MARRIAGE

D. FAMILY

1. Children and Dependents:

Provide the following information for each of your children (including birth, step, adopted, and foster children) and other dependents.

Name (Last, First, Middle, Maiden)	Date of Birth	Residence Address	Relationship	Occupation

2. Co-habitants and Roommates:

Provide the following information for any adults, not disclosed in question D1, with whom you reside.

Name (Last, First, Middle, Maiden)	Date of Birth	Employer/Occupation	Employer Address & Telephone	Relationship

E. EDUCATION

Name of School	Location (City/State)	Dates of Attendance	Degree/Certificate Obtained
High School			
College/University			
Other			

F. SECTION 5: MILITARY EXPERIENCE (include copy of DD214)

1. Have you ever served in any armed forces: Yes No

Type of Discharge:

HAVE YOU EVER BEEN DISCIPLINED WHILE IN THE MILITARY YES NO

IF YES, PROVIDE COMPLETE DETAILS

If Yes, Country Served: _____ Branch: _____

Dates of Service (From To): _____ Type of Discharge: _____

Rank/Rating at Separation: _____ Serial Number: _____

2. While in the military service, were you ever convicted of any offense or formally disciplined: Yes No

If Yes, provide complete details: _____

HAVE YOU EVER SERVED IN ANY BRANCH OF THE U.S. ARMED FORCES? YES NO

IF YES, ATTACH A COPY OF YOUR DD-214

BRANCH OF SERVICE		DATES OF SERVICE	
		FROM	TO
SUMMARY OF SERVICE	RANK AT SEPARATION	SERVICE NUMBER	
TYPE OF DISCHARGE: <input type="checkbox"/> HONORABLE <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER THAN HONORABLE <input type="checkbox"/> BAD CONDUCT <input type="checkbox"/> DISHONORABLE			
HAVE YOU EVER BEEN DISCIPLINED WHILE IN THE MILITARY		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
DID THIS RESULT IN A COURT MARTIAL? IF YES, PROVIDE DETAILS BELOW		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

DATE (MM/YYYY)	FINAL CHARGE	COURT LOCATION (CITY & STATE)

G. SECTION 3: RESIDENCES

Beginning with your current residence, list all residences you have had for the last 10 years. List all residences during the last five years (most recent first, excluding current). Provide complete addresses (include markers such as Street, Drive, Road, East, West, Etc. and Unit or Apartment Number). Do not use P.O. Boxes.

Month and Year (From-To)	Street City State Zip	Rent/Own (check one)
		Own Rent
		Own Rent
		Own Rent

A. FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
CITY	COUNTY	STATE	ZIP		
B. FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
CITY	COUNTY	STATE	ZIP		
C. FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
CITY	COUNTY	STATE	ZIP		
D. FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
CITY	COUNTY	STATE	ZIP		

H. SECTION 4: EXPERIENCE AND EMPLOYMENT

~~Beginning with your current employment, list your work history, including all periods of unemployment for the past 10 years.~~ Beginning with your most current employment, list all jobs you have had including part-time, temporary, self-employment, and volunteer activities, during the previous 10 years. Include periods of unemployment and in the DUTIES/ASSIGNMENTS section, explain how you supported yourself while unemployed.

Month and Year (From-To)	Name/Mailing Address/Telephone Number of Employer /Business		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gambling Related? Yes ___ No ___

Month and Year (From-To)	Name/Mailing Address/Telephone Number of Employer /Business		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gambling Related? Yes ___ No ___

Month and Year (From-To)	Name/Mailing Address/Telephone Number of Employer /Business		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gambling Related? Yes ___ No ___

Month and Year (From-To)	Name/Mailing Address/Telephone Number of Employer /Business		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gambling Related? Yes ___ No ___

Month and Year (From To)	Name/Mailing Address/Telephone Number of Employer/ Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	Gambling Related? Yes ___ No ___

Month and Year (From To)	Name/Mailing Address/Telephone Number of Employer/ Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	Gambling Related? Yes ___ No ___

A) NAME OF EMPLOYER			FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS: NUMBER / STREET			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT
JOB TITLE	REASON FOR LEAVING		GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES / ASSIGNMENTS				

B) NAME OF EMPLOYER			FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS: NUMBER / STREET			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT
JOB TITLE	REASON FOR LEAVING		GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES / ASSIGNMENTS				

C1. NAME OF EMPLOYER			FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS (NUMBER / STREET)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT
JOB TITLE	REASON FOR LEAVING		GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES / ASSIGNMENTS				
D2. NAME OF EMPLOYER			FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS (NUMBER / STREET)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT
JOB TITLE	REASON FOR LEAVING		GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES / ASSIGNMENTS				
E1. NAME OF EMPLOYER			FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS (NUMBER / STREET)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT
JOB TITLE	REASON FOR LEAVING		GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES / ASSIGNMENTS				

I. SECTION 8: BUSINESS INTERESTS

List all businesses, corporations, and partnerships with which you are currently or have been associated as an owner, officer, director, active shareholder, partner or other related capacity for the past 10 years. List all businesses, such as corporations and partnerships with which you are currently associated as an owner, officer, director, active shareholder, partner or other similar capacity.

List all gambling related businesses with which you have been associated as an owner, officer, director, active shareholder, partner, or other similar capacity within the last 10 years. Attach additional sheets as necessary.

Dates of Involvement (From-To)	Name/Mailing Address/Telephone Number of Business	Name of Corporation/Partnership

Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned	Gambling Related? Yes _____ No _____
----------------	-----------------	----------------------	-------------------------------	--

Dates of Involvement (From-To)	Name/Mailing Address/Telephone Number of Business		Name of Corporation/Partnership	
-----------------------------------	---	--	---------------------------------	--

Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned	Gambling Related? Yes _____ No _____
----------------	-----------------	----------------------	-------------------------------	--

Dates of Involvement (From-To)	Name/Mailing Address/Telephone Number of Business		Name of Corporation/Partnership	
-----------------------------------	---	--	---------------------------------	--

Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned	Gambling Related? Yes _____ No _____
----------------	-----------------	----------------------	-------------------------------	--

Dates of Involvement (From-To)	Name/Mailing Address/Telephone Number of Business		Name of Corporation/Partnership	
-----------------------------------	---	--	---------------------------------	--

Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned	Gambling Related? Yes _____ No _____
----------------	-----------------	----------------------	-------------------------------	--

Dates of Involvement (From-To)	Name/Mailing Address/Telephone Number of Business		Name of Corporation/Partnership	
-----------------------------------	---	--	---------------------------------	--

Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares	Gambling Related?
----------------	-----------------	----------------------	----------------------	-------------------

			Unpaid	Yes _____ No _____
--	--	--	--------	-----------------------

DATES OF INVOLVEMENT FROM _____ TO _____		NAME OF CORPORATION/PARTNERSHIP _____		CORPORATION/PARTNERSHIP MAILING ADDRESS _____ _____ _____	
		BUSINESS TELEPHONE NUMBER (____) _____			
YOUR CAPACITY/TITLE _____		PRIMARY PURPOSE OF BUSINESS _____	AMOUNT OF INVESTMENT _____	% OF OWNERSHIP OF SHARES OWNED _____	GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO

7. SECTION 6: CRIMINAL HISTORY INFORMATION CONVICTION, LITIGATION, AND ARBITRATION

1. Have you ever been **convicted** of a crime, pled guilty or pled nolo contendere (no contest) to a crime (other than a vehicle code infraction)? Include any convictions reduced or expunged, unless the records have been sealed pursuant to a court order, felony? (Convictions dismissed under Penal Code section 1203.4 must be disclosed, unless an order sealing records under Penal Code section 1203.45 relating to persons under 18 years of age has been issued).
 Yes No

If yes, explain each incident

A) Approximate Date (MM/DD/YYYY)	Court Location (City & State) and Arresting Agency (City and State)
What crime(s) were you convicted of?	
B) Approximate Date (MM/DD/YYYY)	Court Location (City & State) and Arresting Agency (City and State)
What crime(s) were you convicted of?	
C) Approximate Date (MM/DD/YYYY)	Court Location (City & State) and Arresting Agency (City and State)
What crime(s) were you convicted of?	
D) Approximate Date (MM/DD/YYYY)	Court Location (City & State) and Arresting Agency (City and State)
What crime(s) were you convicted of?	

2. ~~Have you been convicted of a misdemeanor within the last 10 years? (Convictions dismissed under Penal Code section 1203.4 must be disclosed unless an order sealing records under Penal Code section 1203.45 relating to persons under 18 years of age, has been issued).~~ Yes No

3. ~~Are you currently on probation?~~ Yes No

4. Have you ever engaged in bookmaking or other illegal gambling activities? Yes No

5. ~~Have you ever been found guilty of (criminal or administrative) violating any campaign law(s)?~~ Yes No

If your answer to J1-5 was Yes, provide the following details:

Date	Arresting Agency City & State	Original Charge	Final Charge (if amended or reduced)	Disposition

6. ~~Has a criminal indictment, information, or complaint ever been returned against you which you have not included in J1-5 above?~~ Yes No

~~If Yes, provide complete details:~~ _____

7. ~~Have you received a pardon for any criminal offense?~~ Yes No

~~If Yes, provide complete details:~~ _____

8. ~~Have you, as an individual, member of a partnership, shareholder, director, or officer of a corporation, been party to a lawsuit or arbitration within the last 10 years?~~ Yes No

~~If your answer to J8 was Yes, provide the following details:~~

Name(s) of Plaintiff(s) & Defendant(s) Name(s) of Claimant(s) & Respondent(s)	Date Filed	State or Federal Court & Case Number	City, County & State	Disposition/Date
Brief Explanation of Issues				
Brief Explanation of Issues				
Brief Explanation of Issues				

K. CHARACTER REFERENCES

List five individuals who you have known for at least five years. Do not include relatives, present employer, or other gambling establishment employees.

Name & Where Employed	Street	City	State	Zip	Telephone	Years Known
Name	Home					
Occupation/Employer	Business Telephone Number					
Name	Home					
Occupation/Employer	Business Telephone Number					
Name	Home					
Occupation/Employer	Business Telephone Number					
Name	Home					
Occupation/Employer	Business Telephone Number					

Occupation/Employer	Business Telephone Number	
Name	Home	
Occupation/Employer	Business Telephone Number	

L. LICENSING SECTION 7: OTHER LICENSING INFORMATION

1. Have you ~~ever been granted, denied, or revoked a gambling registration, license, or related finding of suitability, or been a participant in any group which has been issued a gambling registration, license, or related finding of suitability in any state or a permit, badge, or license to own, operate, or work in a gambling establishment?~~

Yes No

If your answer to L1 was Yes, provide the following details:

Government Agency	Type of Application	Permit/Badge/License Number	Approved/Denied/Revoked	Dates Held or Denied or Revoked

If denied or revoked, provide reasons for denial or revocation:

2. Have you ~~ever withdrawn or surrendered an application for a gambling registration, license, or related finding of suitability or been a participant in any group which has withdrawn or surrendered an application for a gambling registration, license, or related finding of suitability in any state?~~ Yes No

If your answer to L2 was Yes, provide the following details:

Gambling Establishment Name & Address	Licensing Agency	Date & Reason(s) for Withdrawal

3. Have you ever held a financial interest in a gambling venture, including, but not limited to: gambling establishment (cardroom), race track, race horse/dog, lottery, casino, bookmaking operation, pari-mutuel operation, or bingo parlor? Yes No

If your answer to L3 was Yes, provide the following details:

Name & Location of Business	Type of Venture	Dates of Involvement	Names of All Partners

4. Have you ever applied for a privileged registration, professional license, certificate, or credential (other than gambling) in any state, including, but not limited to, the following: Yes No

- | | | | |
|-----------------------------|-----------------|----------------------|-------------------|
| Alcoholic Beverage License | Lawyer | Race Horse/Dog Owner | Securities Dealer |
| Real Estate Broker or Sales | Doctor | Notary Public | Contractor |
| Accountant | Boxing Promoter | Trainer or Manager | Pilot |

If your answer to L4 was Yes, provide the following details:

Type of License	Licensing Agency	License Number	Approved/Denied	Dates Held or Reasons for Denial

5. Have any disciplinary or revocation actions ever been taken, or are any actions pending, against the aforementioned registration(s), license(s), certificate(s), credential(s) and/or any gambling related permit(s), badge(s), registration(s), or license(s)? Yes No

If your answer to L5 was Yes, provide the following details:

Licensing Agency	License Number	Date of Action	Nature of Action (e.g., revocation, denial)	Disposition (e.g., revoked, fined, probation)

DO YOU EVER HELD OR APPLIED FOR A PERMIT LICENSE OR CERTIFICATE RELATED TO GAMING? YES NO

IF YES LIST BELOW ANY LICENSING OR REGULATORY AGENCY (TRIBAL STATE OR LOCAL) TO WHICH YOU HAVE APPLIED FOR A LICENSE PERMIT OR CERTIFICATE RELATED TO GAMING ACTIVITIES OR LOTTERY WHETHER OR NOT SUCH LICENSE PERMIT OR CERTIFICATE WAS GRANTED (INCLUDE ANY APPLICATIONS DENIED WITHDRAWN AND/OR PENDING)

A) LICENSE/PERMIT/CERTIFICATE #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM TO	ISSUING AGENCY
CITY COUNTY STATE		ACTION TAKEN	GAMING ESTABLISHMENT/TRIBE/THIRD PARTY PROVIDER
B) LICENSE/PERMIT/CERTIFICATE #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM TO	ISSUING AGENCY
CITY COUNTY STATE		ACTION TAKEN	GAMING ESTABLISHMENT/TRIBE/THIRD PARTY PROVIDER

HAVE YOU EVER HELD OR APPLIED FOR A PRIVILEGED REGISTRATION, PROFESSIONAL LICENSE, CERTIFICATE OR CREDENTIAL NOT RELATED TO GAMING? YES NO

IF YES, LIST BELOW ANY LICENSING OR REGULATORY AGENCY TO WHICH YOU HAVE APPLIED FOR A LICENSE, REGISTRATION, CERTIFICATE OR CREDENTIAL NOT RELATED TO GAMING ACTIVITIES OR LOTTERY, WHETHER OR NOT SUCH LICENSE, REGISTRATION, CERTIFICATE OR CREDENTIAL WAS ISSUED (INCLUDE ANY APPLICATIONS DENIED, WITHDRAWN, AND/OR PENDING)

TYPE OF LICENSE #	LICENSING AGENCY/JURISDICTION	LICENSE NUMBER	APPROVED/DENIED/SURRENDERED	DATES HELD OR DATE AND REASON FOR DENIAL OR SURRENDER FROM TO

PART II - PERSONAL FINANCIAL INFORMATION

SECTION 9: FINANCIAL HISTORY INFORMATION

A. Have you filed for bankruptcy within the last 10 years? Yes No

~~es, explain below: identify the Federal District Court where the bankruptcy was filed, case number, date filed, and describe the circumstances which resulted in this action. Provide copies of your bankruptcy petition and order which lists all creditors and discharged debt.~~

~~Date Filed (MM/DD/YYYY) _____ Date Discharged (MM/DD/YYYY) _____ Where Filed _____~~

B. ~~Have any individuals or governmental agencies filed liens against you as an individual, sole proprietor, member of a partnership, or owner of a corporation within the last 10 years? Have you had a judgment or lien filed against you in the last 10 years?~~ Yes No

~~If Yes, explain each incident and give court name and address provide complete details:~~

C. ~~Have you had any purchase repossessed or debt turned over to collection for any reason within the last 10 years? Have you every been a party to any litigation or arbitration?~~ Yes No

~~If Yes, provide the names of those involved, the dates filed, the court case number and location, and the disposition date complete details:~~

D. ~~Do you own or control any assets or liabilities located outside the United States?~~ Yes No

~~If Yes, provide complete details below:~~

~~Has your state or federal income tax return ever been audited or adjusted?~~ Yes No

~~If Yes, provide complete details:~~

F. Last federal tax return was filed on _____ for the
 tax year 20____ at _____
 City State

G. Last state income tax return was filed on _____ for the
 tax year 20____ at _____
 City State

H. SECTION 10: GROSS ANNUAL INCOME

Type of Income	Amount
Current Annual Gross Income	€
Business Income (explain type of business)	\$
Interest Income	\$
Dividend Income	\$
Rental Income	\$
Child Support	\$
Gifts	\$
Spousal Support/Alimony	\$
Other (Specify, i.e. Rental Income)	\$
Other (Specify)	\$
TOTAL GROSS INCOME	\$

Do you receive bonuses or profit sharing from your current employer which are based on a percentage of the gambling establishment revenue? Yes No

THE ASSET AND LIABILITY FIGURES SHOWN BELOW ARE AS OF _____, 20____

I. SECTION 11: STATEMENT OF ASSETS As of: _____ 20____

From the following Statement of Assets, list the total value of all assets, both tangible and intangible. All assets must be listed and described fully on the corresponding schedule. LIST THE VALUE OF ALL ASSETS, BOTH TANGIBLE AND INTANGIBLE. ALL ASSETS MUST BE FULLY DESCRIBED ON THE CORRESPONDANCE SCHEDULES.

Assets	*Purchase Price	Current Market Value
Cash (Total From Schedule A)		\$
Accounts and Notes Receivable (Total From Schedule B) Stocks and Bonds (Total From Schedule B)		\$
Stocks and Bonds (Total From Schedule C) Accounts and Notes Receivable (Total From Schedule C)		\$

Business Investments (Total From Schedule D)	\$	\$
Real Estate (Total From Schedule E)	\$	\$
Other Assets (Total From Schedule F)		\$
TOTAL ASSETS		\$

J. SECTION 12: STATEMENT OF LIABILITIES As of: _____ 20____

~~From the following Statement of Liabilities, list the total of all liabilities. All liabilities must be listed and described fully on the corresponding schedule.~~ LIST THE VALUE OF ALL YOUR LIABILITIES. ALL LIABILITIES MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES. IF APPLICABLE, ANY DEBT INCURRED TO FINANCE THE TOTAL INVESTED IN THE GAMBLING ESTABLISHMENT SHOULD BE REFLECTED ON ONE OF THE SCHEDULES LISTED BELOW.

Liabilities	*Initial Amount	Present Balance
Accounts Payable (Total From Schedule G)		\$
Taxes Payable (Total From Schedule H)		\$
Notes Payable (Total From Schedule I)	\$	\$
Mortgages Payable (Total From Schedule J)	\$	\$
Contingent and Other Liabilities (Total From Schedule K)		\$
TOTAL LIABILITIES		\$

NOTE: ADDITIONAL FINANCIAL INFORMATION MAY BE REQUIRED BY THE DIVISION OF GAMBLING CONTROL.

Section 13: Supporting Documentation Checklist

KEY EMPLOYEE APPLICANTS MUST INCLUDE THE FOLLOWING ADDITIONAL DOCUMENTS WITH THIS APPLICATION. ONLY DOCUMENTS THAT ARE DATED AND SIGNED BY ALL PARTIES WILL BE ACCEPTED. FAILURE TO PROVIDE COMPLETED DOCUMENTS MAY RESULT IN A DENIAL OF YOUR LICENSE REQUEST.

- Tax returns – signed copies of state and federal, both individual and business for the past three years, including all statements and attachments
- Bank statements – copies of all personal and business accounts corresponding only to the most recent tax return
- Investment account statements – copies for all accounts corresponding only to the most recent tax return
- Naturalization certificate – if a naturalized citizen, a copy of your naturalization certificate
- Request for Live Scan Service (BCII 8016, Rev. 04-01)
- Employment contract – copy
- Local cardroom employee license, permit, badge, etc. – copy
- Military form DD214, if applicable – copy
- Alien registration, if applicable – copy
- Bankruptcy court records, if applicable - copy
- Authorization to Release Information, DGC-APP. 006 (Rev. 08/07)

I declare under penalty of perjury of the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate and complete, and that this declaration is executed by me

City and State

on

Date

PRINT FULL NAME

SIGNATURE

DATE

STATEMENT OF ASSETS
 SCHEDULE A - ASSETS

Cash

List all cash you have and where it is located, e.g. bank accounts, financial institutions (foreign and domestic), safe deposit boxes, home and office safes, etc.

LOCATION OF CASH (e.g. Name & Address of Bank; Name & Address of Bank or Investment Account)	Type of Account	Account No. Number	Date Opened	Names of Persons Who Have Signature Authority on Account	Date of Balance	Balance
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
					TOTAL \$ =	\$

*This total should match the corresponding total reported on page 1.

Signature of Preparer _____

Date _____

STATEMENT OF ASSETS
SCHEDULE D - ASSETS
 Business Investments

List any business investments in which any direct, indirect, vested or contingent or vested interest is held by you, along with the names of all individuals or entities who share a direct, indirect, or vested or contingent or vested interest. This should include, but not be limited to, joint ventures, partnerships, sole proprietorships, limited liability companies, and corporations.

Entity Name	Type of Equity	No. Number of Shares or Units	Name in which held	Percent of Ownership	Individuals or Entities Sharing Interest & Percentage Ownership	Date of Purchase	Purchase Price	Date of Current Market Value	Current Market Value
							\$		\$
							\$		\$
							\$		\$
							\$		\$
							\$		\$
							\$		\$
							\$		\$
							\$		\$
								TOTAL \$	\$

*This total should match the corresponding total reported on page 7.

Signature of Preparer _____ Date _____

STATEMENT OF LIABILITIES
SCHEDULE J - LIABILITIES
Mortgages Payable

List all mortgages or liens on real estate for which you are obliged.

Name & Address of Creditor Account Number	Address & or Parcel Number and Location of Real Estate	Date Incurred	Collateral	Interest Rate (%)	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Original Loan Amount	Date of Unpaid Balance	Unpaid Balance
						\$		\$
						\$		\$
						\$		\$
						\$		\$
						\$		\$
						\$		\$
						\$		\$
							TOTAL \$	\$

*This total should match the corresponding total reported on page 7.

Signature of Preparer _____ Date _____

DECLARATION

I, _____ declare that I have read the foregoing Cardroom Key Employee Supplemental Information for State Gambling License and understand its contents. My statements are true and correct and contain a full and true account of the information requested. I executed this declaration with the knowledge that any misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial of an application or revocation of a key employee license, finding or permit. I have familiarized myself with the contents of the California Gambling Control Act (Business and Professions Code section 19800 et seq.), and the Regulations of the California Gambling Control Commission (California Code of Regulations, Title 4) and the Regulations of the Division of Gambling Control (California Code of Regulations, Title 11) as adopted and agree to abide by them.

I expressly waive, release, and forever discharge the State of California and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors, can, shall or may have against the State of California and its agents, relating to this Cardroom Key Employee Supplemental Information for State Gambling License.

I declare under penalty of perjury under the laws of the State of California, that the foregoing is true, correct, and complete.

Date: _____ 20____ Printed Name _____

Signature

AUTHORIZATION TO RELEASE INFORMATION

1. ~~I have filed with the California Department of Justice an application under Business & Professions Code section 19850 or 19884. I have applied for a license, registration, permit or other approval under the California Gambling Control Act, California Business & Professions Code sections 19800 et seq. I understand that under the Gambling Control Act, the Department of Justice is responsible for investigating applicants for licenses, registrations, permits, and approvals and reporting its findings to the California Gambling Control Commission, which acts on these applications. I understand that I am seeking the granting of a privilege and acknowledge that the burden of proving my qualifications for a favorable determination is at all times on me, the applicant. Under the circumstances specified in Business and Professions Code section 19828, "any communication or publication from, or concerning, an applicant, licensee, or registrant, in oral, written, or any other form, 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." A complete copy of Business and Professions Code section 19828 is included on page 2 of this form.~~
2. I hereby authorize and request that all persons to whom this request is presented, having information of any nature whatsoever relating to or concerning me, to furnish such information to a representative of the California Department of Justice. I understand that by signing this authorization I am permitting the release of all records pertaining to me, including but not limited to financial (such as records from financial institutions, tax and credit agencies), employment, military, court, criminal, and other licensing records. Records from financial institutions include bank statements and account information such as number of accounts and account balances. Records from tax agencies include, for example, copies of federal tax returns.
3. I hereby authorize and request all persons to whom this request is presented, having documents relating to or concerning me, to permit a representative of the California Department of Justice to review and copy any such documents.
4. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I hereby authorize and request that a representative of the California Department of Justice be permitted to review and obtain copies of any and all documents, records, or correspondence pertaining to me.
3. I hereby authorize and request all persons, entities, and government agencies to whom this Authorization is presented, having information contained in, relating to, or concerning any of the records enumerated in paragraph 2, above, to furnish such information to a representative of the Department of Justice, Division of Gambling Control.
4. I hereby authorize and request all persons, entities, and government agencies to whom this request is presented, having documents contained in, relating to, or concerning any of the records enumerated in paragraph 2, above, to permit a representative of the Department of Justice, Division of Gambling Control to review and copy any such documents.
5. I hereby authorize a reproduction of this request to be treated for all intents and purposes as valid as the original.

~~This release form shall be valid until the earlier of the following events: 1) Twenty-four (24) months from the date of execution; or 2) Until the background investigation is concluded.~~

DECLARATION

_____, certify and declare under penalty of perjury under the laws of the State of California, that I am the person named on this Authorization to Release Information and that to the best of my knowledge, the information contained herein is true and correct.

(Printed Name) _____ (Title)

(Signature) _____ (Date)

Executed at _____ on the _____ day of _____, 20____
City, State

This release form shall be valid for 24 months from the date of execution.

Applicant's Signature

Print Name

Signature of Division of Gambling Control Representative presenting this request

Signature

Date

Printed Name

California Business and Professions Code Section 19828:

19828. (a) Without limiting any privilege that is otherwise available under law, any communication or publication from, or concerning, an applicant, licensee, or registrant, in oral, written, or any other form, 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, under any of the following circumstances:

- (1) It was made or published by an agent or employee of the division or commission in the proper discharge of official duties or in the course of any proceeding under this chapter.
- (2) It was required to be made or published to the division or commission, or any of their agents or employees, by law, regulation, or subpoena of the division or the commission.
- (3) It was, in good faith, made or published to the division or the commission for the purpose of causing, assisting, or aiding an investigation conducted pursuant to this chapter.

(b) If any document or communication provided to the division or the commission contains any information that is privileged pursuant to Division 8 (commencing with Section 900) of the Evidence Code, or any other provision of law, that privilege is not waived or lost because the document or communication is disclosed to the division or the commission or to any of their agents or employees.

(c) The division, the commission, and their agents and employees shall not release or disclose any information, documents, or communications provided by an applicant, licensee, or other person, that are privileged pursuant to Division 8 (commencing with Section 900) of the Evidence Code, or any other provision of law, without the prior written consent of the holder of the privilege, or pursuant to lawful court order after timely notice of the proceedings has been given to the holder of the privilege. An application to a court for an order requiring the division or the commission to release any information declared by law to be confidential shall be made only upon motion made in writing on not less than 10-business days' notice to the division or the commission, and to all persons who may be affected by the entry of the order.