

1 CALIFORNIA GAMBLING CONTROL COMMISSION  
2 SPECIFIC LANGUAGE OF PROPOSED REGULATIONS  
3 MULTI-OWNER TYPE LICENSES  
4 CGCC-GCA-2025-03-R  
5

6 Title 4. Business Regulations.  
7 Division 18. California Gambling Control Commission.  
8  
9

10 CHAPTER 1. GENERAL PROVISIONS.  
11

12 ARTICLE 1. DEFINITIONS AND GENERAL PROCEDURES.  
13

14 § 12002. General Definitions.

15 Unless otherwise specified, the definitions in Business and Professions Code section 19805,  
16 supplemented by the definitions found in Chapter 10 of Title 9 of Part 1 of the Penal Code (commencing  
17 with section 330), govern the construction of this division. As used in this division:

18 ...

19 (n) "Cardroom multi-owner license" means a license whose two-year approval period determines the  
20 approval period of all other cardroom endorsee license(s) held by the licensee.

21 (o)~~(n)~~ ...

22 (p)~~(o)~~ ...

23 (q)~~(p)~~ ...

24 (r)~~(q)~~ ...

25 (s)~~(r)~~ ...

26 (t)~~(s)~~ ...

27 (u)~~(t)~~ ...

28 (v)~~(u)~~ ...

29 (w)~~(v)~~ ...

30 (x)~~(w)~~ ...

31 (y)~~(x)~~ ...

32 (z)~~(y)~~ ...

33 (aa)~~(z)~~ ...

34 (ab)~~(aa)~~ ...

1 (ac) “Good Standing” means a status for a renewal cardroom endorsee license or renewal TPPPS  
2 endorsee license, which does not have an excluding condition, does not have a pending accusation or  
3 pending evidentiary hearing (unless otherwise determined pursuant to Section 12054), has not had any  
4 current renewal application denied pursuant to paragraph (3) of subsection (a) of Section 12054, and has  
5 not been revoked or suspended pursuant to Section 12554. For purposes of this definition “excluding  
6 condition” means:

7 (1) A condition imposed on the renewal cardroom endorsee license or renewal TPPPS endorsee  
8 license expressly preventing good standing pursuant to paragraph (2) of subsection (a) of Section 12054,  
9 paragraph (4) of subsection (b) of Section 12066, or paragraph (4) of subsection (d) of Section 12554; or,

10 (2) A condition imposed on the renewal cardroom endorsee license or renewal TPPPS endorsee  
11 license prior to [the effective date of this regulation], which includes:

12 (A) Any condition that requires the reporting on and/or resolution of debt(s);

13 (B) Any condition that requires an associated cardroom business licensee or TPPPS business  
14 licensee, as applicable, to obtain Bureau approval prior to entering into any agreement(s) or that would  
15 require the associated cardroom business licensee or TPPPS business licensee, as applicable, to engage  
16 a person or establish a committee to ensure operations are compliant with the Gambling Control Act and  
17 regulations adopted by the Commission and Bureau; or,

18 (C) Any condition that restricts the renewal cardroom endorsee licensee or renewal TPPPS endorsee  
19 licensee’s ability to participate in the operation of any associated cardroom business licensee or TPPPS  
20 business licensee, as applicable. This does not apply to conditions related to the voluntary non-operation  
21 status of a cardroom.

22 (D) Any condition imposed pursuant to paragraph (4) of subsection (d) of Section 12554 requiring  
23 reporting to the Bureau.

24 (ad)(ab) ...

25 (ae)(ae) “Initial license” means the same as provided in Business and Professions Code section  
26 19805; and, for the purposes of this division also includes:

27 (1) The following licenses:

28 (A) Initial cardroom business license;

29 (B) Initial cardroom endorsee license;

30 (C) Initial cardroom multi-owner license;

31 (D)(C) Initial key employee license;

32 (E)(D) Initial Commission work permit;

33 (F)(E) Initial TPPPS business license;

34 (G)(F) Initial TPPPS endorsee license;

1 (H) Initial TPPPS multi-owner license;  
2 (I)~~(G)~~ Initial TPPPS supervisor license; or,  
3 (J)~~(H)~~ Initial TPPPS worker license.  
4 (2) The following license types:  
5 (A) Initial cardroom owner type license;  
6 (B) Initial cardroom employee type license;  
7 (C) Initial TPPPS owner type license; ~~or;~~  
8 (D) Initial multi-owner type license; or.  
9 (E)~~(D)~~ Initial TPPPS employee type license.  
10 (3) The following license categories:  
11 (A) Initial cardroom category license;  
12 (B) Initial TPPPS category license;  
13 (C) Initial owner category license; or,  
14 (D) Initial employee category license.  
15 (af)~~(ad)~~ ...  
16 (ag)~~(ae)~~ ...  
17 (ah)~~(af)~~ ...  
18 (ai)~~(ag)~~ ...  
19 (aj)~~(ah)~~ ...  
20 (ak)~~(ai)~~ ...  
21 (al) “Multi-owner type license” means a cardroom multi-owner type license or TPPPS multi-owner  
22 type license.  
23 (am)~~(aj)~~ ...  
24 (an) “Pending accusation” means an accusation was filed with the Commission by the Bureau  
25 pursuant to subsection (a) of Section 12554 and has not been terminated before the Office of  
26 Administrative Hearings pursuant to Title 1, CCR, Section 1028 or resolved by a final decision of the  
27 Commission.  
28 (ao) “Pending evidentiary hearing” means an evidentiary hearing where the Commission has elected  
29 to consider the application pursuant to paragraph (4) of subsection (a) of Section 12054, the Executive  
30 Director has set the application for consideration pursuant to subsection (a) of Section 12060, or the  
31 applicant has elected to request an evidentiary hearing following a denial pursuant to subsection (a) of  
32 Section 12056; and where the Commission has not retracted the evidentiary hearing pursuant to  
33 subsection (d) of Section 12056, the Commission decision on the application has not become final

1 pursuant to subsection (b) of Section 12066, or where a request to withdraw the application pursuant to  
2 Section 12015 has not been granted.

3 (ap)~~(ak)~~ ...

4 (aq)~~(ah)~~ “Registrant” means a person having a valid registration issued by the Commission.

5 (ar)~~(am)~~ “Renewal license” means the same as provided in Business and Professions Code section  
6 19805; and, for the purposes of this division also includes:

7 (1) The following licenses:

8 (A) Renewal cardroom business license;

9 (B) Renewal cardroom endorsee license;

10 (C) Renewal cardroom multi-owner license;

11 (D)~~(C)~~ Renewal key employee license;

12 (E)~~(D)~~ Renewal Commission work permit;

13 (F)~~(E)~~ Renewal TPPPS business license;

14 (G)~~(F)~~ Renewal TPPPS endorsee license;

15 (H) Renewal TPPPS multi-owner license;

16 (I)~~(G)~~ Renewal TPPPS supervisor license; or,

17 (J)~~(H)~~ Renewal TPPPS worker license.

18 (2) The following license types:

19 (A) Renewal cardroom owner type license;

20 (B) Renewal cardroom employee type license;

21 (C) Renewal multi-owner type license;

22 (D)~~(C)~~ Renewal TPPPS owner type license; or,

23 (E)~~(D)~~ Renewal TPPPS employee type license.

24 (3) The following license categories:

25 (A) Renewal cardroom category license;

26 (B) Renewal TPPPS category license;

27 (C) Renewal owner category license; or,

28 (D) Renewal employee category license.

29 (as)~~(an)~~ ...

30 (at)~~(ao)~~ ...

31 (au)~~(ap)~~ ...

32 (av)~~(aq)~~ ...

33 (aw)~~(av)~~ ...

34 (ax)~~(ar)~~ ...

1 ~~(ay)(as)~~ ...

2 ~~(az)(at)~~ ...

3 ~~(ba)(au)~~ ...

4 (bb) "TPPPS multi-owner license" means a license whose two-year approval period determines the  
5 approval period of all other TPPPS endorsee license(s) held by the licensee.

6 ~~(bc)(aw)~~ ...

7 ~~(bd)(ax)~~ ...

8 ~~(be)(ay)~~ ...

9 ~~(bf)(az)~~ ...

10 Note: Authority cited: Sections 19811, 19823, 19824, 19840, 19841, 19851, 19853 and 19854, Business and  
11 Professions Code. Reference: Sections 19800, 19805, 19811, 19816, 19851, 19853, 19931 and 19984, Business and  
12 Professions Code.

13

## 14 **ARTICLE 2. PROCEDURES FOR HEARINGS AND MEETINGS ON APPLICATIONS.**

15

### 16 **§ 12054. Consideration at a Commission Meeting.**

17 (a) At a Commission meeting, the Commission may take, but is not limited to taking, one of the  
18 following actions:

19 ...

20 (2) Issue a license, work permit, finding of suitability, or other approval with conditions, restrictions,  
21 or limitations, and for a renewal application, issue an interim renewal license pursuant to Section 12035.

22 (3) Deny an application for a license, work permit, finding of suitability, or other approval, and for a  
23 renewal application, issue an interim renewal license pursuant to Section 12035.

24 (4) Elect to hold or retract an evidentiary hearing in accordance with Section 12056 and, for a renewal  
25 application, issue an interim renewal license pursuant to Section 12035. The Commission will identify  
26 those issues for which it requires additional information or consideration related to the applicant's  
27 suitability. Unless otherwise determined by the Commission, an election to hold an evidentiary hearing  
28 will prevent an owner category license's good standing.

29 ...

30 Note: Authority cited: Sections 19811, 19823, 19824, 19840, ~~and~~ 19841 and 19851, Business and Professions Code.  
31 Reference: Sections 19816, 19823, 19824, 19851, 19869, 19870, 19871, 19876 and 19876.5, Business and  
32 Professions Code.

33

## 34 **ARTICLE 3. DESIGNATED AGENT**

35

### 36 **§ 12080. Requirements.**

37 (a) An applicant, licensee, or holder of a Commission work permit may designate a natural person(s)  
38 to serve as their designated agent(s) pursuant to Title 11, Cal. Code Regs., Section 2030, using the

Additions shown in blue underline; deletions shown in ~~red-strikeout~~.

Revision Date: 7/28/2025

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1 Appointment of Designated Agent, CGCC-CH1-04 (Rev. 07/22XX/25), which is attached in Appendix A  
2 to this chapter.

3 ...

4 (c) A designated agent must provide the following, if applicable:

5 (1) Any valid license number(s) issued by the Commission;

6 (2)(1) Any valid license number(s) issued by the California State Bar ~~The designated agent's~~  
7 ~~California State Bar number indicating a current license in good standing; and/or,~~

8 (3)(2) Any valid license number(s) issued by the California Board of Accountancy ~~The designated~~  
9 ~~agent's California Board of Accountancy number indicating a current license in good standing.~~

10 (d) If the designated agent provided a license number pursuant to paragraphs (2) or (3) of subsection  
11 (c), then the designated agent must provide written notification to the Bureau within 5 business days of  
12 any change in the licensee's standing or any disciplinary action.

13 Note: Authority cited: Sections 19823, 19824, 19826, 19840, 19841, 19853 and 19984, Business and Professions  
14 Code. Reference: Sections 19841, 19853 and 19984, Business and Professions Code.

15

#### 16 **ARTICLE 4. FEES**

17

#### 18 **§ 12090. Schedule of Fees Required for Applications, Approvals, and Registrations.**

19 An applicant must submit the completed form and fee amount pursuant to this table with their  
20 completed application. The Bureau may request additional background investigation deposits pursuant to  
21 other statutes or regulations.

Form Number	Form Name	Fee Type and Amount
...	...	...
CGCC-CH2-05	Application for Owner Category License	Initial Application: <ul style="list-style-type: none"><li>• Cardroom Business License: \$164</li><li>• Cardroom Endorsee License: \$164</li><li>• TPPPS Business License: \$164</li><li>• TPPPS Endorsee License: \$164</li><li>• Temporary Owner Category License (additional fee): \$30</li><li>• <u>Multi-Owner Type License (additional fee): \$657</u></li><li>• Background investigation deposit as required in Title 11, CCR, Section 2037</li></ul>
...	...	...

22 Note: Authority cited: Sections 19841, 19876, 19915, 19951 and 19984, Business and Professions Code. Reference:  
23 19841, 19876, 19915, 19951 and 19984, Business and Professions Code.

24

#### 25 **CHAPTER 2. LICENSES AND WORK PERMITS.**

26

Additions shown in blue underline; deletions shown in ~~red-strikeout~~.

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1 (1) If a resident of the State of California, a completed Request for Live Scan Service [California  
2 Department of Justice Form, BCIA 8016 (Rev. 04/2020)], ~~including the ATI Number~~ with a unique ATI  
3 Number not previously submitted to the Bureau. The applicant is responsible for any fees necessary for  
4 the completion of this form; or,

5 (2) If not a resident of the State of California, two ~~copies of the~~ Applicant Fingerprint Cards, FD-258.

6 ...

7 (g) If the application is an Application for Owner Category License, CGCC-CH2-05, and the  
8 applicant holds a cardroom endorsee license or TPPPS endorsee license, as applicable, in good standing,  
9 then the applicant does not need to include any supplemental information forms listed in subsection (b) or  
10 any applicable background investigation deposit required by Title 11, CCR, Section 2037.

11 Note: Authority cited: Sections 19811, 19824, 19840, 19841, 19850, 19851, 19912 and 19984, Business and  
12 Professions Code. Reference: Sections 19801, 19811, 19824, 19826, 19841, 19850, 19851, 19852, 19855, 19864,  
13 19865, 19866, 19867, 19868, 19878, 19880(d), 19883, 19890(e), 19893, 19912, 19951, 19982 and 19984, Business  
14 and Professions Code.

15  
16 **§ 12114. Renewal License Applications; Required Forms.**

17 ...

18 (c) For the purposes of this section, a “complete application” must consist of all of the following:

19 (1) A completed Application for Employee Category License, CGCC-CH2-04 or Application for  
20 Owner Category License, CGCC-CH2-05, as referred to in subsection (a) of Section 12112, and any  
21 applicable fees required in Section 12090;

22 (2)(A) Any applicable investigation deposit specified in Title 11, CCR, Section 2037;:-

23 (B) If the application is an Application for Owner Category License, CGCC-CH2-05, and the  
24 applicant holds a cardroom owner type license or TPPPS owner type license, as applicable, in good  
25 standing, then the applicant does not need to include any applicable background investigation deposit  
26 required by Title 11, CCR, Section 2037;

27 (C) However, if, after a review of an application for renewal, the Bureau determines that further  
28 investigation is needed, the applicant must submit an additional sum of money that, in the judgment of the  
29 Chief of the Bureau, will be adequate to pay the anticipated investigation and processing costs, in  
30 accordance with Business and Professions Code section 19867.

31 ...

32 (4) One of the following:

33 (A) If a resident of the State of California, a Request for Live Scan Service, as referred to in  
34 subsection (d) of Section 12112, ~~including the ATI Number~~ with a unique ATI Number not previously  
35 submitted to the Bureau. The applicant is responsible for any fees necessary for the completion of this  
36 form; or,

1 ...

2 (d) Each person who is required to ~~be~~ hold a cardroom endorsee license or TPPPS endorsee license,  
3 and whose expiration date coincides with the applicable cardroom business license's or TPPPS business  
4 license's expiration date, must complete and execute a separate application for renewal of that person's  
5 license. All applicable applications for renewal of a cardroom endorsee license or TPPPS endorsee  
6 license must be submitted to the Bureau together with the cardroom business license or TPPPS business  
7 license application in a single package, as provided in subsections (a) through (c), inclusive.

8 Note: Authority cited: Sections 19811, 19823, 19824, 19840, 19841, 19850, 19851, 19854, 19951 and 19984,  
9 Business and Professions Code. Reference: Sections 19811, 19823, 19824, 19826, 19841, 19850, 19851, 19852,  
10 19854, 19855, 19856, 19857, 19864, 19865, 19866, 19867, 19868, 19876, 19912, 19951 and 19984, Business and  
11 Professions Code.

12  
13 **§ 12116. Processing Timelines for Applications.**

14 (a) Initial and renewal license and work permit applications submitted pursuant to this chapter will be  
15 processed within the following timeframes:

16 (1) The Bureau will notify the applicant in writing within ~~10~~ten business days after the receipt of an  
17 application that the application or a resubmitted application is complete and accepted for initial  
18 processing, or that an application or a resubmitted application is deficient and identify what specific  
19 additional information is required. For the purposes of this section, "complete application" means  
20 complete applicable form(s) required pursuant to Section 12112 or Section 12114, as appropriate.

21 (2) The Bureau will review any submitted supplemental information form(s) and notify the applicant  
22 of any deficiencies, or deem the supplemental information form(s) complete. Notwithstanding this  
23 subsection, subsequent to acceptance of the supplemental information as complete, the Bureau may,  
24 pursuant to Business and Professions Code sections 19866 and 19867, require the applicant to submit  
25 additional information or deposit additional sums of money as required.

26 ...

27 Note: Authority cited: Sections 19811, 19823, 19824, 19840, 19841, 19850, 19851, 19854, 19912, 19951 and  
28 19984, Business and Professions Code. Reference: Sections 19811, 19823, 19824, 19826, 19841, 19850, 19951,  
29 19852, 19854, 19855, 19856, 19857, 19864, 19865, 19866, 19867, 19868, 19876, 19880(d), 19883, 19890(e),  
30 19893, 19912, 19951, 19982 and 19984, Business and Professions Code.

31

32

33

34

35

36

37 ///

# Chapter 1: Appendix A (Amended Forms)

# Appointment of Designated Agent

CGCC-CH1-04 (Rev. 07/22XX/25)

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BUREAU USE ONLY
BGC ID# _____



**MAIL COMPLETED FORM TO:**  
 BUREAU OF GAMBLING CONTROL  
 P.O. Box 168024  
 Sacramento, CA 95816-8024  
 (916) 830-1700

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU COMPLETE THIS FORM**

An applicant may designate a person(s) to serve as his/her agent(s) in addressing matters with the Bureau of Gambling Control (Bureau) and California Gambling Control Commission (Commission). The designation must specify any limit of authority of the agent(s). The Bureau retains the right to exercise its discretion to disapprove, in whole or in part, such designation(s) to the extent consistent with Title 11, Cal. Code Reg., Section 2030(a). The Bureau Chief has the authority to require a designated agent to be appointed, if it is determined that such a need exists to the extent consistent with Title 11, Cal. Code Regs., Section 2030(a) and (b). If not designating a person to serve as your agent, write "N/A" in sections two and three and complete the bottom portion of this form. If designating more than one individual, submit one form for each designated agent. All information must be typed or printed legibly in blue or black ink. **This designation supersedes any previous appointment for this Designated Agent.** This designation will remain in effect until such time as the Bureau receives written notification of withdrawal of an appointment and/or a revised Appointment of Designated Agent for this designated agent.

**Any designation does not infringe, limit, or waive any form of confidentiality or privacy.**

SECTION 1: APPLICANT INFORMATION				
REQUESTOR				
<input type="checkbox"/> OWNER CATEGORY LICENSEE (BUSINESS)	<input type="checkbox"/> OWNER CATEGORY LICENSEE (INDIVIDUAL)	<input type="checkbox"/> KEY EMPLOYEE OR TPPPS SUPERVISOR LICENSEE	<input type="checkbox"/> WORK PERMIT, TPPPS WORKER LICENSEE	
<input type="checkbox"/> GAMING RESOURCE SUPPLIER	<input type="checkbox"/> TRIBAL KEY	<input type="checkbox"/> OTHER _____		
NAME OF REQUESTOR				
TYPE OF ASSOCIATED BUSINESS				
<input type="checkbox"/> CARDROOM BUSINESS LICENSEE	<input type="checkbox"/> TRIBAL GAMING RESOURCE SUPPLIER/FINANCIAL SOURCE (VENDOR)	<input type="checkbox"/> TPPPS BUSINESS LICENSEE		
NAME OF ASSOCIATED BUSINESS				

SECTION 2: DESIGNATED AGENT INFORMATION				
<b>If no designated agent is being appointed, indicate N/A.</b>				
NAME OF DESIGNATED AGENT				
RELATIONSHIP TO APPLICANT				
<input type="checkbox"/> PROVIDED BY EMPLOYER	<input type="checkbox"/> EMPLOYEE	<input type="checkbox"/> ATTORNEY	<input type="checkbox"/> CERTIFIED PUBLIC ACCOUNTANT	OTHER _____
MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)				
PRIMARY TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	COMMISSION LICENSE NUMBER(S), IF APPLICABLE

<p><b>DOES THE DESIGNATED AGENT’S SCOPE OF AUTHORITY INCLUDE REPRESENTATION IN ALL MATTERS ON YOUR BEHALF WITH THE BUREAU OR COMMISSION?</b> IF NO, SPECIFY THE LIMITED SCOPE OF AUTHORITY OF THE DESIGNATED AGENT BELOW. UN-INITIALED AREAS WILL MEAN AUTHORITY HAS NOT BEEN GRANTED.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>_____ THE DESIGNATED AGENT IS APPOINTED TO ASSIST IN THE PREPARATION OF FORMS, APPLICATIONS AND OTHER PAPERWORK FOR SUBMITTAL TO THE BUREAU AND COMMISSION. INITIAL</p> <p>_____ THE DESIGNATED AGENT IS APPOINTED TO COMMUNICATE TO THE BUREAU ON MY BEHALF. INITIAL</p> <p>_____ THE DESIGNATED AGENT IS APPOINTED TO COMMUNICATE WITH COMMISSION STAFF ON MY BEHALF. INITIAL</p> <p>_____ THE DESIGNATED AGENT IS APPOINTED TO REPRESENT ME BEFORE THE COMMISSION AT A NON-EVIDENTIARY HEARING MEETING. INITIAL</p> <p>_____ THE DESIGNATED AGENT IS ADDITIONALLY APPOINTED TO: _____ INITIAL</p>	<p>_____</p> <p>Please note: this cannot include a designation to assist in an evidentiary hearing</p>

<p><b>SECTION 3: DESIGNATED AGENT ACKNOWLEDGMENT</b> If no designated agent is being appointed, indicate N/A.</p>		
<p>THE DESIGNATED AGENT MUST COMPLETE THIS SECTION:</p>	<p>IF APPLICABLE, PROVIDE <u>ANY</u> VALID LICENSE NUMBER(S) ISSUED BY EITHER THE COMMISSION, CALIFORNIA STATE BAR, <u>AND/OR</u> CALIFORNIA BOARD OF ACCOUNTANCY.</p>	
<p>_____ I UNDERSTAND THAT I AM EXPECTED TO ACT IN ACCORDANCE WITH THE SCOPE OF AUTHORITY PROVIDED BY THIS DESIGNATION UNTIL SUCH TIME AS THE DESIGNATION IS SUPERSEDED OR I PROVIDE NOTIFICATION OF WITHDRAWAL TO THE DESIGNATOR AND THE BUREAU. INITIAL</p> <p>_____ I UNDERSTAND THAT <u>THE</u> FAILURE TO ACT WITHIN THE SCOPE OF THE AUTHORITY PROVIDED FOR ME IN THIS DESIGNATION MAY BE USED AS JUSTIFICATION FOR REVOKING MY DESIGNATION AND ABILITY TO SERVE AS A DESIGNATED AGENT. INITIAL</p>		
PRINTED NAME	SIGNATURE	DATE (MM/DD/YYYY)

<p><b>SECTION 4: SIGNATURE OF APPLICANT</b></p>			
PRINTED NAME	SIGNATURE	CAPACITY	DATE (MM/DD/YYYY)

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

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

# Chapter 2: Appendix A (Amended Forms)

# Application for Employee Category License

CGCC-CH2-04 (Rev. 11/21/XX/25)

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BUREAU USE ONLY
BGC ID# _____



**MAIL COMPLETED FORM AND FEE TO:**  
 BUREAU OF GAMBLING CONTROL  
 P.O. Box 168024  
 Sacramento, CA 95816-8024  
 (916) 830-1700

## PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU COMPLETE THIS FORM

This form is used to provide information for individuals required to apply for an Employee Category License.

All responses must be truthful and complete. All responses are subject to verification and will be used to determine suitability under gambling laws and regulations. Any misrepresentation or failure to disclose required information or documentation may constitute cause for denial of the application or discipline of the licensee. The burden of proving his/her qualifications to receive an Employee Category License is on the applicant.

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

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

An applicant may request an application be withdrawn pursuant to Title 4, Cal. Code Regs., Section 12015.

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

All information must be typed or printed legibly in blue or black ink. Any questions that do not apply should be indicated with "N/A" (Not Applicable). If the space available is insufficient, attach a separate sheet of paper and precede each answer with the applicable section and question number. Any corrections, changes, or other alterations must be initialed and dated by the applicant.

\_\_\_\_\_  
Applicant's Full Name

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

\_\_\_\_\_  
Date of Photograph

**Affix a passport quality  
 photography taken  
 within the last 30  
 calendar days here.**

**PLEASE PRINT NAME  
 ON BACK OF  
 PHOTOGRAPH**

SECTION 1: PERSONAL INFORMATION		
FULL NAME: LAST	FIRST	MIDDLE

SECTION 2: APPLICATION
------------------------

A) TYPE OF APPLICATION (CHECK APPROPRIATE BOX)
<input type="checkbox"/> KEY EMPLOYEE LICENSE <span style="margin-left: 200px;"><input type="checkbox"/> TPPPS SUPERVISOR LICENSE</span>
<input type="checkbox"/> COMMISSION WORK PERMIT <span style="margin-left: 200px;"><input type="checkbox"/> TPPPS WORKER LICENSE</span>

B) SELECT IF THIS IS AN APPLICATION FOR AN INITIAL OR RENEWAL LICENSE (CHECK APPROPRIATE BOX)	
<input type="checkbox"/> <b><u>INITIAL APPLICATION</u></b> <b><u>MUST INCLUDE THE FOLLOWING (AS APPLICABLE):</u></b> <ul style="list-style-type: none"> <li>Application fee required in Title 4, CCR, Section 12090</li> </ul> <input type="checkbox"/> <b><u>ADDITIONAL REQUEST FOR A TEMPORARY EMPLOYEE CATEGORY LICENSE/COMMISSION WORK PERMIT – (AS APPLICABLE)</u></b> <b><u>MUST INCLUDE THE FOLLOWING:</u></b> <ul style="list-style-type: none"> <li>Additional temporary license fee required in Title 4, CCR, Section 12090</li> </ul>	<input type="checkbox"/> <b><u>RENEWAL APPLICATION</u></b> <b><u>MUST INCLUDE THE FOLLOWING (AS APPLICABLE):</u></b> <ul style="list-style-type: none"> <li>Application fee required in Title 4, CCR, Section 12090</li> </ul>

**NOTE: INITIAL APPLICANTS DO NOT COMPLETE SECTION 3.**

C) JOB INFORMATION
JOB TITLE
JOB DESCRIPTION

SECTION 3: RENEWAL INFORMATION
<b>Complete this section only for a renewal application. If you answer “YES” to any of the questions below, please provide a detailed explanation for each item marked “YES” on a separate sheet of paper and attach to the application.</b>

<b>ALL APPLICANTS</b>	
1. Have you been named in any administrative action affecting any license certification since last filing a license or Commission work permit application?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you been convicted of any crime (misdemeanor or felony) since last filing a license or Commission work permit application? Note: It is your responsibility to verify the circumstances and status of all crimes, and you should err on the side of disclosure as failing to disclose a conviction can weigh against your application being approved.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. <a href="#"><u>Has your contact information (Name, Address, Phone Number, Email, etc.) changed since the last time you have submitted an application? If yes, you must submit a Notice of Contact Information Change, CGCC-CHI-01, with this application.</u></a>	<input checked="" type="checkbox"/> <a href="#"><u>YES</u></a> <input checked="" type="checkbox"/> <a href="#"><u>NO</u></a>
<b>KEY EMPLOYEE OR TPPPS SUPERVISOR</b>	
3. Have you been a party to any civil litigation since last filing a license or Commission work permit application?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you acquired or increased your financial interest in a business that conducts lawful gambling outside the State since last filing a license or Commission work permit application?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Have you entered into any new agreements since last applying for a license? If yes, attach a list of agreements including the amount and all contracting parties.	<input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION 4: ADDITIONAL REQUIRED ITEMS**

THE FOLLOWING ITEMS **MUST** BE SUBMITTED, AS APPLICABLE, WITH THIS COMPLETED FORM. PROVIDE COPIES OF DOCUMENTS UNLESS OTHERWISE STATED. ONLY DOCUMENTS THAT ARE DATED AND SIGNED BY THE APPLICANT WILL BE ACCEPTED. FAILURE TO PROVIDE REQUIRED ITEMS MAY RESULT IN THE DENIAL OF YOUR APPLICATION. PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 19868, SUBDIVISION (a), THE APPLICATION PACKAGE WILL NOT BE DEEMED COMPLETE UNTIL ALL REQUIRED FORMS, DOCUMENTATION, AND FEES HAVE BEEN COMPLETED AND COMPLETED AND RECEIVED BY THE STATE. MARK THE BOX NEXT TO EACH ATTACHED ITEM.

- COMPLETED REQUEST FOR LIVE SCAN SERVICE (BCIA 8016), INCLUDING THE ATI NUMBER
- AUTHORIZATION TO RELEASE INFORMATION, CGCC-CH2-13 – **PROVIDE ORIGINAL**
- INITIAL APPLICANTS MUST ALSO ATTACH A COMPLETED SUPPLEMENTAL BACKGROUND INFORMATION FORM, AS INDICATED BELOW:  
Key Employee License and TPPPS Supervisor License: Key Employee or TPPPS Supervisor: Supplemental Information, CGCC-CH2-08  
Commission Work Permit and TPPPS Worker License: Commission Work Permit or TPPPS Worker: Supplemental Information, CGCC-CH2-10

**SECTION 5: DECLARATION**

I declare under penalty of perjury under the laws of the State of California that the information in this form is true, accurate, and complete, and that this declaration is executed by me at \_\_\_\_\_.

City and State

PRINTED NAME

SIGNATURE

DATE (MM/DD/YYYY)

*This form must be signed by the applicant.*

# Application for Owner Category License

CGCC-CH2-05 (Rev. 04/23XX/25)

Page 1 of 5

BUREAU USE ONLY
BGC ID# _____



**MAIL COMPLETED FORM AND FEE/DEPOSIT TO:**

BUREAU OF GAMBLING CONTROL

P.O. Box 168024

Sacramento, CA 95816-8024

(916) 830-1700

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU COMPLETE THIS FORM**

This form is used to provide information for individuals required to apply for as an Owner Category Licensee as defined by the Gambling Control Act (Act) and/or implementing administrative regulations, as applicable.

All responses must be truthful and complete. All responses are subject to verification and will be used to determine suitability under gambling laws and regulations. Any misrepresentation or failure to disclose required information or documentation may constitute cause for denial of the application or discipline of the licensee. The burden of proving his/her qualifications to receive a license is on the applicant.

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

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

An applicant may request an application be withdrawn pursuant to Title 4, California Code of Regulations, Section 12015.

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

All information must be typed or printed legibly in blue or black ink. Any questions that do not apply should be indicated with "N/A" (Not Applicable). If the space available is insufficient, attach a separate sheet of paper and precede each answer with the applicable section and question number. Any corrections, changes, or other alterations must be initialed and dated by the applicant.

\_\_\_\_\_  
Applicant's Full Name

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

\_\_\_\_\_  
Date of Photograph

**Affix a passport quality  
photography taken  
within the last 30  
calendar days here.**

**PLEASE PRINT NAME  
ON BACK OF  
PHOTOGRAPH**

**SECTION 1: APPLICATION**

**A) LICENSE TYPE REQUESTED OF APPLICATION (CHECK ONE APPROPRIATE BOX)**

<input type="checkbox"/> <b>CARDROOM BUSINESS LICENSE</b> The sole proprietor, LLC, corporation, partnership, trust, or business entity that operates a gambling establishment The person (natural or non-natural) that operates the gambling operation and is required to be licensed pursuant to Business and Professions Code section 19851(a), including but not limited to a sole proprietor, corporation, publicly traded or qualified racing association, partnership, trust, limited liability company, or other business organization.	<input type="checkbox"/> <b>TPPPS BUSINESS LICENSE</b> The sole proprietor, LLC, corporation, partnership, trust, or other business entity that proposes to provide third-party proposition services as an independent contractor in a gambling establishment. The person (natural or non-natural) that provides proposition player services at gambling establishments and is required to be licensed pursuant to Business and Professions Code section 19984(b), including but not limited to a sole proprietor, corporation, partnership, trust, limited liability company, or other business organization.
<input type="checkbox"/> <b>CARDROOM ENDORSEE LICENSE</b> An endorsed licensee is a license for any other type not covered above natural or non-natural person, such as: a corporation, publicly traded or qualified racing association, partnership, trust, limited liability company, or other business organization, and any natural person required by law to be licensed, such as a community property interest holder, director, limited partner, member, officer, owner, shareholder, trustee, as applicable, to in a licensed non-natural person corporation, a shareholder, a limited partner in a partnership, any person who receives any percentage share of the revenues earned, or any funding source, as required to be licensed pursuant to Business and Professions Code section 19851(b).	<input type="checkbox"/> <b>TPPPS ENDORSEE LICENSE</b> An endorsed licensee is a license for any other type not covered above natural or non-natural person, such as: a corporation, publicly traded or qualified racing association, partnership, trust, limited liability company, or other business organization, and any natural person required by law to be licensed, such as a community property interest holder, director, limited partner, member, officer, owner, shareholder, trustee, as applicable, to in a licensed non-natural person, any person who receives any percentage share of the revenues earned, or any funding source, as required to be licensed pursuant to Business and Professions Code section 19984(b).

**B) INDICATE THE SPECIFICS OF THE APPLICATION SELECT IF THIS IS AN APPLICATION FOR AN INITIAL OR RENEWAL LICENSE (CHECK ALL APPROPRIATE BOXES)**

I. <u>TYPE OF APPLICATION:</u> Must include applicable application fee required in Title 4, CCR, Section 12090.	<input type="checkbox"/> INITIAL APPLICATION	<input type="checkbox"/> RENEWAL APPLICATION
II. <u>REQUEST FOR A TEMPORARY LICENSE? (INITIAL APPLICATIONS ONLY)</u> If yes, must include application fee for a temporary owner category license required in Title 4, CCR, Section 12090.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
III. <u>IS THE APPLICATION BEING FILED LESS THAN 120 CALENDAR DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE? (CARDROOM OWNER TYPE RENEWAL LICENSE ONLY)</u> If yes, must include applicable delinquency fee required in Title 4, CCR, Section 12090.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IV. <u>DO YOU BELIEVE YOU HOLD A RENEWAL CARDROOM BUSINESS LICENSE OR RENEWAL TPPPS BUSINESS LICENSE, AS APPLICABLE, CURRENTLY IN GOOD STANDING? (INITIAL APPLICATION OR A REQUEST FOR A MULTI-OWNER TYPE LICENSE ONLY)</u> See definition in Title 4, CCR, Section 12002. If selecting "No," include applicable background investigation deposit required in Title 11, CCR, Section 2037. If "Yes" is selected, please complete Section 2. Note: If "Yes" is selected and the Bureau determines the correct answer is "No," the application will be deficient pursuant to Section 12116(a).	<input type="checkbox"/> YES	<input type="checkbox"/> NO
V. <u>REQUEST FOR A MULTI-OWNER TYPE LICENSE? (MULTI-OWNER TYPE LICENSES ARE AVAILABLE FOR ELIGIBLE CARDROOM ENDORSEE LICENSEES AND ELIGIBLE TPPPS ENDORSEE LICENSEES, AND NOT CARDROOM BUSINESS LICENSEES AND TPPPS BUSINESS LICENSEES. CARDROOM ENDORSEMENTS MAY NOT BE COMBINED WITH TPPPS ENDORSEMENTS ON ONE MULTI-OWNER TYPE LICENSE AND WOULD REQUIRE A SEPARATE MULTI-OWNER TYPE LICENSE AND APPLICATION.)</u> For a renewal application, the license must be in good standing. For an Initial Application, the person cannot hold an endorsee license within the category requested.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
VI. <u>CURRENTLY POSSESS A MULTI-OWNER TYPE LICENSE?</u>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

<input type="checkbox"/> <b>INITIAL APPLICATION</b>  <b>MUST INCLUDE THE FOLLOWING (AS APPLICABLE):</b>  <input type="checkbox"/> Application Fee required in Title 4, CCR, Section 12090 <input type="checkbox"/> A background investigation deposit required in Title 11, CCR, Section 2037	<input type="checkbox"/> <b>INITIAL APPLICATION WITH REQUEST FOR TEMPORARY LICENSE</b>  <b>MUST INCLUDE THE FOLLOWING (AS APPLICABLE):</b>  <ul style="list-style-type: none"> <li>• Application Fee required in Title 4, CCR, Section 12090</li> <li>• Additional Application Fee for a Temporary Owner Category License required in Title 4, CCR, Section 12090</li> <li>• A background investigation deposit required in Title 11, CCR, Section 2037</li> </ul>	<input type="checkbox"/> <b>RENEWAL APPLICATION</b>  <b>MUST INCLUDE THE FOLLOWING (AS APPLICABLE):</b>  <ul style="list-style-type: none"> <li>• Application Fee required in Title 4, CCR, Section 12090</li> <li>• A delinquency fee in the amount specified in Section 12090, if applicable</li> <li>• A background investigation deposit required in Title 11, CCR, Section 2037</li> </ul>
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**ALL INITIAL OR RENEWAL OWNER CATEGORY LICENSE APPLICANTS:** Check this box ONLY if you need to be issued a badge upon approval of your application.  
**NOTE: INITIAL APPLICANTS AND INITIAL APPLICANTS WITH REQUEST FOR TEMPORARY LICENSE DO NOT COMPLETE SECTION 2.**

**SECTION 2: RENEWAL *AND GOOD STANDING QUESTIONNAIRE INFORMATION***

*Only c*omplete this section *for renewal applications or applications indicating good standing only for a renewal application* *as indicated in questions I. or IV. in Section 1(B)*. If you answer "YES" to any of the questions below, please provide a detailed explanation for each item marked "YES" on a separate sheet of paper and attach to the application.

<b>ALL APPLICANTS</b>	
1. Have you been a party to any civil litigation since last filing a license application?	<input type="checkbox"/> YES <input type="checkbox"/> No
2. Have you been named in any administrative action affecting any license certification since last filing a license application?	<input type="checkbox"/> YES <input type="checkbox"/> No
3. Have you been convicted of any crime (misdemeanor or felony) since last filing a license or Commission work permit application? Note: It is your responsibility to verify the circumstances and status of all crimes, and you should err on the side of disclosure as failing to disclose a conviction can weigh against your application being approved.	<input type="checkbox"/> YES <input type="checkbox"/> No
4. Have you acquired or increased your financial interest in a business that conducts lawful gambling outside the State since last filing a license application?	<input type="checkbox"/> YES <input type="checkbox"/> No
5. <i>Has your annual source of income increased more than \$25,000 per year from any one source since last filing a license application? If yes, please identify the source of income, how frequently the income is received, and approximate annual amount of income. Do not include income solely derived from stocks, inheritance, or interest earned.</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you transferred any ownership interest to any individual or into a Trust since last filing a license application?	<input type="checkbox"/> YES <input type="checkbox"/> No
7. Do you have a financial interest in the cannabis industry? If yes, answer question 8.	<input type="checkbox"/> YES <input type="checkbox"/> No
8. If the answer to Question 7 was yes, do you currently have, or do you intend to acquire, a license or permit in the cannabis industry?	<input type="checkbox"/> YES <input type="checkbox"/> No
9. <i>Has your contact information (Name, Address, Phone Number, Email, etc.) changed since the last time you have submitted an application? If yes, you must submit a Notice of Contact Information Change, CGCC-CHI-01, with this application.</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>CARDROOM BUSINESS LICENSE OR TPPS BUSINESS LICENSE</b>	
10. Have there been any changes affecting ownership or controlling interest in this business since last filing a license application?	<input type="checkbox"/> YES <input type="checkbox"/> No
11. Have there been any changes affecting ownership or controlling interest in any entity that is endorsed upon the license since last filing a license application?	<input type="checkbox"/> YES <input type="checkbox"/> No
12. Has there been any newly acquired or increase to any financial interest in a business that conducts lawful gambling outside the State since last filing a license application?	<input type="checkbox"/> YES <input type="checkbox"/> No
<b>CARDROOM BUSINESS LICENSE</b>	
13. Has there been any change to the terms (financial or otherwise) of the business' lease or a change of landlord since last filing a license application?	<input type="checkbox"/> YES <input type="checkbox"/> No
<b>TRUST</b>	
14. Has there been any amendment to any trust documents or any changes to a beneficiary, trustee, or trust asset since last filing a license application?	<input type="checkbox"/> YES <input type="checkbox"/> No

**SECTION 3: CARDROOM BUSINESS LICENSE OPERATIONS**

*Only c*omplete this section *only for a cardroom business license applications* *as indicated in Section 1(A)*.

<input type="checkbox"/>	GAMING HOURS 24 HOURS/365 DAYS OR:	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	OPENING TIME							
	CLOSING TIME							
<input type="checkbox"/>	BUSINESS OFFICE HOURS SAME AS GAMING HOURS OR:	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	OPENING TIME							
	CLOSING TIME							

NUMBER OF PERMANENT TABLES OPERATING OR TO BE OPERATED IN THE GAMBLING ESTABLISHMENT:

NAME OF PROPOSED GAMES  
*(THIS IS NOT AN APPLICATION FOR GAME APPROVAL, BUT A LIST OF GAMES THAT HAVE BEEN APPROVED OR ANTICIPATED TO BE SUBMITTED TO THE BUREAU FOR APPROVAL)*



**SECTION 74: ADDITIONAL REQUIRED ITEMS**

THE FOLLOWING ITEMS **MUST** BE SUBMITTED, AS APPLICABLE, WITH THIS COMPLETED FORM. PROVIDE COPIES OF DOCUMENTS UNLESS OTHERWISE STATED. ONLY DOCUMENTS THAT ARE DATED AND SIGNED, IF APPLICABLE, BY THE APPLICANT WILL BE ACCEPTED. FAILURE TO PROVIDE REQUIRED ITEMS MAY RESULT IN THE DENIAL OF YOUR APPLICATION. PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 19868, SUBDIVISION (a), THE APPLICATION PACKAGE WILL NOT BE DEEMED COMPLETE UNTIL ALL REQUIRED FORMS, DOCUMENTATION, AND FEES HAVE BEEN COMPLETED AND RECEIVED BY THE STATE.

MARK THE BOX NEXT TO EACH ATTACHED ITEM.

COMPLETED REQUEST FOR LIVE SCAN SERVICE (BCIA 8016), INCLUDING THE ATI NUMBER

AUTHORIZATION TO RELEASE INFORMATION, CGCC-CH2-13 – **PROVIDE ORIGINAL**

NOTE: INITIAL APPLICANTS MUST ALSO ATTACH A COMPLETED SUPPLEMENTAL BACKGROUND INFORMATION FORM, AS INDICATED BELOW:  
Cardroom business license or TPPPS business license: Business Entity: Supplemental Information, CGCC-CH2-06 in addition to any other form required below  
Individual Applicants: Individual Owner/Principal: Supplemental Information, CGCC-CH2-07  
Entity Applicants: Business Entity: Supplemental Information, CGCC-CH2-06  
\*Trust Applicants: Trust: Supplemental Information, CGCC-CH2-09  
 \*Current beneficiaries do not need to submit an application if the beneficiary is less than 21 years of age. Contingent beneficiaries do not need to submit an application if benefits are contingent upon a specific future event or circumstance.

SPOUSAL INFORMATION, CGCC-CH2-12

ADDITIONAL DOCUMENTATION MAY BE REQUIRED BY THE BUREAU OF GAMBLING CONTROL.

**SECTION 85: DECLARATION**

I declare under penalty of perjury under the laws of the State of California that the information in this form is true, accurate, and complete, and that this declaration is executed by me at \_\_\_\_\_.

City and State

PRINTED NAME

SIGNATURE

DATE (MM/DD/YYYY)

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

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

**Individual Owner/Principal: Supplemental Information**

BUREAU USE ONLY
BGC ID# _____



**MAIL COMPLETED FORM AND DEPOSIT TO:**  
 BUREAU OF GAMBLING CONTROL  
 P.O. Box 168024  
 Sacramento, CA 95816-8024  
 (916) 830-1700

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU COMPLETE THIS FORM**

This form is used to provide supplemental information for individuals required to apply as an “owner,” defined by the Gambling Control Act (Act) and/or the California Code of Regulations, as applicable. This supplemental form must be completed by each natural person who is a sole proprietor, an individual with an ownership interest in partnership, a shareholder, a member, an officer, a director, a trustee, a current beneficiary, a funding source, and any other individual required to be licensed as an “owner” by the California Gambling Control Commission (Commission).

All responses must be truthful and complete. All responses and supplemental documentation are subject to verification and will be used to determine suitability under the Act and Commission regulations. Any misrepresentation or failure to disclose required information or documentation may constitute cause for denial of the application or discipline of the licensee.

All information must be typed or printed legibly in blue or black ink. Any questions that do not apply should be indicated with “N/A” (Not Applicable). If the space available is insufficient, attach a separate sheet of paper and precede each answer with the applicable section and question number. Any corrections, changes, or other alterations must be initialed and dated by the applicant.

\_\_\_\_\_  
 Applicant’s Full Name

\_\_\_\_\_  
 Title/Capacity

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

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

<b>TYPE OF OWNER APPLICANT (CHECK APPROPRIATE BOX):</b>	
<input type="checkbox"/> TPPPS BUSINESS LICENSEE	<input type="checkbox"/> CARDROOM BUSINESS LICENSEE
<input type="checkbox"/> TPPPS ENDORSEE LICENSEE	<input type="checkbox"/> CARDROOM ENDORSEE LICENSEE

**SECTION 1: PERSONAL INFORMATION**

**A) CONTACT INFORMATION**

FULL NAME: LAST	FIRST	MIDDLE
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ALIAS(ES), NICKNAME(S), OTHER FORMER LEGAL NAMES

CURRENT RESIDENCE (STREET, CITY, STATE, ZIP CODE)

MAILING ADDRESS IF DIFFERENT THAN CURRENT RESIDENCE (STREET, CITY, STATE, ZIP CODE)

PRIMARY TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER	EMAIL ADDRESS
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DATE OF BIRTH (MM/DD/YYYY)	DRIVER'S LICENSE/IDENTIFICATION CARD NUMBER	STATE	EXPIRATION DATE (MM/DD/YYYY)
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IF BORN OUTSIDE THE U.S., IDENTIFY YOUR ELIGIBILITY TO WORK IN THE U.S. AND PROVIDE SUPPORTING DOCUMENTATION

RESIDENT ALIEN     
  NATURALIZED CITIZEN     
  EMPLOYMENT AUTHORIZED     
  OTHER: \_\_\_\_\_

IF RESIDENT ALIEN OR NATURALIZED CITIZEN, PROVIDE YOUR A-NUMBER	SOCIAL SECURITY NUMBER
---	------------------------

**DISCLOSURE**

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS MANDATORY. BUSINESS AND PROFESSIONS CODE SECTION 30 AND PUBLIC LAW 94-455 [42 USC SECTION 405(C)(2)(C)] AUTHORIZE COLLECTION OF YOUR SOCIAL SECURITY NUMBER. YOUR SOCIAL SECURITY NUMBER WILL BE USED EXCLUSIVELY FOR TAX ENFORCEMENT PURPOSES, FOR PURPOSES OF COMPLIANCE WITH ANY JUDGMENT OR ORDER FOR FAMILY SUPPORT IN ACCORDANCE WITH FAMILY CODE SECTION 17520 OR FOR DATABASE INQUIRIES REQUIRED FOR LICENSURE. IF YOU FAIL TO DISCLOSE YOUR SOCIAL SECURITY NUMBER, YOUR APPLICATION WILL NOT BE PROCESSED AND YOU WILL BE REPORTED TO THE FRANCHISE TAX BOARD, WHICH MAY ASSESS A \$100 PENALTY AGAINST YOU.

DO YOU HAVE A PASSPORT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, IDENTIFY ALL COUNTRIES THAT HAVE ISSUED YOU A PASSPORT IN THE LAST 10 YEARS
-------------------------	--	---

**RELATIONSHIP TO OWNER CATEGORY LICENSEE**  
LIST ALL THAT APPLY.

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Officer	<input type="checkbox"/> Trustor	<input type="checkbox"/> Financial Interest Holder
<input type="checkbox"/> General Partner	<input type="checkbox"/> Director	<input type="checkbox"/> Trustee	<input type="checkbox"/> TPPPS Funding Source
<input type="checkbox"/> Limited Partner	<input type="checkbox"/> Landlord	<input type="checkbox"/> Current Beneficiary	<input type="checkbox"/> Community Property Interest
<input type="checkbox"/> Shareholder	<input type="checkbox"/> LLC Member	<input type="checkbox"/> Contingent Beneficiary	<input type="checkbox"/> Other: _____

**B) ENDORSEMENTS**

*For an application indicating a request for a multi-owner type license or for which a multi-owner type license is currently held (as indicated on the applicable CGCC-CH2-05), identify all endorsements, any non-natural person (cardroom endorsee license or TPPPS endorsee license) through which the endorsement is required, along with any additional requested endorsements, and the cardroom business license or TPPPS business license on which the requested endorsement will be placed. If additional space is needed, please use separate sheets of paper. Some examples include but are not limited to: community property interest holder, trustor, trustee, current beneficiary, contingent beneficiary, general partner, limited partner, managing member, member, officer, director, shareholder, TPPPS funding source, financial interest holder, and landlord.*

*For a non-multi-owner license application (as indicated on the applicable CGCC-CH2-05), only one type of endorsement may be provided here. If an applicant must also apply for other endorsements, then additional supplemental must be submitted for each application.*

<u>Type of Endorsement</u>	<u>Non-natural person (cardroom endorsee license or TPPPS endorsee license)</u>	<u>Cardroom business license or TPPPS business license</u>


**SECTION 2: FAMILY/COHABITANT INFORMATION**

**A) RELATIONSHIP STATUS**

SINGLE       MARRIED       REGISTERED DOMESTIC PARTNER       DIVORCED       WIDOWED       SEPARATED

**B) CURRENT SPOUSE/REGISTERED DOMESTIC PARTNER**

FULL NAME: LAST	FIRST	MIDDLE	FORMER NAME
DATE OF BIRTH (MM/DD/YYYY)		DATE OF MARRIAGE/REGISTRATION (MM/DD/YYYY)	
RESIDENCE IF DIFFERENT FROM APPLICANT (STREET, CITY, STATE, ZIP CODE)			

**C) FORMER SPOUSE/REGISTERED DOMESTIC PARTNER**

FULL NAME: LAST	FIRST	MIDDLE	FORMER NAME
DATE OF BIRTH (MM/DD/YYYY)	DATE OF MARRIAGE/REGISTRATION (MM/DD/YYYY)	DATE OF DIVORCE (MM/DD/YYYY)	STATE IN WHICH DIVORCE OCCURRED

**D) DO YOU HAVE ANY IMMEDIATE FAMILY MEMBERS, COHABITANTS, OR ROOMMATES WHO CURRENTLY HAVE A FINANCIAL INTEREST IN, OR ARE EMPLOYED BY, A GAMING RELATED BUSINESS?**  YES  NO  
 IF YES, PROVIDE THE FOLLOWING DETAILS.

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

**E) CHILDREN AND DEPENDENTS**  
 PROVIDE THE FOLLOWING INFORMATION FOR EACH OF YOUR CHILDREN (INCLUDING NATURAL, ADOPTED, CURRENT FOSTER AND STEP-CHILDREN) AND DEPENDENTS.  N/A

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

**F) CO-HABITANTS AND ROOMMATES**  
 PROVIDE THE FOLLOWING INFORMATION FOR ANY PERSONS 18 YEARS OF AGE OR OLDER (NOT OTHERWISE DISCLOSED) WITH WHOM YOU RESIDE.  N/A

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


**G) 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, FORMER NAME)	DATE OF BIRTH	RESIDENCE ADDRESS	RELATIONSHIP	OCCUPATION

**H) SIBLINGS**  
 PROVIDE THE FOLLOWING INFORMATION FOR YOUR BROTHERS, SISTERS, STEP-BROTHERS, AND STEP-SISTERS. IF RETIRED, LIST LAST OCCUPATION, OR IF DECEASED, PROVIDE DATE OF DEATH AND LIST LAST ADDRESS AND OCCUPATION.  N/A

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

**SECTION 3: MILITARY EXPERIENCE**

**A) HAVE YOU EVER SERVED IN ANY ARMED FORCES?**  
 IF YES, PROVIDE THE FOLLOWING DETAILS. (IF THE MILITARY SERVICE HAS ENDED AND A DD-214 HAS BEEN PREVIOUSLY PROVIDED TO THE BUREAU AS PART OF ANOTHER APPLICATION, ONE NEED NOT BE PROVIDED.)  Yes  No

BRANCH OF SERVICE AND COUNTRY IF NOT THE U.S.	DATES OF SERVICE FROM (MM/DD/YYYY)	DATES OF SERVICE TO (MM/DD/YYYY)
RANK AT SEPARATION		SERVICE NUMBER
TYPE OF DISCHARGE: <input type="checkbox"/> ENTRY LEVEL <input type="checkbox"/> HONORABLE <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER THAN HONORABLE <input type="checkbox"/> BAD CONDUCT <input type="checkbox"/> DISHONORABLE <input type="checkbox"/> OTHER _____		

**B) HAVE YOU EVER BEEN CONVICTED IN A COURT-MARTIAL?**  
 IF YES, PROVIDE THE FOLLOWING DETAILS.  Yes  No

DATE (MM/DD/YYYY)	FINAL CHARGE	COURT LOCATION (CITY, STATE/PROVINCE/COUNTRY)
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EXPLAIN THE INCIDENT THAT LED TO THE COURT-MARTIAL AND PROVIDE RELATED DOCUMENTS

**SECTION 4: CRIMINAL CONVICTIONS/PENDING, CURRENT AND PAST LITIGATION AND ARBITRATION**

FOR THE FOLLOWING SECTION:

**YOU ARE REQUIRED TO DISCLOSE ANY AND ALL CRIMINAL CONVICTIONS REGARDLESS OF:**

- 1) THE DATE OF THE CONVICTION, I.E. **IT MUST BE DISCLOSED NO MATTER HOW OLD THE CONVICTION IS;**
- 2) THE DEGREE OF THE CONVICTION, I.E. **IT MUST BE DISCLOSED WHETHER IT WAS A FELONY OR MISDEMEANOR, WHICH INCLUDES TRAFFIC VIOLATIONS** CHARGED AS MISDEMEANORS OR FELONIES, INCLUDING DRIVING UNDER THE INFLUENCE, DRIVING ON A SUSPENDED LICENSE, ETC.;
- 3) THE STATUS OF THE CONVICTION, I.E. **IT MUST BE DISCLOSED REGARDLESS OF WHETHER YOU HAD THE CONVICTION REDUCED, DISMISSED, OR EXPUNGED, OR WHETHER YOU ARE ON OR OFF PROBATION; AND**

**YOU ARE NOT REQUIRED TO DISCLOSE:**

- 1) **INFRACTIONS, I.E. SPEEDING OR PARKING TICKETS. HOWEVER, IT IS YOUR RESPONSIBILITY TO VERIFY THE CIRCUMSTANCES AND STATUS OF ALL CRIMES AND YOU SHOULD ERR ON THE SIDE OF DISCLOSURE AS FAILING TO DISCLOSE A CONVICTION CAN WEIGH AGAINST YOUR APPLICATION BEING APPROVED.**
- 2) **ANY CONVICTION SEALED PURSUANT TO A COURT ORDER. PLEASE NOTE THAT ANY CONVICTIONS REDUCED, EXPUNGED, OR DISMISSED INCLUDING THOSE UNDER PENAL CODE SECTION 1203.4, 1203.4A, OR 1203.45 ARE NOT SEALED AS A MATTER OF COURSE AND **MUST STILL BE DISCLOSED.****

A) HAVE YOU **EVER** BEEN CONVICTED OR PLED GUILTY OR NOLO CONTENDERE (NO CONTEST) TO A MISDEMEANOR OR FELONY?

IF YES, PROVIDE THE FOLLOWING DETAILS FOR EACH CONVICTION.

IF YOU REQUIRE ADDITIONAL SPACE FOR EITHER THE NUMBER OF CONVICTIONS OR TO EXPLAIN THE FACTUAL CIRCUMSTANCES, PLEASE ATTACH ANOTHER PAGE TO THIS FORM.

IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.

YES  NO

1) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY)

ARRESTING AGENCY

COURT LOCATION (CITY, STATE)

IDENTIFY CRIMINAL CONVICTIONS BELOW AND ON A SEPARATE PIECE OF PAPER EXPLAIN THE FACTUAL CIRCUMSTANCES THAT LED TO THE CONVICTION.

2) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY)

ARRESTING AGENCY

COURT LOCATION (CITY, STATE)

IDENTIFY CRIMINAL CONVICTIONS BELOW AND ON A SEPARATE PIECE OF PAPER EXPLAIN THE FACTUAL CIRCUMSTANCES THAT LED TO THE CONVICTION.

B) HAVE YOU EVER BEEN REMOVED FROM OR PROHIBITED FROM ENTERING THE PREMISES OF ANY GAMING OR PARI-MUTUEL WAGERING ESTABLISHMENT?

YES  NO

C) HAVE YOU EVER ENGAGED IN ILLEGAL GAMBLING ACTIVITIES THAT YOU KNEW OR SHOULD HAVE KNOWN WERE ILLEGAL?

YES  NO

D) HAVE YOU EVER BEEN FOUND IN VIOLATION OF ANY CAMPAIGN LAWS?

YES  NO

E) ARE YOU CURRENTLY ON PROBATION?

YES  NO

IF YES TO ANY OF THE ABOVE, PROVIDE DETAILS.

<b>F) HAVE YOU EVER BEEN FOUND IN VIOLATION OF THE U.S. FOREIGN CORRUPT PRACTICES ACT OR EQUIVALENT IN ANOTHER COUNTRY?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

IF YES TO ANY OF THE ABOVE, PROVIDE DETAILS.

<b>G) HAVE YOU, AS AN INDIVIDUAL OR IN CONNECTION WITH ANY BUSINESS ENTITY, BEEN PARTY TO A LAWSUIT OR ARBITRATION WITHIN THE LAST 10 YEARS?</b> A LAWSUIT OR ARBITRATION THAT HAS BEEN SEALED, ALLOWED TO PROCEED ANONYMOUSLY PURSUANT TO A COURT ORDER, OR WHERE THE APPLICANT IS A CLASS MEMBER IN A CLASS ACTION LAWSUIT NEED NOT BE PROVIDED.  IF YES, PROVIDE THE FOLLOWING DETAILS.	<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

1) APPROXIMATE DATE FILED (MM/DD/YYYY)	PARTIES INVOLVED	CASE NUMBER
--	------------------	-------------

COURT LOCATION (CITY, STATE)	DISPOSITION DATE (MM/DD/YYYY)	FINAL DISPOSITION
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BRIEFLY EXPLAIN THE GENERAL SUBJECT OF LITIGATION

2) APPROXIMATE DATE FILED (MM/DD/YYYY)	PARTIES INVOLVED	CASE NUMBER
--	------------------	-------------

COURT LOCATION (CITY, STATE)	DISPOSITION DATE (MM/DD/YYYY)	FINAL DISPOSITION
------------------------------	-------------------------------	-------------------

BRIEFLY EXPLAIN THE GENERAL SUBJECT OF LITIGATION

### SECTION 5: RESIDENCES

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

IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.

1) CURRENT ADDRESS (NUMBER/STREET/APT)					FROM (MM/DD/YYYY)
CITY	STATE	COUNTRY IF OUTSIDE U.S.	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
2) FORMER ADDRESS (NUMBER/STREET/APT)			FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	
CITY	STATE	COUNTRY IF OUTSIDE U.S.	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
3) FORMER ADDRESS (NUMBER/STREET/APT)			FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	
CITY	STATE	COUNTRY IF OUTSIDE U.S.	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
4) FORMER ADDRESS (NUMBER/STREET/APT)			FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	
CITY	STATE	COUNTRY IF OUTSIDE U.S.	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	

### SECTION 6: EXPERIENCE AND EMPLOYMENT

BEGINNING WITH YOUR CURRENT EMPLOYMENT, LIST YOUR WORK HISTORY AND PERIODS OF UNEMPLOYMENT DURING THE PAST 10 YEARS. LIST ALL JOBS, INCLUDING PART-TIME, TEMPORARY, AND SELF-EMPLOYMENT (CONSULTING, INDEPENDENT CONTRACTOR, ETC.). FOR UNEMPLOYED PERIODS, IN THE JOB TITLE/DUTIES SECTION, EXPLAIN HOW YOU SUPPORTED YOURSELF.

IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.

1) CURRENT EMPLOYER					FROM (MM/DD/YYYY)
JOB TITLE/DUTIES		MONTHLY EARNINGS	GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ADDRESS			SUPERVISOR		
CITY	STATE/PROVINCE & COUNTRY	ZIP/POSTAL CODE	TELEPHONE NUMBER	EXT	
Do you have a written employment agreement with your current employer? If Yes, provide a copy. If not submit a copy of your current duty statement/job description.					<input type="checkbox"/> YES <input type="checkbox"/> NO
2) NAME OF PRIOR EMPLOYER			FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	
JOB TITLE/DUTIES		MONTHLY EARNINGS	GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ADDRESS			SUPERVISOR		
CITY	STATE/PROVINCE & COUNTRY	ZIP/POSTAL CODE	TELEPHONE NUMBER	EXT	
REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES.					

3) <del>NAME OF PRIOR EMPLOYER</del> <b>CURRENT EMPLOYER</b>			FROM (MM/DD/YYYY)	<u>TO (MM/DD/YYYY)</u>	
JOB TITLE/DUTIES		MONTHLY EARNINGS	GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ADDRESS			SUPERVISOR		
CITY	STATE/PROVINCE & COUNTRY	ZIP/POSTAL CODE	TELEPHONE NUMBER	EXT	
REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES.					

4) NAME OF PRIOR EMPLOYER			FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	
JOB TITLE/DUTIES		MONTHLY EARNINGS	GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ADDRESS			SUPERVISOR		
CITY	STATE/PROVINCE & COUNTRY	ZIP/POSTAL CODE	TELEPHONE NUMBER	EXT	
REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES.					

**SECTION 7: LICENSING INFORMATION**

A) HAVE YOU EVER APPLIED FOR OR BEEN ISSUED A LICENSE, PERMIT, CERTIFICATE, REGISTRATION, OR FINDING OF SUITABILITY <b>RELATED TO GAMING</b> IN ANY JURISDICTION? IF YES, LIST BELOW ANY LICENSING OR REGULATORY AGENCY (TRIBAL, STATE, LOCAL, OR INTERNATIONAL), INCLUDING THE CALIFORNIA GAMBLING CONTROL COMMISSION, TO WHICH YOU HAVE APPLIED (INCLUDE ANY APPLICATIONS THAT WERE APPROVED, SURRENDERED, WITHDRAWN, DENIED, AND/OR ARE PENDING).  IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.		<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--	--

1) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER	TYPE OF APPLICATION	ISSUING AGENCY
DATE HELD FROM (MM/DD/YYYY)	DATE HELD TO (MM/DD/YYYY)	
CITY, COUNTY, STATE/PROVINCE, COUNTRY	ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, BRIEFLY EXPLAIN THE CIRCUMSTANCES.		

2) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER	TYPE OF APPLICATION	ISSUING AGENCY
DATE HELD FROM (MM/DD/YYYY)	DATE HELD TO (MM/DD/YYYY)	
CITY, COUNTY, STATE/PROVINCE, COUNTRY	ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, BRIEFLY EXPLAIN THE CIRCUMSTANCES.		

<b>B) HAVE YOU EVER BEEN DISCIPLINED, FINED, ETC. BY A GAMING REGULATORY AGENCY (LOCAL, STATE, TRIBAL, OR INTERNATIONAL)?</b> IF YES, PROVIDE THE FOLLOWING DETAILS.  IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.			<input type="checkbox"/> Yes <input type="checkbox"/> No
ISSUING AGENCY	DATE OF FINAL ACTION (MM/DD/YYYY)	ACTION TAKEN (SUSPENDED, REVOKED, ETC.)	CITY, COUNTY, STATE/PROVINCE, COUNTRY
BRIEFLY EXPLAIN THE CIRCUMSTANCES AND INCLUDE ANY AMOUNTS PAID.			
<b>C) HAVE YOU EVER HELD OR APPLIED FOR A VOCATIONAL, PROFESSIONAL, OR OCCUPATIONAL LICENSE, PERMIT, CERTIFICATE, OR FINDING OF SUITABILITY <u>NOT</u> RELATED TO GAMING? HAVE YOU EVER HAD <u>ANY</u> OTHER LICENSE PERMIT, CERTIFICATION, OR FINDING OF SUITABILITY <u>NOT</u> RELATED TO GAMING DENIED, SUSPENDED, OR REVOKED?</b> IF YES, PROVIDE THE FOLLOWING DETAILS.  IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.			<input type="checkbox"/> Yes <input type="checkbox"/> No
1) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER	TYPE OF APPLICATION	ISSUING AGENCY	
DATE HELD FROM (MM/DD/YYYY)	DATE HELD TO (MM/DD/YYYY)		
CITY, COUNTY, STATE/PROVINCE, COUNTRY	ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)		
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, BRIEFLY EXPLAIN THE CIRCUMSTANCES.			
2) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER	TYPE OF APPLICATION	ISSUING AGENCY	
DATE HELD FROM (MM/DD/YYYY)	DATE HELD TO (MM/DD/YYYY)		
CITY, COUNTY, STATE/PROVINCE, COUNTRY	ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)		
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, BRIEFLY EXPLAIN THE CIRCUMSTANCES.			
3) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER	TYPE OF APPLICATION	ISSUING AGENCY	
DATE HELD FROM (MM/DD/YYYY)	DATE HELD TO (MM/DD/YYYY)		
CITY, COUNTY, STATE/PROVINCE, COUNTRY	ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)		
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, BRIEFLY EXPLAIN THE CIRCUMSTANCES.			

**SECTION 8: BUSINESS INTEREST – GAMING RELATED**

A) WILL YOU HAVE ANY INVOLVEMENT IN THE OPERATION OF THE CARDROOM BUSINESS LICENSE OR TPPPS BUSINESS LICENSE IDENTIFIED ON PAGE ONE?

IF YES, EXPLAIN BELOW.

YES  NO

IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.

B) HAS YOUR INTEREST IN THE GAMBLING ENTERPRISE/BUSINESS ENTITY BEEN ASSIGNED, 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 WHOLE OR IN PART?

IF YES, EXPLAIN BELOW.

YES  NO

C) OTHER THAN THE CARDROOM BUSINESS LICENSE(S) OR TPPPS BUSINESS LICENSE(S) IDENTIFIED ON PAGE ~~TWO~~ONE, HAVE YOU BEEN A MEMBER, SHAREHOLDER, OFFICER, DIRECTOR, MANAGER, PARTNER, OR SERVED IN ANY SIMILAR CAPACITY, OR HELD A FINANCIAL INTEREST IN ANY GAMING RELATED VENTURE OR BUSINESS ENTITY WITHIN THE LAST 10 YEARS?

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

YES  NO

IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.

1) NAME OF BUSINESS ENTITY	BUSINESS TELEPHONE NUMBER	INVOLVED FROM (MM/DD/YYYY)	INVOLVED TO (MM/DD/YYYY)
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BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)	PRIMARY PURPOSE OF BUSINESS
---	-----------------------------

YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED
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2) NAME OF BUSINESS ENTITY	BUSINESS TELEPHONE NUMBER	INVOLVED FROM (MM/DD/YYYY)	INVOLVED TO (MM/DD/YYYY)
----------------------------	---------------------------	----------------------------	--------------------------

BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)	PRIMARY PURPOSE OF BUSINESS
---	-----------------------------

YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED
---------------------	---

3) NAME OF BUSINESS ENTITY	BUSINESS TELEPHONE NUMBER	INVOLVED FROM (MM/DD/YYYY)	INVOLVED TO (MM/DD/YYYY)
----------------------------	---------------------------	----------------------------	--------------------------

BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)	PRIMARY PURPOSE OF BUSINESS
---	-----------------------------

YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED
---------------------	---

4) NAME OF BUSINESS ENTITY	BUSINESS TELEPHONE NUMBER	INVOLVED FROM (MM/DD/YYYY)	INVOLVED TO (MM/DD/YYYY)
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BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)	PRIMARY PURPOSE OF BUSINESS
---	-----------------------------

YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED
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**SECTION 9: BUSINESS INTEREST – NON-GAMING RELATED**

HAVE YOU BEEN A MEMBER, SHAREHOLDER, OFFICER, DIRECTOR, MANAGER, PARTNER, OR SERVED IN ANY SIMILAR CAPACITY, OR HELD A FINANCIAL INTEREST IN ANY NON-GAMING RELATED BUSINESS ENTITY WITHIN THE LAST 10 YEARS?  
 IF YES, PROVIDE THE FOLLOWING DETAILS. IF NECESSARY, ATTACH A SEPARATE SHEET OF PAPER.

YES  NO

IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.

1) NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY) TO (MM/DD/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS	
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED		
2) NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY) TO (MM/DD/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS	
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED		
3) NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY) TO (MM/DD/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS	
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED		
4) NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY) TO (MM/DD/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS	
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED		
5) NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY) TO (MM/DD/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS	
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED		
6) NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY) TO (MM/DD/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS	
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED		
7) NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED WITH FROM (MM/DD/YYYY) TO (MM/DD/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS	
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED		

**SECTION 10: PERSONAL FINANCIAL HISTORY**

**A) HAVE YOU FILED FOR BANKRUPTCY WITHIN THE LAST 10 YEARS?**

If YES, PROVIDE A COPY OF THE BANKRUPTCY PETITION/ORDER AND THE FOLLOWING DETAILS.

If THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.

YES  NO

DATE FILED (MM/DD/YYYY)

CASE NUMBER (IF KNOWN)

DATE OF DISCHARGE (MM/DD/YYYY)

FEDERAL DISTRICT COURT WHERE FILED

AMOUNT OF DISCHARGE, IF APPLICABLE

BRIEFLY EXPLAIN THE CIRCUMSTANCES THAT LED TO THE BANKRUPTCY FILING, INCLUDING THE NATURE OF THE DEBT.

**B) HAVE YOU HAD ANY JUDGMENT OR LIEN FILED AGAINST YOU OR HAD YOUR WAGES GARNISHED WITHIN THE LAST 10 YEARS?**

If YES, PROVIDE THE FOLLOWING DETAILS.

If THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.

YES  NO

JUDGMENT  
 LIEN

DATE FILED (MM/DD/YYYY)

NAME OF PERSON/ENTITY THAT FILED THE JUDGMENT OR LIEN

EXPLAIN THE REASON FOR THE JUDGMENT/LIEN. IF SATISFIED, PROVIDE A COPY OF THE RELEASE. IF JUDGMENT/LIEN IS NOT SATISFIED, AND YOU ARE MAKING PAYMENTS, ATTACH A COPY OF THE PAYMENT PLAN/AGREEMENT PROVIDED BY THE COURT OR CREDITOR. IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YOU PLAN TO SATISFY THE JUDGMENT/LIEN.

NAME OF PERSON ENTITY JUDGMENT OR LIEN WAS FILED AGAINST

JUDGMENT  
 LIEN

DATE FILED (MM/DD/YYYY)

NAME OF PERSON/ENTITY THAT FILED THE JUDGMENT OR LIEN

EXPLAIN THE REASON FOR THE JUDGMENT/LIEN. IF SATISFIED, PROVIDE A COPY OF THE RELEASE. IF JUDGMENT/LIEN IS NOT SATISFIED, AND YOU ARE MAKING PAYMENTS, ATTACH A COPY OF THE PAYMENT PLAN/AGREEMENT PROVIDED BY THE COURT OR CREDITOR. IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YOU PLAN TO SATISFY THE JUDGMENT/LIEN.

NAME OF PERSON ENTITY JUDGMENT OR LIEN WAS FILED AGAINST

**C) HAVE YOU BEEN AUDITED BY ANY TAX AUTHORITY WITHIN THE LAST 10 YEARS?**

If YES, PROVIDE THE FOLLOWING DETAILS.

If THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.

YES  NO

AGENCY (STATE/FEDERAL/FOREIGN)

DATE AUDIT COMMENCED (MM/DD/YYYY)

TAX YEAR AUDITED (MM/DD/YYYY)

EXPLAIN FINDINGS

<b>D) HAVE YOU HAD ANY ASSETS REPOSSESSED OR HAD AN UNPAID DEBT/LOAN TURNED OVER TO A COLLECTION AGENCY OR DEEMED UNCOLLECTIBLE (CHARGE-OFF) FOR ANY REASON WITHIN THE LAST 10 YEARS?</b> IF YES, PROVIDE THE FOLLOWING DETAILS. DO NOT INCLUDE ANY INFORMATION PROVIDED BELOW IN PART E.  IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.			<input type="checkbox"/> YES <input type="checkbox"/> NO
1) NAME OF CREDITOR	ACTION TAKEN (REPOSSESSION, COLLECTION, CHARGE-OFF)	DATE OF ACTION (MM/DD/YYYY)	
EXPLAIN THE REASON FOR THIS ACTION. ATTACH A COPY OF THE PAYMENT PLAN OR OTHER DOCUMENT SHOWING HOW THE DEBT WILL BE SATISFIED. IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YOU PLAN TO REPAY THE DEBT(S).			
2) NAME OF CREDITOR	ACTION TAKEN (REPOSSESSION, COLLECTION, CHARGE-OFF)	DATE OF ACTION (MM/DD/YYYY)	
EXPLAIN THE REASON FOR THIS ACTION. ATTACH A COPY OF THE PAYMENT PLAN OR OTHER DOCUMENT SHOWING HOW THE DEBT WILL BE SATISFIED. IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YOU PLAN TO REPAY THE DEBT(S).			
3) NAME OF CREDITOR	ACTION TAKEN (REPOSSESSION, COLLECTION, CHARGE-OFF)	DATE OF ACTION (MM/DD/YYYY)	
EXPLAIN THE REASON FOR THIS ACTION. ATTACH A COPY OF THE PAYMENT PLAN OR OTHER DOCUMENT SHOWING HOW THE DEBT WILL BE SATISFIED. IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YOU PLAN TO REPAY THE DEBT(S).			
<b>E) HAVE YOU BEEN A PARTY TO A FORECLOSURE WITHIN THE LAST 10 YEARS?</b> IF YES, PROVIDE THE FOLLOWING DETAILS.  IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.			<input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS OF FORECLOSED PROPERTY (STREET, CITY, STATE, ZIP CODE)	DATE OF FORECLOSURE (MM/DD/YYYY)	NAME OF LENDER	
EXPLAIN THE CIRCUMSTANCES THAT LEAD TO THE FORECLOSURE			
<b>F) DO YOU OWN, CONTROL, OR MANAGE ANY ASSETS OUTSIDE THE U.S., OR HAVE ANY LIABILITIES OUTSIDE OF THE U.S.?</b> IF YES, PROVIDE THE FOLLOWING DETAILS.  IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.			<input type="checkbox"/> YES <input type="checkbox"/> NO
1) DESCRIPTION OF ASSET/LIABILITY	DATE ACQUIRED (MM/DD/YYYY)	LOCATION (CITY, STATE/PROVINCE, COUNTRY)	
2) DESCRIPTION OF ASSET/LIABILITY	DATE ACQUIRED (MM/DD/YYYY)	LOCATION (CITY, STATE/PROVINCE, COUNTRY)	

<b>G) DO YOU CONTROL, MANAGE, OR HOLD ANY ASSETS OR LIABILITIES FOR ANOTHER INDIVIDUAL OR ENTITY?</b> IF YES, PROVIDE THE FOLLOWING DETAILS.				<input type="checkbox"/> YES <input type="checkbox"/> NO
1) NAME OF PERSON/ENTITY	RELATIONSHIP	PURPOSE	DESCRIBE ASSET/LIABILITY	
2) NAME OF PERSON/ENTITY	RELATIONSHIP	PURPOSE	DESCRIBE ASSET/LIABILITY	
<b>H) IS YOUR INTEREST IN THIS OWNER CATEGORY LICENSEE HELD BY A TRUST (ESTATE PLANNING OR OTHER)?</b> IF YES, YOU MUST ALSO COMPLETE AND SUBMIT A TRUST: SUPPLEMENTAL INFORMATION, CGCC-CH2-09 AND THE APPROPRIATE APPLICATION.				<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF TRUST				
<b>I) DO YOU HAVE ANY AGREEMENTS OR CONTRACTS WITH ANY PARTY, OTHER THAN THE BUREAU-APPROVED TPPPS CONTRACT?</b> IF YES, PROVIDE THE FOLLOWING DETAILS.				<input type="checkbox"/> YES <input type="checkbox"/> NO
1) NAMES OF THE PARTIES TO THE AGREEMENT/CONTRACT		NAMES OF THE OWNERS AND EXECUTIVES OF THE OTHER PARTY		
TYPE OF AGREEMENT	AMOUNT PAID	FREQUENCY OF THE PAYMENT		
TERMS OF THE AGREEMENT				
2) NAMES OF THE PARTIES TO THE AGREEMENT/CONTRACT		NAMES OF THE OWNERS AND EXECUTIVES OF THE OTHER PARTY		
TYPE OF AGREEMENT	AMOUNT PAID	FREQUENCY OF THE PAYMENT		
TERMS OF THE AGREEMENT				
3) NAMES OF THE PARTIES TO THE AGREEMENT/CONTRACT		NAMES OF THE OWNERS AND EXECUTIVES OF THE OTHER PARTY		
TYPE OF AGREEMENT	AMOUNT PAID	FREQUENCY OF THE PAYMENT		
TERMS OF THE AGREEMENT				
3) NAMES OF THE PARTIES TO THE AGREEMENT/CONTRACT		NAMES OF THE OWNERS AND EXECUTIVES OF THE OTHER PARTY		
TYPE OF AGREEMENT	AMOUNT PAID	FREQUENCY OF THE PAYMENT		
TERMS OF THE AGREEMENT				
<b>J) HAVE YOU GIVEN OR RECEIVED ANY GIFT(S), WHETHER TANGIBLE OR INTANGIBLE WHICH EITHER INDIVIDUALLY OR IN THE AGGREGATE EXCEEDED \$10,000 IN VALUE IN ANY ONE-YEAR PERIOD WITHIN THE LAST THREE YEARS?</b> IF YES, PROVIDE THE FOLLOWING DETAILS.				<input type="checkbox"/> YES <input type="checkbox"/> NO
1) NAMES OF THE PARTIES GIVING OR RECEIVING GIFT		TOTAL AMOUNT OF GIFT	GIVEN OR RECEIVED	
2) NAMES OF THE PARTIES GIVING OR RECEIVING GIFT		TOTAL AMOUNT OF GIFT	GIVEN OR RECEIVED	
<b>K) HAVE YOU EXCHANGED CURRENCY IN AN AMOUNT OF MORE THAN \$10,000 WITHIN THE LAST THREE YEARS?</b>				<input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION 11: ADDITIONAL REQUIRED ITEMS**

THE FOLLOWING ITEMS **MUST** BE SUBMITTED, AS APPLICABLE, WITH THIS COMPLETED FORM. PROVIDE COPIES OF DOCUMENTS UNLESS OTHERWISE STATED. ONLY DOCUMENTS THAT ARE DATED AND SIGNED, IF APPLICABLE, BY THE APPLICANT WILL BE ACCEPTED. FAILURE TO PROVIDE REQUIRED ITEMS MAY RESULT IN DENIAL OF YOUR APPLICATION. PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 19868, SUBDIVISION (A), THE APPLICATION PACKAGE WILL NOT BE DEEMED COMPLETE UNTIL ALL REQUIRED FORMS, DOCUMENTATION, AND FEES HAVE BEEN COMPLETED AND RECEIVED BY THE STATE.

MARK THE BOX NEXT TO EACH ATTACHED ITEM.

- BACKGROUND INVESTIGATION DEPOSIT REQUIRED IN TITLE 11, CAL. CODE REGS., SECTION 2037
- APPOINTMENT OF DESIGNATED AGENT, CGCC-CH1-04 – **PROVIDE ORIGINAL**
- MILITARY FORM, DD-214 (A COMPLETE "UNDELETED" COPY), OR EQUIVALENT, IF APPLICABLE
- ALL ACTIVE BADGES, PERMITS, ETC. ISSUED BY A CALIFORNIA CITY OR COUNTY (FRONT AND BACK COPY)
- MANAGEMENT COMPANY/CONSULTANT AGREEMENT RELATING TO THE GAMING RELATED BUSINESS, IF APPLICABLE
- REQUEST FOR COPY OF PERSONAL INCOME OR FIDUCIARY TAX RETURN, FTB 3516 C1 PAGE 1
- FEDERAL AND STATE INDIVIDUAL AND BUSINESS TAX RETURNS. INCLUDE ALL SCHEDULES AND ATTACHMENTS FOR THE LAST THREE YEARS
- CURRENT BALANCE SHEET AND INCOME STATEMENT FOR YOURSELF AND ALL OF YOUR BUSINESSES FOR THE MOST RECENT CALENDAR YEAR
- MONTHLY BANK STATEMENTS FOR ALL PERSONAL AND BUSINESS ACCOUNTS FOR THE LAST 12 MONTHS
- MONTHLY/QUARTERLY INVESTMENT ACCOUNT STATEMENTS FOR ALL PERSONAL AND BUSINESS ACCOUNTS FOR THE LAST 12 MONTHS
- BANKRUPTCY COURT PETITION AND ORDER (IF APPLICABLE)
- SCHEDULES A THROUGH K FROM SUPPLEMENTAL INFORMATION: SCHEDULES, CGCC-CH2-11 – **PROVIDE ORIGINAL**
- IF THE APPLICATION IS FOR A SOLE PROPRIETOR, AS INDICATED ON PAGE TWO, A BUSINESS ENTITY: SUPPLEMENTAL INFORMATION, CGCC-CH2-06, COMPLETING ONLY SECTIONS 5, 7, 8, 9, AND 10.

ADDITIONAL DOCUMENTATION MAY BE REQUIRED BY THE BUREAU OF GAMBLING CONTROL.

Pursuant to Business and Professions Code section 19867, the applicant is responsible for all costs incurred by the Bureau related to the background investigation. At the conclusion of the investigation, the applicant will receive an itemized accounting of all such costs. Monies received in excess of the actual costs incurred will be refunded. A license will not be issued until the required deposits and fees are received.

**SECTION 12: DECLARATION**

I declare under penalty of perjury under the laws of the State of California that the information in this form is true, accurate, and complete, and that this declaration is executed by me at \_\_\_\_\_.

City and State

PRINTED NAME

SIGNATURE

DATE (MM/DD/YYYY)

*This form must be signed by the applicant.*

