

Cardroom Applicant’s Spouse Supplemental Information for State Gambling License

DGC-APP. 009A (Rev. 09/03)



DEPARTMENT OF JUSTICE
DIVISION OF GAMBLING CONTROL

(916) 263-3408

(916) 263-3403 facsimile

CARDROOM APPLICANT’S SPOUSE SUPPLEMENTAL INFORMATION FOR A STATE GAMBLING LICENSE

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) 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 A STATE GAMBLING LICENSE, A \$500 NON-REFUNDABLE APPLICATION FEE, AND 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 PROFESSION CODE SECTION 19867 TO: California Gambling Control Commission, P.O. Box 526013, Sacramento, CA 95852-6013.

PART I - PERSONAL HISTORY INFORMATION

Part I must be completed by all applicants.

A. PERSONAL

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 State Zip

6. Business Address: Street City State Zip

7. Occupation:

8. Telephone: Residence: () Business: ()

9. Social Security Number*:

*Applicants are required to provide their social security number. This requirement is authorized by Business and Professions Code sections 19841 (a)(2), 19864(b)(6), and 19865. This information is used to obtain records relevant to the background investigation.

10. Driver License/Identification Card No./State Issued: _____

11. Eye Color: _____ Hair Color: _____ Weight: _____ Height: _____

12. Distinguishing marks (scars, tattoos, etc.). Describe and indicate location: _____

13. Gender: Male Female

AFFIX A
PASSPORT QUALITY
PHOTOGRAPH
TAKEN WITHIN THE
LAST 30 DAYS
HERE

Date of Photograph: _____

B. CITIZENSHIP (provide a 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.: _____
and Alien No.: _____

Date Naturalized: _____

C. MARITAL

1. Current Spouse Information:

Full Name: _____
Last First Middle Maiden

Date of Birth: _____ Place of Birth: _____

Date of Marriage: _____

2. Former Marriage(s):

Name of Former Spouse(s) (Last, First, Middle, Maiden)	Dates of Marriage (From-To)	Telephone Number

3. Co-habitants and Roommates

Provide the following information for any adults, not disclosed in question C1, with whom you reside.

Name (Last, First, Middle, Maiden)	Date of Birth	Employer/Occupation	Employer Address & Telephone	Relationship

D. MILITARY (include copy of DD214)

1. Have you **ever** served in any armed forces: Yes No

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: _____

E. CONVICTION, LITIGATION, AND ARBITRATION

1. Have you **ever** been convicted of a 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

2. Have you **ever** engaged in any act involving dishonesty or moral turpitude charged or chargeable as a criminal offense?
 Yes No

3. 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

4. Have you **ever** engaged in bookmaking or other illegal gambling activities? Yes No

5. Have you **ever** been charged with a violation of any campaign law(s)? Yes No

6. Are you currently on probation? Yes No

If your answer to E1-6 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 E1-6?
 Yes No

If yes, provide complete details: _____

7. Have you **ever** received a pardon for any criminal offense? Yes No

If yes, provide complete details: _____

8. Have you **ever** had a civil or criminal record expunged or sealed by a court order? Yes No

If yes, provide complete details: _____

9. 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: _____

10. 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 E10 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:				

F. LICENSING

1. Have you **ever** applied with a local government agency for a permit, badge, or license to own, operate, or work in a gambling establishment? Yes No

If your answer to F1 was yes, provide the following details:				
Government Agency	Type of Application	Permit/Badge/License Number	Approved/Denied	Dates Held or Reasons for Denial

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 F2 was yes, provide the following details:			
Name & Location of Business	Type of Venture	Dates of Involvement	Names of All Partners

3. Have you **ever** had a gambling registration, license, or related finding of suitability granted, denied, or revoked, 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 F3 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: _____

4. 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 F4 was yes, provide the following details:		
Gambling Establishment Name & Address	Licensing Agency	Date & Reason(s) for Withdrawal

5. Do you have any relatives who are or have been associated with, employed in, or plan to be employed in the gambling industry? Yes No

If your answer to F5 was yes, provide the following details:			
Name	Job Title	Date	Name of Gambling Establishment

6. 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:

- | | | | |
|-----------------------------|-----------------|----------------------|-------------------|
| 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 |

Yes No

If your answer to F6 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), and/or certificate(s)? Yes No

If your answer to F7 was yes, provide details here.				
Licensing Agency	License Number	Date of Action	Nature of Action (e.g., revocation, denial)	Disposition (e.g., revoked, fined, probation)

PART II - PARTNERSHIP/CORPORATION INFORMATION

Part II must be completed if the information varies from that submitted in the partnership or corporate supplemental information. Check appropriate box below.

Information is the same as that submitted by, or on behalf of, the partnership or corporation in a "Cardroom Applicant Supplemental Information for State Gambling License" form (DGC-APP. 015A [Rev. 09/03]), Part III.

Yes No (If Yes, go to Part III. If No, complete Part II.)

A. Name of Partnership/Corporation: _____

Mailing Address: _____
Street
City
State
Zip

Telephone Number: (_____) _____

List all individuals with an ownership interest in the partnership or corporation.

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

B. Has this business entity been party to a lawsuit or arbitration within the last 10 years? Yes No

If your answer to B was yes, provide details here:				
Name(s) of Plaintiff(s) & Defendant(s) Name(s) of Claimant(s) & Respondent(s)	Date Filed	State or Federal Case Number	City, County & State	Disposition/Date
Brief Explanation of Issues:				
Brief Explanation of Issues:				
Brief Explanation of Issues:				

C. Has any interest in this business entity been assigned or pledged or hypothecated to any person, firm, or corporation, or has any agreement been entered into whereby any interest is to be assigned, pledged, or sold either in part or in whole? Yes No

If yes, provide complete details: _____

D. Has this business entity ever filed bankruptcy? 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. Provide copies of the bankruptcy petition listing all creditors and the order discharging debts.

E. Have any individuals or governmental agencies filed liens against this business entity? Yes No

If yes, provide complete details: _____

F. Has this business entity 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: _____

G. Does this business entity control or manage any assets or liabilities for another person or entity? Yes No

If yes, provide complete details: _____

H. Does this business entity hold in trust any assets for another person or entity? Yes No

If yes, provide complete details: _____

I. Has this business entity's state or federal income tax return **ever** been audited or adjusted? Yes No

If yes, provide complete details: _____

J. Business entity's last federal income tax return was filed on, _____ for tax year 20 _____
Month/Year

at _____
City State

K. Business entity's last state income tax return was filed on _____ for tax year 20 _____
Month/Year

at _____
City State

L. GROSS ANNUAL INCOME

Source: _____ Annual Amount \$ _____

Source: _____ Annual Amount \$ _____

Source: _____ Annual Amount \$ _____

TOTAL GROSS ANNUAL INCOME \$ _____

M. STATEMENT OF ASSETS

From the following schedule of assets, list the total value of all assets, both tangible and intangible, as of the date of this application. All assets must be listed and described fully on the corresponding schedule. If applicable, the business entity’s investment in the gambling establishment should be reflected on one of the schedules listed below.

	Current Market Value
ASSETS:	
Cash (Total from Schedule II “A”)	\$ _____
Accounts and Notes Receivable (Total from Schedule II “B”)	\$ _____
Stocks and Bonds (Total from Schedule II “C”)	\$ _____
Business Investments (Total from Schedule II “D”)	\$ _____
Real Estate (Total from Schedule II “E”)	\$ _____
Other Assets (Total from Schedule II “F”)	\$ _____
TOTAL ASSETS	\$ _____

N. STATEMENT OF LIABILITIES

From the following schedules of liabilities, list the total of all liabilities, as of the date of this application. All liabilities must be listed and described fully on the corresponding schedule. If applicable, any debt incurred to finance the business entity’s investment in the gambling establishment should be reflected on one of the schedules listed below.

	Present Balance
LIABILITIES:	
Accounts Payable (Total from Schedule II “G”)	\$ _____
Taxes Payable (Total from Schedule II “H”)	\$ _____
Notes Payable (Total from Schedule II “I”)	\$ _____
Mortgages Payable (Total from Schedule II “J”)	\$ _____
Contingent and Other Liabilities (Total from Schedule II “K”)	\$ _____
TOTAL LIABILITIES	\$ _____

STATEMENT OF ASSETS

SCHEDULE II "B"
Accounts and Notes Receivable

List all accounts and notes receivable held by the business entity.

Name & Address of Debtor	Date Acquired	Maturity Date	Collateral	Interest Rate	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Original Amount	Unpaid Balance
TOTAL \$							

STATEMENT OF ASSETS

**SCHEDULE II "C"
Stocks and Bonds**

List all stocks and bonds held or controlled by the business entity. Whenever interest exists through a mutual fund or holding company, the stocks held by such mutual fund or holding company need not be listed. Whenever such interest exists through a beneficial interest in a trust, the stocks and bonds held in such trust must be listed.

Issuer	Account Number	Type	No. of Shares or Units	Name(s) in Which Held	Current Market Value
TOTAL \$					

STATEMENT OF ASSETS

**SCHEDULE II "D"
Business Investments**

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

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

STATEMENT OF ASSETS

SCHEDULE II "E"
Real Estate

List any real property in which the business entity holds any direct, indirect, vested, or contingent interest.

Address/Location/Parcel Number	Type (Residential/Commercial)	Percentage of Ownership	Date of Purchase	Income	Purchase Price	Current Market Value
TOTAL \$						

STATEMENT OF ASSETS

SCHEDULE II 'F'
Other Assets

List all other assets the business entity holds (e.g., automobiles, jewelry, artwork, etc.).

Type of Asset	Other Information (e.g., Year/Make/Model)	Date of Purchase	Purchase Price	Current Market Value
TOTAL \$				

STATEMENT OF LIABILITIES

SCHEDULE II "G"
Accounts Payable
(Revolving Accounts/Credit Cards)

List all open accounts payable for which the business entity is obligated, even those with a zero balance.

Name & Address of Creditor	Account Number	Credit Limit	Monthly Payment	Unpaid Balance
TOTAL \$				

STATEMENT OF LIABILITIES

**SCHEDULE II "H"
Taxes Payable**

List all unpaid taxes for which the business entity is obligated.

Name of Creditor (e.g., Franchise Tax Board/Internal Revenue Service/Board of Equalization, etc.)	Date Incurred	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Original Amount	Unpaid Balance
			TOTAL \$	

STATEMENT OF LIABILITIES

**SCHEDULE II "F"
Notes Payable**

List all notes payable for which the business entity is obligated.

Name & Address of Creditor	Date Incurred	Collateral	Maturity Date	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Original Note Amount	Unpaid Balance
TOTAL \$						

STATEMENT OF LIABILITIES

**SCHEDULE II "J"
Mortgages Payable**

List all mortgages or liens on real estate for which the business entity is obligated.

Name & Address of Creditor Account Number	Address & Parcel Number of Real Estate	Date Incurred	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Original Loan Amount	Unpaid Balance
				TOTAL \$	

STATEMENT OF LIABILITIES

**SCHEDULE II "K"
Contingent and Other Liabilities**

List any other indebtedness or contingent liability for which the business entity is obligated (e.g., co-signer on a loan, pending litigation, etc.).

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

PART III - GAMBLING ESTABLISHMENT INFORMATION

Part III must be completed by the applicant if the information varies from that submitted in the sole proprietor, partnership, or corporate supplemental information. Check appropriate box below.

Information is the same as that submitted by, or on behalf of, the sole proprietor, partnership, or corporation in a "Cardroom Applicant Supplemental Information for a State Gambling License" form (DGC-APP. 015A [Rev. 09-03], Part III.)

Yes No (If Yes, go to Page 36. If No, complete Part III.)

A. Operational Hours: 24 Hours/365 Days, or:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time							
Closing Time							

B. Business Office Hours: Same as Operational Hours, or:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time							
Closing Time							

C. Proposed Number of Tables to Be Operated in the Gambling Establishment: _____

D. Name(s) of Proposed Game(s):

E. List all individuals with a financial interest in the gambling establishment. Each of the persons named are required to submit a separate application.

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

F. List all other individuals, not listed in question E above, with a financial interest in the gambling establishment, including, but not limited to, percentage lease landlords and percentage game inventors.

Name	Nature of Interest

G. Rent/Lease Information:

1. Property Owner: _____
2. Address: _____
3. Telephone Number: (____) _____
4. Monthly Rent/Lease Payment: \$ _____
5. Is any portion of the rent/lease payment based on gambling establishment revenues? Yes No

H. GROSS ANNUAL INCOME

Source: _____	Annual Amount	\$ _____
Source: _____	Annual Amount	\$ _____
Source: _____	Annual Amount	\$ _____
TOTAL GROSS ANNUAL INCOME		\$ _____

I. STATEMENT OF ASSETS

From the following schedule of assets, list the total value of all assets, both tangible and intangible, as of the date of this application. All assets must be listed and described fully on the corresponding schedule. If applicable, the total invested in the gambling establishment should be reflected on one of the schedules listed below.

ASSETS:	Current Market Value
Cash (Total from Schedule III "A")	\$ _____
Accounts and Notes Receivable (Total from Schedule III "B")	\$ _____
Stocks and Bonds (Total from Schedule III "C")	\$ _____
Business Investments (Total from Schedule III "D")	\$ _____
Real Estate (Total from Schedule III "E")	\$ _____
Other Assets (Total from Schedule III "F")	\$ _____
TOTAL ASSETS	\$ _____

J. STATEMENT OF LIABILITIES

From the following schedule of liabilities, list the total of all liabilities, as of the date of this application. All liabilities must be listed and described fully on the corresponding schedule. 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:	Present Balance
Accounts Payable (Total from Schedule III "G")	\$ _____
Taxes Payable (Total from Schedule III "H")	\$ _____
Notes Payable (Total from Schedule III "I")	\$ _____
Mortgages Payable (Total from Schedule III "J")	\$ _____
Contingent and Other Liabilities (Total from Schedule III "K")	\$ _____
TOTAL LIABILITIES	\$ _____

STATEMENT OF ASSETS

SCHEDULE III “A”
Cash

List all cash the gambling establishment has and where it is located, e.g. bank accounts (foreign and domestic), safe deposit boxes, and office safes, etc.

Location of Cash (e.g., Name & Address of Bank)	Names of Persons Who Have Signature Authority on Account	Account No.	Date Opened	Type of Account	Balance

TOTAL \$

STATEMENT OF ASSETS

SCHEDULE III "B"
Accounts and Notes Receivable

List all accounts and notes receivable held by the gambling establishment.

Name & Address of Debtor	Date Acquired	Maturity Date	Collateral	Interest Rate	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Original Amount	Unpaid Balance
TOTAL \$							

STATEMENT OF ASSETS

**SCHEDULE III "C"
Stocks and Bonds**

List all stocks and bonds held or controlled by the gambling establishment. Whenever interest exists through a mutual fund or holding company, the stocks held by such mutual fund or holding company need not be listed. Whenever such interest exists through a beneficial interest in a trust, the stocks and bonds held in such trust must be listed.

Issuer	Account Number	Type	No. of Shares or Units	Name(s) in Which Held	Current Market Value
TOTAL \$					

STATEMENT OF ASSETS

**SCHEDULE III "D"
Business Investments**

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

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

STATEMENT OF ASSETS

**SCHEDULE III "E"
Real Estate**

List any real property in which the gambling establishment holds any direct, indirect, vested, or contingent interest.

Address/Location/Parcel Number	Type (Residential/Commercial)	Percentage of Ownership	Date of Purchase	Income	Purchase Price	Current Market Value
TOTAL \$						

STATEMENT OF ASSETS

**SCHEDULE III "F"
Other Assets**

List all other assets the gambling establishment holds (e.g., automobiles, jewelry, artwork, etc.).

Type of Asset	Other Information (e.g., Year/Make/Model)	Date of Purchase	Purchase Price	Current Market Value
			TOTAL \$	

STATEMENT OF LIABILITIES

SCHEDULE III "G"
Accounts Payable
(Revolving Accounts/Credit Cards)

List all open accounts payable for which the gambling establishment is obligated, even those with a zero balance.

Name & Address of Creditor	Account Number	Credit Limit	Monthly Payment	Unpaid Balance
TOTAL \$				

STATEMENT OF LIABILITIES

**SCHEDULE III "H"
Taxes Payable**

List all unpaid taxes for which the gambling establishment is obligated.

Name of Creditor (e.g., Franchise Tax Board/Internal Revenue Service/Board of Equalization, etc.)	Date Incurred	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Original Amount	Unpaid Balance
			TOTAL \$	

STATEMENT OF LIABILITIES

**SCHEDULE III "T"
Notes Payable**

List all notes payable for which the gambling establishment is obligated.

Name & Address of Creditor	Date Incurred	Collateral	Maturity Date	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Original Note Amount	Unpaid Balance
TOTAL \$						

STATEMENT OF LIABILITIES

**SCHEDULE III "K"
Contingent and Other Liabilities**

List any other indebtedness or contingent liability for which the gambling establishment is obligated (e.g., co-signer on a loan, pending litigation, etc.).

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

DECLARATION

I, _____, declare that I have read the foregoing Spouse Supplemental Information for State Gambling License and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that 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; and, further, that 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 promulgated thereunder and agree to abide thereby.

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 Spouse Application for State Gambling License.

I declare under penalty of perjury under the laws of the State of California, that the forgoing is true, correct, and complete.

Date: _____, 20____

Printed Name

Signature