

**Supplemental Background Information
Gaming Resource Supplier/Financial Source Provider (Vendor), Business**

DGC-APP. 024 (Rev. 10/03)



California Department of Justice
Division of Gambling Control
1425 River Park Drive, Suite 400
Sacramento, CA 95815
(916) 263-3408

**SUPPLEMENTAL BACKGROUND INFORMATION
GAMING RESOURCE SUPPLIER/FINANCIAL SOURCE PROVIDER (VENDOR)**

BUSINESS

Instructions: Type or print legibly in ink an answer to every question. If a question does not apply to you, indicate with "N/A (Not Applicable)." If the space available is insufficient, use a separate sheet and precede each answer with the applicable section and question number. Do not misstate or omit any material fact(s) 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 FINDING OF SUITABILITY GAMING RESOURCE SUPPLIER/FINANCIAL SOURCE PROVIDER (VENDOR), 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 PROFESSIONS CODE SECTION 19867, TO: California Gambling Control Commission, P.O. Box 526013, Sacramento, CA 95852-6013.

1. Name of Applicant (i.e., corporation, partnership, etc.): _____

Business Address: _____

Main Office (if different than above): _____

Business Phone: () _____ Business Fax: () _____

Federal & State Tax ID Number: _____ Or SSN (if Sole Proprietorship): _____

California Seller's Permit - If Applicable: _____

California Franchise Tax Board Customer Service Number - If Applicable: _____

(a) Trade name to be used: _____

(b) If application is to replace a Finding of Suitability obtained under another name at the same location, state former name: _____

(c) Provide general description of this business and its activities: _____

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(d) Type of gaming service to be provided:

Gaming Services (must specify): _____

Management: _____ Financing: _____ Other: _____

Food/Restaurant: _____ Cleaning Supplies/Janitorial: _____ Gaming Supplies: _____

Gaming Devices: Manufacturer: _____ Distributor: _____

Other (please specify): _____

2. Indicate whether applicant is a: Partnership (specify type): _____ Corporation (specify type): _____

Sole Proprietorship: _____ Limited Liability Company: _____ Other (specify type): _____

3. Will the business be investing in or loaning money to a gaming operation? " Yes " No

If YES, amount of loan or other investment: \$ _____

Please describe the source of funds for this loan or investment: _____

4. Describe below any current or previous business relationship(s) with the gaming industry, including ownership interests in those businesses. For each, list name of business, address, nature of business relationship, and dates of relationship.

Name of Business	Address	Nature of Relationship	Dates of Relationship

If more space is needed, attach a separate sheet.

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- 5. Does this business have any current or previous investment, business relationship, or agreement with any Indian Tribe, or an ownership, financial, or management interest, either gaming or non-gaming related, in any Tribal business?
" Yes " No

If YES, list Tribe, location, nature of relationship, and dates.

Tribe	Location	Nature of Relationship	Dates

If more space is needed, attach a separate sheet.

- 6. Does the business have or anticipate an investment, loan, business relationship, or any other role in this or any other gaming operation? " Yes " No

If YES, provide details and describe role. If more space is needed, attach a separate sheet.

- 7. Provide the name, address, and telephone number of three (3) business references who have supplied goods or services to your business within the last five (5) years, plus include one bank reference.

(a) _____
 Name Address City State Zip

Telephone Number: () _____

(b) _____
 Name Address City State Zip

Telephone Number: () _____

(c) _____
 Name Address City State Zip

Telephone Number: () _____

(d) _____
 Bank Name Branch / Location

Telephone Number: () _____

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8. Has this business ever applied to any licensing or regulatory agency for a license, permit, or authorization relating to gaming, whether or not such license, permit, or authorization was granted? " Yes " No

If YES, complete the following for each license, permit, or authorization. If more space is needed, attach a separate sheet.

(a) Agency, Tribe, or State applied to: _____
Action taken: _____ Location: _____
Dates: _____ Type of application: _____
Type of license, if granted: _____ Dates license held: _____
Describe any disciplinary action, suspension, revocation, or denial: _____

(b) Agency, Tribe, or State applied to: _____
Action taken: _____ Location: _____
Dates: _____ Type of application: _____
Type of license, if granted: _____ Dates license held: _____
Describe any disciplinary action, suspension, revocation, or denial: _____

9. Has this business ever withdrawn an application and/or been denied a gambling registration, license, or related finding of suitability in any state? " Yes " No

If YES, provide the following details.

State	Licensing Agency	Date & Reason(s) for Withdrawal and/or Denial

If more space is needed, attach separate sheets.

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10. Complete all applicable sections. (If more space is needed, attach separate sheets):

(a) List all states or countries where incorporated, registered, or qualified to do business; also list or provide the corporation, registration, or license number:

(b) Date qualified or authorized to do business in California: _____

Provide California business registration or license number: _____

(c) Does the corporation have partnerships, parent companies or subsidiaries? " Yes " No

If yes, please describe: _____

(d) Attach a certified copy of the Articles of Incorporation and the most current amendment, if any,

(e) Attach a copy of the most current Statement of Officers.

(f) Attach a true and correct copy of the partnership agreements, any parent companies and subsidiaries if applicable.

(g) Attach a true and correct copy of any other business agreements, if applicable.

(h) Attach a current organization chart.

11. Provide the following information for each owner, partner, officer, director, or stockholder (with more than ten percent of the shares). Attach additional sheets if necessary.

(1) Name: _____ Title: _____

Address: _____ Telephone Number: () _____

Social Security Number: - - Percentage of Ownership in Company: _____

(2) Name: _____ Title: _____

Address: _____ Telephone Number: () _____

Social Security Number: - - Percentage of Ownership in Company: _____

(3) Name: _____ Title: _____

Address: _____ Telephone Number: () _____

Social Security Number: - - Percentage of Ownership in Company: _____

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(4) Name: _____ Title: _____ - _____
 Address: _____ Telephone Number: () _____
 Social Security Number: _____ - _____ - _____ Percentage of Ownership in Company: _____

12. List sources of revenue that are greater than 20 percent of the company's gross income.

13. List any remuneration exceeding \$100,000 annually to persons other than the directors and officers.

14. List any significant customers (i.e. accounting for 10 percent or more of revenues), loss of which would have a significant adverse effect.

15. Has this business, or any of its officers, directors, partners, investors, managers, or principals, ever been a defendant in a civil or criminal action? " Yes " No

If YES, complete the following for each. If more space is needed, attach a separate sheet.

Dates	Court Name/Address	Case Number	Nature of Action	Disposition

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16. Has any interest in this business entity been assigned, 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 hypothecated either in part or in whole? " Yes " No

If YES, provide complete details: _____

17. Has this business entity ever filed bankruptcy? " Yes " No

If YES, identify the Court where the bankruptcy was filed, case number, and date filed; describe the circumstances which resulted in this action. Provide copies of the bankruptcy petition listing all creditors and the order discharging debts.

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

If YES, provide complete details:

19. Has this business entity had any purchase repossessed or debt turned over to collections for any reason within the last 10 years? " Yes " No

If YES, provide complete details:

20. Does this business entity own or control any assets or liabilities located outside the United States? " Yes " No

If YES, provide complete details:

21. Does this business entity control, manage, or hold in trust any assets or liabilities for another person or entity?

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" Yes " No

If YES, provide complete details:

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

If YES, provide complete details:

23. Business entity's last federal income tax return was filed on _____, ,
Date
20_____, for tax year 20_____ at _____
City State

24. Business entity's last state income tax return was filed on _____, ,
Date
20_____, for tax year 20_____ at _____
City State

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25. STATEMENT OF ASSETS

From the following Schedules 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

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

26. 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 should be reflected on one of the schedules listed below.

Liabilities	Present Balance
Accounts Payable (Total From Schedule "G")	
Taxes Payable (Total From Schedule "H")	
Notes Payable (Total From Schedule "I")	
Mortgages Payable (Total From Schedule "J")	
Contingent and Other Liabilities (Total From Schedule "K")	
TOTAL LIABILITIES	\$

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

STATEMENT OF ASSETS

SCHEDULE "A"

Cash

List all cash the business entity 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 "B"
Accounts and Notes Receivable

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

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

STATEMENT OF ASSETS

**SCHEDULE "C"
Stocks and Bonds**

List all stocks and bonds or mutual funds held or controlled by the business entity.

Issuer	Account Number	Type (Note if stocks, bonds, mutual funds, etc.)	No. of Shares or Units	Name(s) in Which Held	Current Market Value
TOTAL \$					

STATEMENT OF ASSETS

SCHEDULE "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 "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 "F"
Other Assets**

List all other assets the business entity holds.

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

STATEMENT OF LIABILITIES

**SCHEDULE "G"
Accounts Payable**

List all accounts payable for the business entity.

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

STATEMENT OF LIABILITIES

**SCHEDULE "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.)	Related Tax Period	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Original Amount	Unpaid Balance
TOTAL \$				

STATEMENT OF LIABILITIES

**SCHEDULE "T"
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 "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 "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 \$	
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STATE OF _____

COUNTY OF _____

I, _____, declare that I have read the foregoing
(Type or Print Full Name)

Application for Finding of Suitability 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.), the Regulations of the Division of Gambling Control (California Code of Regulations, Title 11, Div. 3, Chapter 1.) and the California Tribal-State Gaming Compact 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 Application for Finding of Suitability.

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

Executed this ____ day of _____, 20____, at _____
City State

Applicant Signature