

**Cardroom Applicant Supplemental Information for State Gambling License**

DGC-APP. 015A (Rev. 09/03)



DEPARTMENT OF JUSTICE  
DIVISION OF GAMBLING CONTROL  
(916) 263-3408  
(916) 263-3403 facsimile

**CARDROOM APPLICANT**  
**SUPPLEMENTAL INFORMATION FOR 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 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 PROFESSIONS 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 sole proprietors, individuals with a partnership or corporate interest, trustees, trustors, or beneficiaries, and "other" 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 County State Zip

6. Business/Employment Address: \_\_\_\_\_  
Street City State Zip

7. Occupation: \_\_\_\_\_

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

9. Social Security Number\*: \_\_\_\_\_

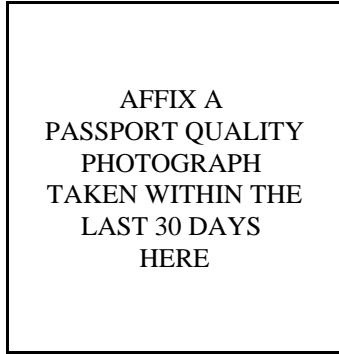
\*Applicants are required to provide their social security number. This requirement is authorized by Business and Professions Code sections 19841 (a)(2), 19864(b)(6), and 19865. This information is used to obtain records relevant to background investigations.

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



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

**B. CITIZENSHIP (provide copy of resident alien card (front and back) or certificate of naturalization)**

Are you a United States citizen? Yes  No

If alien, **Alien** No.: \_\_\_\_\_

If naturalized, Certificate No.: \_\_\_\_\_

Date Naturalized: \_\_\_\_\_

Alien No.: \_\_\_\_\_

**C. MARITAL STATUS**

1. Current Marital Status:

Single  Married  Separated  Divorced  Widowed

2. Current Spouse Information:

Full Name: \_\_\_\_\_  
Last First Middle Maiden

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Residence Address (if different from applicant): \_\_\_\_\_

Telephone: Residence: (\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address of Employer: \_\_\_\_\_  
Street City State Zip

3. Former Marriage(s):

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

D. FAMILY

1. Children and Dependents

Provide the following information for each of your children (including birth, step, adopted, and foster children) and other dependents.

Name (Last, First, Middle, Maiden)	Date of Birth	Residence Address	Relationship	Occupation

2. Co-habitants and Roommates

Provide the following information for any adults, not disclosed in question D1, with whom you reside.

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

3. Parents and Step-Parents

Provide the following information for your parents and step-parents. If retired, list last occupation, or if deceased, provide date of death and list last address and occupation.

Name (Last, First, Middle, Maiden)	Date of Birth/Death	Residence Address	Occupation
Father			
Mother			
Step-Father			
Step-Mother			

4. Brothers and Sisters

Provide the following information for your brothers and sisters. If retired, list last occupation, or if deceased, provide date of death and list last address and occupation.

Name (Last, First, Middle, Maiden)	Date of Birth/Death	Residence Address	Occupation

E. EDUCATION

Name of School	City & State	Dates of Attendance	Degree/Certificate Obtained
High School			
College/University			
Other			

F. 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: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

G. RESIDENCE

Beginning with your current residence, list all residences you have had for the last 10 years.

Month & Year (From-To)	Street	City	State	Zip	Rent/Own (check one)
					Own ____ Rent ____
					Own ____ Rent ____
					Own ____ Rent ____
					Own ____ Rent ____
					Own ____ Rent ____
					Own ____ Rent ____
					Own ____ Rent ____
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					Own ____ Rent ____
					Own ____ Rent ____
					Own ____ Rent ____
					Own ____ Rent ____
					Own ____ Rent ____

H. EMPLOYMENT

Beginning with your current employment, list your work history, including all periods of unemployment for the past 10 years.

Month & Year (From-To)	Name/Mailing Address/Telephone Number of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	Gambling Related? Yes _____ No _____

Month & Year (From-To)	Name/Mailing Address/Telephone Number of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	Gambling Related? Yes _____ No _____

Month & Year (From-To)	Name/Mailing Address/Telephone Number of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	Gambling Related ? Yes _____ No _____

Month & Year (From-To)	Name/Mailing Address/Telephone Number of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	Gambling Related? Yes _____ No _____

Month & Year (From-To)	Name/Mailing Address/Telephone Number of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	Gambling Related? Yes _____ No _____

Month & Year (From-To)	Name/Mailing Address/Telephone Number of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	Gambling Related? Yes _____ No _____

I. BUSINESS INTERESTS

List all businesses, corporations, and partnerships with which you are currently or have been associated as an owner, officer, director, active shareholder, partner, or other related capacity for the past 10 years.

Dates of Involvement (From-To)		Name/Mailing Address/Telephone Number of Business		Name of Corporation/Partnership	
Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned	Gambling Related? Yes _____ No _____	

Dates of Involvement (From-To)		Name/Mailing Address/Telephone Number of Business		Name of Corporation/Partnership	
Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned	Gambling Related? Yes _____ No _____	

Dates of Involvement (From-To)		Name/Mailing Address/Telephone Number of Business		Name of Corporation/Partnership	
Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned	Gambling Related? Yes _____ No _____	

Dates of Involvement (From-To)		Name/Mailing Address/Telephone Number of Business		Name of Corporation/Partnership	
Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned	Gambling Related? Yes _____ No _____	

Dates of Involvement (From-To)		Name/Mailing Address/Telephone Number of Business		Name of Corporation/Partnership	
Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned	Gambling Related? Yes _____ No _____	

Dates of Involvement (From-To)		Name/Mailing Address/Telephone Number of Business		Name of Corporation/Partnership	
Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned	Gambling Related? Yes _____ No _____	

J. 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

If your answer to J1-4 was yes, provide the following details.				
Date	Arresting Agency City & State	Original Charge	Final Charge (if amended or reduced)	Disposition

5. Have you **ever** been found guilty (criminal or administrative) of violating any campaign law(s)? Yes  No
6. Are you currently on probation? Yes  No
7. Has a criminal indictment, information, or complaint ever been returned against you which you have not included in J1-4 above? Yes  No

If yes, provide complete details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Have you received a pardon for any criminal offense? Yes  No
- If yes, provide complete details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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

If yes, provide complete details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Have you **ever** been subpoenaed to appear or testify before a county, state, or federal grand jury, government board or commission? Yes  No

If yes, provide complete details: \_\_\_\_\_  
 \_\_\_\_\_

11. Have you, as an individual, member of a partnership, or shareholder, director, or officer of a corporation, been party to a lawsuit or arbitration within the last 10 years? Yes  No

If your answer to J11 was yes, provide the following details:				
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:				
Brief Explanation of Issues:				

K. CHARACTER REFERENCES

List five individuals who you have known for at least five years. Do not include relatives, present employer, or your employees.

Name & Where Employed	Street	City	State	Zip	Telephone	Years Known
Name	Business					
Occupation/Employer	Home					
Name	Business					
Occupation/Employer	Home					
Name	Business					
Occupation/Employer	Home					
Name	Business					
Occupation/Employer	Home					
Name	Business					
Occupation/Employer	Home					

L. LICENSING

- Have you **ever** applied to 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 L1 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 L2 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 L3 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 an application for or surrendered a gambling registration, license, or related finding of suitability or been a participant in any group which has withdrawn an application for or surrendered a gambling registration, license, or related finding of suitability in any state? Yes  No

If your answer to L4 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 L5 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 L6 was yes, provide the following details:				
Type of License	Licensing Agency	License Number	Approved/Denied	Dates Held or Reasons for Denial

7. Have any disciplinary actions **ever** been taken, or are any actions pending, against the aforementioned registration(s), license(s), certificate(s), credentials(s) and/or any gambling related permit(s), badge(s), registration(s), or license(s)?  
Yes  No

If your answer to L7 was yes, provide the following details:				
Licensing Agency	License Number	Date of Action	Nature of Action (e.g., revocation, denial)	Disposition (e.g., revoked, fined, probation)

**PART II - PERSONAL FINANCIAL INFORMATION**

A. PERSONAL

1. Do you anticipate active participation in the management and operation of the gambling establishment? Yes  No

If yes, in what capacity: \_\_\_\_\_

2. Amount to be invested in the business: \$ \_\_\_\_\_

Percentage of ownership this will represent: \_\_\_\_\_ %

3. Identify the source of all monies used for your investment, include account numbers and institution names:

\_\_\_\_\_

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

If yes, provide complete details: \_\_\_\_\_

5. Have you **ever** filed bankruptcy? Yes  No

If yes, identify the Federal District Court where the bankruptcy was filed, case number, date filed and describe the circumstances which resulted in this action. Provide copies of your bankruptcy petition and order which lists all creditors and discharged debts.

\_\_\_\_\_

\_\_\_\_\_

6. Have any individuals or governmental agencies filed liens against you as an individual, sole proprietor, member of a partnership, or owner of a corporation? Yes  No

If yes, provide complete details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Have you had any purchase repossessed or debt turned over to collection for any reason within the last 10 years? Yes  No

If yes, provide complete details: \_\_\_\_\_

\_\_\_\_\_

8. Do you own or control any assets or liabilities located outside the United States? Yes  No

If yes, provide complete details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Do you control or manage any assets or liabilities for another person or entity? Yes  No

If yes, provide complete details: \_\_\_\_\_  
\_\_\_\_\_

10. Do you hold in trust any assets for another person or entity? Yes  No

If yes, provide complete details: \_\_\_\_\_  
\_\_\_\_\_

11. Has your state or federal income tax return ever been audited or adjusted? Yes  No

If yes, provide complete details: \_\_\_\_\_  
\_\_\_\_\_

12. Last federal income tax return was filed on \_\_\_\_\_ for the tax year 20 \_\_\_\_\_  
Month/Year  
at \_\_\_\_\_  
City State

13. Last state income tax return was filed on \_\_\_\_\_ for the tax year 20 \_\_\_\_\_  
Month/Year  
at \_\_\_\_\_  
City State

14. Do you have a safe deposit box or other such depository, access to any depository, or do you use any other person's depository? Yes  No

If your answer to A14 was yes, provide the following details:			
Name of Box Owner	Box Number or Type of Depository	Location	City & State

**B. GROSS ANNUAL HOUSEHOLD INCOME**

Type of Income	Applicant	Other
Income/Wages		
Business Income		
Interest Income		
Dividend Income		
Rental Income		
Child Support		
Gifts		
Spousal Support/Alimony		
Other (Specify)		
Other (Specify)		
<b>TOTALS</b>		

**C. 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, your investment in the gambling establishment should be reflected on one of the schedules listed below.

ASSETS:	<b>Current Market Value</b>
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") .....	\$ _____
<b>TOTAL ASSETS</b>	\$ _____

D. 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 you have incurred to finance your investment in the gambling establishment should be reflected on one of the schedules listed below.

	<b>Present Balance</b>
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") .....	\$ _____
<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>



**STATEMENT OF ASSETS**

**SCHEDULE II "A"**

**Cash**

List all cash you have and where it is located, e.g., bank accounts (foreign and domestic), safe deposit boxes, home 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
<b>TOTAL \$</b>					

**STATEMENT OF ASSETS**

**SCHEDULE II "B"  
Accounts and Notes Receivable**

List all accounts and notes receivable held by you.

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

**STATEMENT OF ASSETS**

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

List all stocks and bonds held or controlled by you. 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
<b>TOTAL \$</b>					

**STATEMENT OF ASSETS**

**SCHEDULE II "D"  
Business Investments**

List any business investments in which any direct, indirect, vested, or contingent interest is held by you, 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 II "E"  
Real Estate**

List any real property in which you hold 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
<b>TOTAL \$</b>						



**STATEMENT OF LIABILITIES**

**SCHEDULE II "G"**

**Accounts Payable  
(Revolving Accounts/Credit Cards)**

List all open accounts payable for which you are obligated, even those with a zero balance.

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

**STATEMENT OF LIABILITIES**

**SCHEDULE II "H"  
Taxes Payable**

List all unpaid taxes for which you are 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
			<b>TOTAL \$</b>	





**STATEMENT OF LIABILITIES**

**SCHEDULE II "J"  
Mortgages Payable**

List all mortgages or liens on real estate for which you are 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
<b>TOTAL \$</b>					

**STATEMENT OF LIABILITIES**

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

List any other indebtedness or contingent liability for which you are obligated (e.g., spousal support/alimony, child support, 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
<b>TOTAL \$</b>						

**PART III - PARTNERSHIP/CORPORATION INFORMATION**  
**Part III must be completed by partnerships and corporations.**

A. Name of Partnership/Corporation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: (\_\_\_\_) \_\_\_\_\_

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

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

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

<b>If your answer to C was yes, provide details here:</b>				
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:				

D. 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 or pledged or sold either in part or in whole? Yes  No

If yes, provide complete details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. Has this business entity filed bankruptcy within the last ten years? Yes  No

If yes, identify the Federal District Court where the bankruptcy was filed, case number, and date filed, and describe the circumstances which resulted in this action. Provide copies of the bankruptcy petition and order which lists all creditors and discharged debts.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

F. Have any liens been filed against this business entity within the last ten years? Yes  No

If yes, provide complete details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

G. 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

If yes, provide complete details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

If yes, provide complete details: \_\_\_\_\_

\_\_\_\_\_

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

If yes, provide complete details: \_\_\_\_\_

\_\_\_\_\_

K. Has this business entity's state or federal income tax return been audited or adjusted within the last ten years? Yes  No

If yes, provide complete details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

L. Business entity's last federal income tax return was filed on \_\_\_\_\_ for the tax year 20 \_\_\_\_\_  
Month/Year  
at \_\_\_\_\_  
City State

M. Business entity's last state income tax return was filed on \_\_\_\_\_ for the tax year 20 \_\_\_\_\_  
Month/Year  
at \_\_\_\_\_  
City State

N. GROSS ANNUAL INCOME

Source: _____	Annual Amount	\$ _____
Source: _____	Annual Amount	\$ _____
Source: _____	Annual Amount	\$ _____
<b>TOTAL GROSS ANNUAL INCOME</b>		\$ _____

O. 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 in the gambling establishment should be reflected on one of the schedules listed below.

	<b>Current Market Value</b>
ASSETS:	
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") .....	\$ _____
<b>TOTAL ASSETS</b>	<b>\$ _____</b>

P. 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.

	<b>Present Balance</b>
LIABILITIES:	
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") .....	\$ _____
<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>

**STATEMENT OF ASSETS**

**SCHEDULE III "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 \$	
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**STATEMENT OF ASSETS**

**SCHEDULE III "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	
							<b>TOTAL \$</b>	

**STATEMENT OF ASSETS**

**SCHEDULE III "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 III "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 III "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
<b>TOTAL \$</b>						

**STATEMENT OF ASSETS**

**SCHEDULE III “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
<b>TOTAL \$</b>				

**STATEMENT OF LIABILITIES**

**SCHEDULE III "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
			<b>TOTAL \$</b>	

**STATEMENT OF LIABILITIES**

**SCHEDULE III "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 III 'T'  
Notes Payable**

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

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



**STATEMENT OF LIABILITIES**

**SCHEDULE III "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
<b>TOTAL \$</b>					

**STATEMENT OF LIABILITIES**

**SCHEDULE III "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 \$



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

Name	Investment Amount	Percentage of Interest
<b>TOTAL (MUST EQUAL 100%)</b>		

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 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 total invested in the gambling establishment should be reflected on one of the schedules listed below.

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

J. 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 total invested in the gambling establishment should be reflected on one of the schedules listed below.

	<b>Present Balance</b>
LIABILITIES:	
Accounts Payable (Total from Schedule IV "G") .....	\$ _____
Taxes Payable (Total from Schedule IV "H") .....	\$ _____
Notes Payable (Total from Schedule IV "I") .....	\$ _____
Mortgages Payable (Total from Schedule IV "J") .....	\$ _____
Contingent and Other Liabilities (Total from Schedule IV "K") .....	\$ _____
<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>

**STATEMENT OF ASSETS**

**SCHEDULE IV "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 IV "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	
							<b>TOTAL \$</b>	

## STATEMENT OF ASSETS

### SCHEDULE IV "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
<b>TOTAL \$</b>					





**STATEMENT OF ASSETS**

**SCHEDULE IV "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 IV "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 IV "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 IV "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
<b>TOTAL \$</b>				

**STATEMENT OF LIABILITIES**

**SCHEDULE IV "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
<b>TOTAL \$</b>						

**STATEMENT OF LIABILITIES**

**SCHEDULE IV "J"  
Mortgages Payable**

List all mortgages or liens on real estate for which the gambling establishment 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
				<b>TOTAL \$</b>	

**STATEMENT OF LIABILITIES**

**SCHEDULE IV “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
<b>TOTAL \$</b>						



**DECLARATION**

I, \_\_\_\_\_, declare that I have read the foregoing Cardroom Applicant 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 Cardroom Applicant Supplemental Information for State Gambling License.

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

Date: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature