

**Key Employee
Supplemental Background Investigation Information
BGC-APP. 016A (Rev. 08/09)**

BUREAU OF GAMBLING CONTROL

P.O. Box 168024

Sacramento, CA 95816-8024

(916) 263-3408; Fax (916) 263-3403



PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE YOU COMPLETE THIS FORM

Business and Professions Code section 19854 requires every key employee to apply for and obtain a key employee license issued by the California Gambling Control Commission. The purpose of this Key Employee Supplemental Background Investigation Information form is to obtain information from you that is necessary to determine whether you meet the requirements for licensure under state law. By completing this form you are providing information that will be used to make that determination.

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

Type, or print legibly in blue or black ink, all information requested on this application. If a question does not apply to you, write "N/A" (Not Applicable). If the space available is insufficient, use a separate sheet of paper and precede each answer with the applicable section number.

Please send your completed Application for Gambling Establishment Key Employee License (CGCC-031) and the Key Employee Supplemental Background Investigation Information form, along with the items listed on Page 8 to:

**California Gambling Control Commission
2399 Gateway Oaks Drive, Suite 220
Sacramento, CA 95833-4231**

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

**PLEASE PRINT NAME
ON BACK OF
PHOTOGRAPH**

Your Full Name

Name of Employer

Job Title of Key Employee Position

Date of Photograph

Key Employee Supplemental Background Investigation Information

SECTION 1: PERSONAL INFORMATION			
FULL NAME LAST		FIRST	MIDDLE
ALIAS(ES), NICKNAME, MAIDEN NAME, OTHER NAME CHANGES, LEGAL OR OTHERWISE			
CURRENT ADDRESS (NUMBER/STREET/APT)		CITY	STATE ZIP
MAILING ADDRESS (NUMBER/STREET/APT) (IF DIFFERENT THAN CURRENT RESIDENCE)		CITY	STATE ZIP
HOME PHONE NUMBER	WORK PHONE NUMBER	E-MAIL ADDRESS	
BIRTH PLACE (CITY, COUNTY, STATE, COUNTRY)		DRIVER'S LICENSE/IDENTIFICATION CARD NUMBER	STATE EXPIRATION DATE
DATE OF BIRTH	SOCIAL SECURITY NUMBER*		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
DISTINGUISHING MARKS (SCARS, TATTOOS, ETC.) DESCRIBE AND INDICATE LOCATION			
ARE YOU A U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO		IF RESIDENT ALIEN OR NATURALIZED CITIZEN, PROVIDE I.N.S. REGISTRATION NUMBER, I.N.S. A-NUMBER OR USCIS A-NUMBER	
* Your Social Security Number (SSN) will be used by the Bureau of Gambling Control (Bureau) pursuant to Business and Professions Code section 19865 for purposes of confirming your identity. If you fail to disclose your SSN, the Bureau will be unable to complete your background investigation.			
SECTION 2: FAMILY/COHABITANTS INFORMATION			
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			
CURRENT SPOUSE			
FULL NAME LAST		FIRST	MIDDLE MAIDEN
DATE OF BIRTH	DATE OF MARRIAGE		
FORMER SPOUSE			
FULL NAME LAST		FIRST	MIDDLE MAIDEN
DATE OF BIRTH	DATES OF MARRIAGE (FROM AND TO)		STATE DIVORCE FILED
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? IF YES, PROVIDE THE FOLLOWING DETAILS.			<input type="checkbox"/> YES <input type="checkbox"/> NO
A) FULL NAME LAST		FIRST	MIDDLE RELATIONSHIP
PERCENTAGE OWNED AND/OR POSITION HELD		NAME OF BUSINESS	
B) FULL NAME LAST		FIRST	MIDDLE RELATIONSHIP
PERCENTAGE OWNED AND/OR POSITION HELD		NAME OF BUSINESS	
C) FULL NAME LAST		FIRST	MIDDLE RELATIONSHIP
PERCENTAGE OWNED AND/OR POSITION HELD		NAME OF BUSINESS	

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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

SECTION 3: RESIDENCES

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

A) FORMER ADDRESS (NUMBER-/STREET-/APT)					FROM (MM/YYYY)	TO (MM/YYYY)
CITY		STATE	COUNTRY, IF OUTSIDE OF U.S.	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
B) FORMER ADDRESS (NUMBER-/STREET-/APT)					FROM (MM/YYYY)	TO (MM/YYYY)
CITY		STATE	COUNTRY, IF OUTSIDE OF U.S.	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
C) FORMER ADDRESS (NUMBER-/STREET-/APT)					FROM (MM/YYYY)	TO (MM/YYYY)
CITY		STATE	COUNTRY, IF OUTSIDE OF U.S.	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	

SECTION 4: EXPERIENCE AND EMPLOYMENT

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

A) NAME OF EMPLOYER					FROM (MM/YYYY)	TO (MM/YYYY)
JOB TITLE / DUTIES					GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS					SUPERVISOR	
CITY		STATE	ZIP	CONTACT NUMBER ()	EXT	
B) NAME OF EMPLOYER					FROM (MM/YYYY)	TO (MM/YYYY)
JOB TITLE / DUTIES					GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS					SUPERVISOR	
CITY		STATE	ZIP	CONTACT NUMBER ()	EXT	
REASON FOR LEAVING, IF TERMINATED, EXPLAIN THE CIRCUMSTANCES						

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C) NAME OF EMPLOYER			FROM (MM/YYYY)	TO (MM/YYYY)
JOB TITLE / DUTIES			GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
REASON FOR LEAVING, IF TERMINATED, EXPLAIN THE CIRCUMSTANCES				

D) NAME OF EMPLOYER			FROM (MM/YYYY)	TO (MM/YYYY)
JOB TITLE / DUTIES			GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
REASON FOR LEAVING, IF TERMINATED, EXPLAIN THE CIRCUMSTANCES				

SECTION 5: MILITARY EXPERIENCE

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? IF YES, PROVIDE DETAILS BELOW AND ATTACH A COPY OF YOUR "UNDELETED" MILITARY FORM DD-214. (i.e. a complete copy of the form with no information blacked out)		<input type="checkbox"/> YES <input type="checkbox"/> NO
BRANCH OF SERVICE	DATES OF SERVICE (MM/YYYY) FROM TO	
RANK AT SEPARATION	SSN / 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: _____		
HAVE YOU EVER BEEN CONVICTED IN A COURT-MARTIAL? IF YES, EXPLAIN THE CIRCUMSTANCES.		<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 6: CRIMINAL CONVICTIONS, LITIGATION, AND ARBITRATION

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR PLED GUILTY, OR PLED NOLO CONTENDERE (NO CONTEST) TO A CRIME? INCLUDE ANY CONVICTIONS REDUCED OR EXPUNGED, UNLESS THE RECORDS HAVE BEEN SEALED PURSUANT TO A COURT ORDER. (DO NOT INCLUDE VEHICLE CODE INFRACTIONS). IF YES, PROVIDE DETAILS FOR EACH INCIDENT BELOW.		<input type="checkbox"/> YES <input type="checkbox"/> NO
A) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY)	ARRESTING AGENCY	COURT LOCATION (CITY AND STATE)
IDENTIFY CRIME(S), INDICATE MISDEMEANOR OR FELONY		
B) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY)	ARRESTING AGENCY	COURT LOCATION (CITY AND STATE)
IDENTIFY CRIME(S), INDICATE MISDEMEANOR OR FELONY		
C) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY)	ARRESTING AGENCY	COURT LOCATION (CITY AND STATE)
IDENTIFY CRIME(S), INDICATE MISDEMEANOR OR FELONY		

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HAVE YOU EVER BEEN REMOVED FROM OR PROHIBITED FROM ENTERING THE PREMISES OF ANY GAMING OR PARI-MUTUEL WAGERING ESTABLISHMENT BY ANY GOVERNMENT REPRESENTATIVE, AGENCY, OR GAMBLING ESTABLISHMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER ENGAGED IN BOOKMAKING OR OTHER ILLEGAL GAMBLING ACTIVITIES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN FOUND IN VIOLATION OF ANY CAMPAIGN LAWS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES TO ANY OF THE ABOVE, PROVIDE DETAILS BELOW.	
HAVE YOU EVER BEEN A PARTY TO ANY LITIGATION OR ARBITRATION? IF YES, PROVIDE THE FOLLOWING DETAILS. YOU ARE NOT OBLIGATED TO REVEAL DETAILS OF ANY CONFIDENTIAL ARBITRATION.	<input type="checkbox"/> YES <input type="checkbox"/> NO
A) APPROXIMATE DATE FILED (MM/DD/YYYY)	PARTIES INVOLVED
CASE NUMBER	DISPOSITION DATE (MM/DD/YYYY)
B) APPROXIMATE DATE FILED (MM/DD/YYYY)	PARTIES INVOLVED
CASE NUMBER	DISPOSITION DATE (MM/DD/YYYY)

SECTION 7: OTHER LICENSING INFORMATION

HAVE YOU EVER HELD OR APPLIED FOR A PERMIT, LICENSE, CERTIFICATE, REGISTRATION OR FINDING OF SUITABILITY RELATED TO GAMING? INCLUDE ANY ACTIONS BY THE CALIFORNIA GAMBLING CONTROL COMMISSION. IF YES, PROVIDE THE FOLLOWING DETAILS.	<input type="checkbox"/> YES <input type="checkbox"/> NO
A) LICENSE/PERMIT/CERTIFICATE -NUMBER	TYPE OF APPLICATION
DATES HELD FROM (MM/YYYY) TO (MM/YYYY)	GAMBLING AGENCY
CITY, COUNTY, STATE, COUNTRY	ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)
IF DENIED, SUSPENDED, WITHDRAWN, OR REVOKED, EXPLAIN THE CIRCUMSTANCES.	
B) LICENSE/PERMIT/CERTIFICATE -NUMBER	TYPE OF APPLICATION
DATES HELD FROM (MM/YYYY) TO (MM/YYYY)	GAMBLING AGENCY
CITY, COUNTY, STATE, COUNTRY	ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)
IF DENIED, SUSPENDED, WITHDRAWN, OR REVOKED, EXPLAIN THE CIRCUMSTANCES.	

HAVE YOU EVER HELD OR APPLIED FOR A LICENSE, PERMIT, CERTIFICATE, REGISTRATION OR AUTHORIZATION NOT RELATED TO GAMING? IF YES, PROVIDE THE FOLLOWING DETAILS	<input type="checkbox"/> YES <input type="checkbox"/> NO
A) LICENSE/PERMIT/CERTIFICATION/AUTHORIZATION NO.	TYPE OF APPLICATION
DATES HELD FROM (MM/YYYY) TO (MM/YYYY)	ISSUING AGENCY
CITY, COUNTY, STATE, COUNTRY	ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)
IF DENIED, SUSPENDED, WITHDRAWN, OR REVOKED, EXPLAIN THE CIRCUMSTANCES	
B) LICENSE/PERMIT/CERTIFICATION/AUTHORIZATION NO.	TYPE OF APPLICATION
DATES HELD FROM (MM/YYYY) TO (MM/YYYY)	ISSUING AGENCY
CITY, COUNTY, STATE, COUNTRY	ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)
IF DENIED, SUSPENDED, WITHDRAWN, OR REVOKED, EXPLAIN THE CIRCUMSTANCES.	

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SECTION 8: BUSINESS INTEREST – GAMING RELATED

HAVE YOU HELD A FINANCIAL INTEREST OR STOCK IN ANY GAMING RELATED VENTURE OR BUSINESS WITHIN THE LAST 10 YEARS? IF YES, PROVIDE THE FOLLOWING DETAILS AND ATTACH A SEPARATE SHEET OF PAPER IDENTIFYING THE INDIVIDUALS SHARING INTEREST IN THE BUSINESS/VENTURE AND THEIR RESPECTIVE PERCENT OF OWNERSHIP.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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A) NAME OF BUSINESS ENTITY	DATES INVOLVED FROM (MM/YYYY) TO (MM/YYYY)	BUSINESS ENTITY MAILING ADDRESS
BUSINESS TELEPHONE NUMBER	AMOUNT OF MONEY INVESTED	IDENTIFY SOURCE OF MONIES FOR YOUR INITIAL AND SUBSEQUENT INVESTMENTS (IF LOANS, PROVIDE COPIES OF AGREEMENTS. IF CHECKING OR SAVINGS, IDENTIFY SOURCE [I.E. WAGES, INHERITANCE, ETC.])
YOUR CAPACITY/TITLE		PRIMARY PURPOSE OF BUSINESS
		% OF OWNERSHIP/NUMBER OF SHARES OWNED
B) NAME OF BUSINESS ENTITY	DATES INVOLVED FROM (MM/YYYY) TO (MM/YYYY)	BUSINESS ENTITY MAILING ADDRESS
BUSINESS TELEPHONE NUMBER	AMOUNT OF MONEY INVESTED	IDENTIFY SOURCE OF MONIES FOR YOUR INITIAL AND SUBSEQUENT INVESTMENTS (IF LOANS, PROVIDE COPIES OF AGREEMENTS. IF CHECKING OR SAVINGS, IDENTIFY SOURCE [I.E. WAGES, INHERITANCE, ETC.])
YOUR CAPACITY/TITLE		PRIMARY PURPOSE OF BUSINESS
		% OF OWNERSHIP/NUMBER OF SHARES OWNED

SECTION 9: BUSINESS INTEREST – NON-GAMING RELATED

A) NAME OF BUSINESS CORPORATION/PARTNERSHIP	DATES INVOLVED FROM (MM/YYYY) TO (MM/YYYY)	BUSINESS CORPORATION/PARTNERSHIP MAILING ADDRESS
BUSINESS TELEPHONE NUMBER	AMOUNT OF MONEY INVESTED	IDENTIFY SOURCE OF MONIES FOR YOUR INITIAL AND SUBSEQUENT INVESTMENTS (IF LOANS, PROVIDE COPIES OF AGREEMENTS. IF CHECKING OR SAVINGS, IDENTIFY SOURCE [I.E. WAGES, INHERITANCE, ETC.]).
YOUR CAPACITY/TITLE		PRIMARY PURPOSE OF BUSINESS
		% OF OWNERSHIP/# NUMBER OF SHARES OWNED
B) NAME OF BUSINESS CORPORATION/PARTNERSHIP	DATES INVOLVED FROM (MM/YYYY) TO (MM/YYYY)	BUSINESS CORPORATION/PARTNERSHIP MAILING ADDRESS
BUSINESS TELEPHONE NUMBER	AMOUNT OF MONEY INVESTED	IDENTIFY SOURCE OF MONIES FOR YOUR INITIAL AND SUBSEQUENT INVESTMENTS (IF LOANS, PROVIDE COPIES OF AGREEMENTS. IF CHECKING OR SAVINGS, IDENTIFY SOURCE [I.E. WAGES, INHERITANCE, ETC.]).
YOUR CAPACITY/TITLE		PRIMARY PURPOSE OF BUSINESS
		% OF OWNERSHIP/# NUMBER OF SHARES OWNED

SECTION 10: PERSONAL FINANCIAL HISTORY

HAVE YOU FILED FOR BANKRUPTCY WITHIN THE LAST 10 YEARS? IF YES, PROVIDE A COPY OF THE BANKRUPTCY PETITION/ORDER AND DETAILS BELOW.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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DATE FILED (MM/DD/YYYY)	CASE NUMBER, IF KNOWN	
FEDERAL DISTRICT COURT WHERE FILED	DATE OF DISCHARGE (MM/YYYY)	AMOUNT DISCHARGED, IF APPLICABLE
EXPLAIN THE CIRCUMSTANCES THAT LED TO THE BANKRUPTCY FILING, INCLUDE THE NATURE OF THE DEBT.		

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HAVE YOU BEEN A PARTY TO A FORECLOSURE WITHIN THE LAST 10 YEARS?				<input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS OF FORECLOSED PROPERTY	DATE OF FORECLOSURE (MM/YYYY)	NAME OF LENDER	BALANCE OWED	
EXPLAIN THE CIRCUMSTANCES THAT LED TO THE FORECLOSURE.				
HAVE YOU HAD A JUDGMENT OR LIEN FILED AGAINST YOU WITHIN THE LAST 10 YEARS? IF YES, PROVIDE THE DETAILS BELOW.				<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> LIEN <input type="checkbox"/> JUDGMENT	DATE FILED (MM/YYYY)	NAME OF PERSON/ENTITY THAT FILED THE LIEN/JUDGMENT		
EXPLAIN THE REASON FOR THE LIEN/JUDGMENT. IF LIEN/JUDGMENT HAS NOT BEEN 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 LIEN/JUDGMENT.				
<input type="checkbox"/> LIEN <input type="checkbox"/> JUDGMENT	DATE FILED (MM/YYYY)	NAME OF PERSON/ENTITY THAT FILED THE LIEN/JUDGMENT		
EXPLAIN THE REASON FOR THE LIEN/JUDGMENT. IF LIEN/JUDGMENT HAS NOT BEEN 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 LIEN/JUDGMENT.				
HAVE YOU HAD ANY PURCHASE REPOSSESSED OR HAD AN UNPAID DEBT/LOAN TURNED OVER TO A COLLECTION AGENCY OR DEEMED UNCOLLECTABLE (CHARGED-OFF) FOR ANY REASON WITHIN THE LAST 10 YEARS? IF YES, PROVIDE DETAILS BELOW.				<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF CREDITOR	ACTION TAKEN (REPO/COLLECTION/CHARGE-OFF)	DATE OF ACTION (MM/YYYY)	CURRENT AMOUNT OWED	
EXPLAIN THE REASON FOR THIS ACTION. ATTACH A COPY OF THE PAYMENT PLAN OR OTHER DOCUMENTATION SHOWING HOW THE DEBT WILL BE SATISFIED. IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YOU PLAN ON REPAYING THE DEBT(S).				
DO YOU OWN, CONTROL, OR MANAGE ANY ASSETS OR LIABILITIES OUTSIDE THE UNITED STATES? IF YES, PROVIDE THE FOLLOWING DETAILS BELOW.				<input type="checkbox"/> YES <input type="checkbox"/> NO
A) DESCRIPTION OF ASSET/LIABILITY				
DATE ACQUIRED (MM/YYYY)	LOCATION			
B) DESCRIPTION OF ASSET/LIABILITY				
DATE ACQUIRED (MM/YYYY)	LOCATION			

SECTION 11: SUPPORTING DOCUMENTATION CHECKLIST

The following items must be submitted with this completed form, as applicable. Original documents are required unless otherwise stated. Only documents that are dated and signed by all parties will be accepted. Failure to provide required items may result in denial of your application. This application will not be deemed complete until all required items have been received.

Mark the box next to each enclosed item.

- Authorization to Release Information (BGC-APP. 006 [Rev. 04/08])
- Request for Live Scan Service (BCII 8016, Rev. 03/07)
- Military Form DD-214 (A complete "undeleted" copy with no information blacked out)
- Resident Card, Employment Authorization Card (front and back copy) or Certificate of Naturalization (front copy)
- Any active cardroom license, work permit, badge, etc., issued by a California city or county (front and back copy)
- Employment Agreement or Duty Statement for the position for which you are applying (copy)
- Federal Individual and Business Tax Returns – Including all schedules and attachments for the last three years (copy)
- Monthly Bank Statements for all personal and business accounts for the last 12 months (copy)
- Monthly/Quarterly Investment Statements for all personal and business accounts for the last 12 months (copy)
- Loan Agreements (copy)
- Bankruptcy Court Petition and Order (copy)

Additional documentation may be required by the Bureau of Gambling Control.

Pursuant to Business and Professions Code section 19867, you are responsible for all costs incurred by the Bureau related to its background investigation. At the conclusion of the investigation, an itemized accounting of all such costs will be provided. Monies received in excess of the actual costs incurred will be refunded. A license will not be issued until the required background investigation deposit(s) and application fee are received.

SECTION 12: DECLARATION

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

City and State

Date

SIGNATURE

PRINT FULL NAME

DATE

SCHEDULE A – ASSETS
Gross Annual Household Income

Type of Income	Applicant	Spouse/Other
Current Gross Annual Income	\$	\$
Business Income (Explain Type of Business)	\$	\$
Interest Income	\$	\$
Dividend Income	\$	\$
Rental Income	\$	\$
Child Support	\$	\$
Gifts	\$	\$
Spousal Support/Alimony	\$	\$
Other (Specify)	\$	\$
Total Gross Income	\$	\$

DO YOU RECEIVE BONUSES OR PROFIT SHARING BASED ON A PERCENTAGE OF REVENUE GENERATED FROM A GAMING ACTIVITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

Signature of Preparer _____

Date _____

SCHEDULE B - ASSETS
Cash

List all cash and where it is located (e.g., financial institutions [foreign and domestic], safe deposit boxes, house/office safe, etc.).

Name and Address Where the Funds are Held	Type of Account	Last 6 Digits of Account Number	Date Opened	Names of Persons Who Have Signature Authority on Account	Balance
					\$
					\$
					\$
					\$
					\$
TOTAL:					\$

SCHEDULE C - ASSETS
Stocks and Bonds

List all stocks, bonds, mutual funds, or other similar investments held or controlled.

Issuer	Registered Owner	Last 6 Digits of Account Number	Type (Note if stocks, bonds, mutual funds, etc.)	Number of Shares or Units	Current Market Value
					\$
					\$
					\$
					\$
					\$
TOTAL:					\$

Signature of Preparer _____ Date _____

SCHEDULE D – ASSETS
Accounts and Notes Receivable

List all loans, accounts, and notes receivable (monies owed to you). Please submit copies of loan agreements for any loans between private parties not secured through a financial institution.

Name and Address of Debtor	Date Acquired	Maturity Date (Notes Receivable)	Payment Amount and Payment Period (e.g. Weekly, Monthly)	Interest Rate	Original Amount	Balance
					\$	\$
					\$	AS OF DATE
					\$	\$
					\$	AS OF DATE
					\$	\$
					\$	AS OF DATE
					TOTAL*:	\$

SCHEDULE E - ASSETS
Real Estate

List any direct or indirect interest held in real property by yourself, your spouse, or your dependent children.

Address or Parcel Number and Location	Type (Residential or Commercial)	Percentage of Ownership	Date of Purchase	Current Income (Rent/Lease) per month	Down Payment	Purchase Price	Current Market Value
					\$	\$	\$
Identify the source of funds for the down payment:							
					\$	\$	\$
Identify the source of funds for the down payment:							
					\$	\$	\$
Identify the source of funds for the down payment:							
						TOTAL:	\$

Signature of Preparer _____

Date _____

SCHEDULE F - ASSETS
Other Assets

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

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

SCHEDULE G - LIABILITIES
Accounts Payable

List all accounts payable (e.g., revolving accounts, credit cards, lines of credit, etc.).

Name and Address of Creditor	Last 6 Digits of Account Number	Collateral	Date Incurred	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Unpaid Balance	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					TOTAL:	\$

Signature of Preparer _____

Date _____

SCHEDULE H - LIABILITIES
Taxes Payable

List all unpaid and estimated taxes.

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

SCHEDULE I - LIABILITIES
Notes Payable

List all loans, leases, accounts, and notes payable (loans owed by you).

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

Signature of Preparer _____

Date _____

SCHEDULE J - LIABILITIES
Mortgages Payable

List all mortgages or liens on real estate.

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

SCHEDULE K - LIABILITIES
Contingent and Other Liabilities

List any other indebtedness or liability (e.g., cosigner on a loan, pending litigation, child support, alimony, etc.).

Name and Address of Creditor	Date Incurred	Collateral	Description of Liability and Last 6 Digits of Account Number	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Original Amount	Unpaid Balance
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					TOTAL:	\$

Signature of Preparer _____

Date _____