Gambling Establishment Owner Applicant - Individual
Supplemental Background Investigation Information

DGC-APP. 015A Rev. 03/08

DIVISION 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

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 information as each statement made herein is subject to verification. Any corrections, changes or other alterations must be initialed and dated by the applicant.

This Supplemental Form must be completed by each natural person who is a sole proprietor, a person with individual partnership interest or individual corporate interest, shareholder, member, officer, director, trustee, current beneficiary, landlord with a financial interest in the gambling establishment, community property interest, funding source, and other applicant.

_____
Applicant's Full Name

_____
Date of Photograph

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

SECTION 1: PERSONAL INFORMATION

YOUR FULL NAME

LAST | FIRST | MIDDLE

RESIDENCE ADDRESS (NUMBER/STREET)	CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT) (NUMBER/STREET)	CITY	STATE	ZIP

OCCUPATION	PHONE NUMBER

BIRTH PLACE (CITY/COUNTY/STATE/COUNTRY)	DRIVER'S LICENSE/IDENTIFICATION CARD NUMBER	STATE	EXPIRATION DATE

PHYSICAL DESCRIPTION

HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR

DISTINGUISHING MARKS (SCARS, TATTOOS, ETC.) DESCRIBE AND INDICATE LOCATION

ARE YOU A U.S. CITIZEN? IF NO, PROVIDE COPY OFYOUR RESIDENT ALIEND CARD (FRONT AND BACK)	☐ YES ☐ NO	IF NO, OF WHAT COUNTRY ARE YOU A CITIZEN?

ALIEN REGISTRATION NUMBER	IF NATURALIZED, CERTIFICATE NUMBER (PROVIDE COPY OF NATURALIZATION CERTIFICATE)
DATE NATURALIZED (MM/DD/YYYY)	PLACE

SECTION 2: FAMILY INFORMATION

☐ SINGLE ☐ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED

CURRENT SPOUSE

FULL NAME

LAST | FIRST | MIDDLE | MAIDEN

MAILING ADDRESS (IF DIFFERENT FROM APPLICANT) (NUMBER/STREET)	CITY	STATE	ZIP

DATE OF BIRTH	YEARS OF MARRIAGE	RESIDENCE PHONE NUMBER	BUSINESS PHONE NUMBER

☐ N/A **FORMER SPOUSE**

FULL NAME

LAST | FIRST | MIDDLE | MAIDEN

DATE OF BIRTH	YEARS OF MARRIAGE

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

CO-HABITANTS AND ROOMMATES
PROVIDE THE FOLLOWING INFORMATION FOR ANY ADULTS (NOT DISCLOSED AS SPOUSE, CHILDREN, OR DEPENDENTS ABOVE) WITH WHOM YOU RESIDE.

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

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	RELATIONSHIP	OCCUPATION

SIBLINGS
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	RELATIONSHIP	OCCUPATION

SECTION 3: MILITARY EXPERIENCE

HAVE YOU EVER SERVED IN ANY BRANCH OF THE U.S.ARMED FORCES? IF YES, ATTACH A COPY OF YOUR DD-214	☐ YES ☐ NO

BRANCH OF SERVICE		DATES OF SERVICE FROM TO
COUNTRY OF SERVICE	RANK AT SEPARATION	SERVICE NUMBER

TYPE OF DISCHARGE: ☐ ENTRY LEVEL ☐ HONORABLE ☐ GENERAL ☐ OTHER THAN HONORABLE ☐ BAD CONDUCT ☐ DISHONORABLE

HAVE YOU EVER BEEN DISCIPLINED IN THE MILITARY?	☐ YES ☐ NO
DID THIS RESULT IN A COURT MARTIAL? IF YES, PROVIDE DETAILS BELOW.	☐ YES ☐ NO

DATE (MM/YYYY)	FINAL CHARGE	COURT LOCATION (CITY & STATE)

SECTION 4: RESIDENCES

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

A) CURRENT ADDRESS (NUMBER/STREET/APT)			FROM (MM/YYYY)	TO (MM//YYYY)
CITY	COUNTY	STATE	ZIP	☐ OWN ☐ RENT
B) FORMER ADDRESS (NUMBER/STREET/APT)			FROM (MM/YYYY)	TO (MM//YYYY)
CITY	COUNTY	STATE	ZIP	☐ OWN ☐ RENT
C) FORMER ADDRESS (NUMBER/STREET/APT)			FROM (MM/YYYY)	TO (MM//YYYY)
CITY	COUNTY	STATE	ZIP	☐ OWN ☐ RENT

SECTION 5: EXPERIENCE AND EMPLOYMENT

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

A) NAME OF EMPLOYER				FROM (MM/YYYY)	TO (MM//YYYY)
ADDRESS				SUPERVISOR	
CITY	STATE	ZIP		CONTACT NUMBER	EXT
JOB TITLE	REASON FOR LEAVING			GAMBLING RELATED?	☐ YES ☐ NO
DUTIES/ASSIGNMENT					

B) NAME OF EMPLOYER				FROM (MM/YYYY)	TO (MM//YYYY)
ADDRESS				SUPERVISOR	
CITY	STATE	ZIP		CONTACT NUMBER	EXT
JOB TITLE	REASON FOR LEAVING			GAMBLING RELATED?	☐ YES ☐ NO
DUTIES/ASSIGNMENT					

C) NAME OF EMPLOYER				FROM (MM/YYYY)	TO (MM//YYYY)
ADDRESS				SUPERVISOR	
CITY	STATE	ZIP		CONTACT NUMBER	EXT
JOB TITLE	REASON FOR LEAVING			GAMBLING RELATED?	☐ YES ☐ NO
DUTIES/ASSIGNMENT					

SECTION 6: CONVICTIONS, LITIGATION, AND ARBITRATION

HAVE YOU **EVER** BEEN CONVICTED OF A CRIME, PLED GUILTY, OR PLED NOLO CONTENDRE (NO CONTEST) TO A CRIME? ☐ YES ☐ NO

INCLUDE ANY CONVICTIONS DISMISSED UNDER PENAL CODE SECTION 1203.4 AND CONVICTIONS REDUCED OR EXPUNGED **UNLESS** THE RECORDS HAVE BEEN SEALED PURSUANT TO A COURT ORDER.

A) APPROXIMATE DATE (MM/DD/YYYY)	COURT LOCATION (CITY & STATE) AND ARRESTING AGENCY (CITY & STATE)	CASE NUMBER

OF WHAT CRIMES WERE YOU CONVICTED, AND WHAT WAS THE FINAL DISPOSITION/JUDGMENT IN THE CASE? STATE WHETHER FELONY OR MISDEMEANOR CONVICTION.

B) APPROXIMATE DATE (MM/DD/YYYY)	COURT LOCATION (CITY & STATE) AND ARRESTING AGENCY (CITY & STATE)	CASE NUMBER

OF WHAT CRIMES WERE YOU CONVICTED, AND WHAT WAS THE FINAL DISPOSITION/JUDGMENT IN THE CASE? STATE WHETHER FELONY OR MISDEMEANOR CONVICTION.

HAVE YOU EVER ENGAGED IN BOOKMAKING OR OTHER ILLEGAL GAMBLING ACTIVITIES? ☐ YES ☐ NO

HAVE YOU **EVER** BEEN FOUND GUILTY (CRIMINAL OR ADMINISTRATIVE) OF VIOLATING ANY CAMPAIGN LAWS? ☐ YES ☐ NO

IF YES TO ANY OF THE ABOVE, PLEASE EXPLAIN EACH INCIDENT.

HAVE YOU, AS AN INDIVIDUAL, MEMBER OF A PARTNERSHIP OR LIMITED LIABILITY COMPANY, SHAREHOLDER, DIRECTOR, OR OFFICER OF A CORPORATION, BEEN PARTY TO A LAWSUIT OR ARBITRATION WITHIN THE LAST 10 YEARS? ☐ YES ☐ NO

A) NAME OF PLAINTIFF(S) AND DEFENDANT(S)

NAME OF CLAIMANT(S) AND RESPONDENT(S)

DATE FILED (MM/DD/YYYY)	STATE OR FEDERAL COURT	CASE NUMBER

CITY/COUNTY/STATE	DATE OF DISPOSITION	DISPOSITION

B) NAME OF PLAINTIFF(S) AND DEFENDANT(S)

NAME OF CLAIMANT(S) AND RESPONDENT(S)

DATE FILED (MM/DD/YYYY)	STATE OR FEDERAL COURT	CASE NUMBER

CITY/COUNTY/STATE	DATE OF DISPOSITION	DISPOSITION

SECTION 7: OTHER LICENSING INFORMATION

HAVE YOU EVER **HELD** OR **APPLIED** FOR A PERMIT, LICENSE, CERTIFICATE, REGISTRATION OR AUTHORIZATION RELATED TO GAMING?	☐ YES ☐ NO

IF YES, LIST BELOW ANY LICENSING OR REGULATORY AGENCY (TRIBAL, STATE, LOCAL, OR INTERNATIONAL) TO WHICH YOU HAVE APPLIED FOR A LICENSE, PERMIT, CERTIFICATE, REGISTRATION OR AUTHORIZATION RELATED TO GAMING ACTIVITIES OR LOTTERY, WHETHER OR NOT SUCH LICENSE, PERMIT, CERTIFICATE, REGISTRATION OR AUTHORIZATION WAS GRANTED (INCLUDE ANY APPLICATIONS THAT WERE APPROVED, SURRENDERED, WITHDRAWN, DENIED, AND/OR ARE PENDING).

A) LICENSE/PERMIT/CERTIFICATION/AUTHORIZATION NUMBER	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)

B) LICENSE/PERMIT/CERTIFICATION/AUTHORIZATION NUMBER	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)

C) LICENSE/PERMIT/CERTIFICATION/AUTHORIZATION NUMBER	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)

HAVE YOU EVER **APPLIED** TO ANY LICENSING OR REGULATORY AGENCY FOR A LICENSE, PERMIT, CERTIFICATE, REGISTRATION OR AUTHORIZATION **NOT** RELATED TO GAMING, WHETHER OR NOT SUCH A LICENSE, PERMIT, CERTIFICATE, REGISTRATION OR AUTHORIZATION WAS GRANTED?	☐ YES ☐ NO

IF YES TO THE ABOVE, PROVIDE THE FOLLOWING DETAILS (INCLUDE ANY APPLICATIONS THAT WERE APPROVED, SURRENDERED, WITHDRAWN, DENIED, AND/OR ARE PENDING).

A) LICENSE/PERMIT/CERTIFICATION/AUTHORIZATION NUMBER	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)

B) LICENSE/PERMIT/CERTIFICATION/AUTHORIZATION NUMBER	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)

C) LICENSE/PERMIT/CERTIFICATION/AUTHORIZATION NUMBER	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)

SECTION 8: GAMBLING VENTURE FINANCIAL INTEREST

HAVE YOU EVER HELD A FINANCIAL INTEREST IN A GAMBLING VENTURE, INCLUDING BUT NOT LIMITIED TO A GAMBLING ESTABLISHMENT (CARDROOM), RACE TRACK, RACE HORSE/DOG, LOTTERY, CASINO, BOOKMAKING OPERATION, PARI-MUTUEL OPERATION, OR BINGO PARLOR OR HELD STOCK IN SUCH VENTURE? ☐ YES ☐ NO

IF YES TO ABOVE, PROVIDE THE FOLLOWING DETAILS.

A) NAME OF BUSINESS	LOCATION OF BUSINESS	DATES INVOLVED FROM (MM/YYYY)	TO (MM//YYYY)

INTEREST/TYPE OF VENTURE	NAMES OF ALL PARTNERS

B) NAME OF BUSINESS	LOCATION OF BUSINESS	DATES INVOLVED FROM (MM/YYYY)	TO (MM//YYYY)

INTEREST/TYPE OF VENTURE	NAMES OF ALL PARTNERS

SECTION 9: BUSINESS INTEREST - NON-GAMBLING RELATED

LIST ALL BUSINESSES, CORPORATIONS, PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES WITH WHICH YOU ARE CURRENTLY OR HAVE BEEN ASSOCIATED AS AN OWNER, OFFICER, DIRECTOR, SHAREHOLDER, PARTNER, MEMBER, OR OTHER SIMILAR CAPACITY WITHIN THE PAST 10 YEARS.

A) NAME OF BUSINESS/CORPORATION/PARTNER	DATES INVOLVED FROM (MM/YYYY)	TO (MM//YYYY)	BUSINESS/CORPORATION/PARTNERSHIP MAILING ADDRESS
BUSINESS TELEPHONE NUMBER	YOUR CAPACITY/TITLE	CURRENT AMOUNT OF INVESTMENT	
PRIMARY PURPOSE OF BUSINESS	% OF OWNERSHIP/NUMBER OF SHARES OWNED		GAMBLING RELATED? ☐ YES ☐ NO

B) NAME OF BUSINESS/CORPORATION/PARTNER	DATES INVOLVED FROM (MM/YYYY)	TO (MM//YYYY)	BUSINESS/CORPORATION/PARTNERSHIP MAILING ADDRESS
BUSINESS TELEPHONE NUMBER	YOUR CAPACITY/TITLE	CURRENT AMOUNT OF INVESTMENT	
PRIMARY PURPOSE OF BUSINESS	% OF OWNERSHIP/NUMBER OF SHARES OWNED		GAMBLING RELATED? ☐ YES ☐ NO

C) NAME OF BUSINESS/CORPORATION/PARTNER	DATES INVOLVED FROM (MM/YYYY)	TO (MM//YYYY)	BUSINESS/CORPORATION/PARTNERSHIP MAILING ADDRESS
BUSINESS TELEPHONE NUMBER	YOUR CAPACITY/TITLE	CURRENT AMOUNT OF INVESTMENT	
PRIMARY PURPOSE OF BUSINESS	% OF OWNERSHIP/NUMBER OF SHARES OWNED		GAMBLING RELATED? ☐ YES ☐ NO

SECTION 10: PERSONAL FINANCIAL HISTORY

DO YOU ANTICIPATE ACTIVE PARTICIPATION IN THE MANAGEMENT AND OPERATION OF THE GAMBLING ESTABLISHMENT?	☐ YES ☐ NO
IF YES, EXPLAIN BELOW.	
IN WHAT CAPACITY WILL YOU PARTICIPATE IN THE MANAGEMENT AND OPERATION OF THE GAMBLING ESTABLISHMENT	
AMOUNT INVESTED IN THE BUSINESS: $	PERCENTAGE OF OWNERSHIP: %
IDENTIFY THE SOURCE OF ALL MONIES USED FOR YOUR INVESTMENT, INCLUDE ACCOUNT NUMBERS AND INSTITUTION NAMES IF APPLICABLE	
HAS YOUR INTEREST IN THIS GAMBLING ESTABLISHMENT BEEN ASSINGED, 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 WHOLE?	☐ YES ☐ NO
IF YES, EXPLAIN BELOW.	
HAVE YOU FILED FOR BANKRUPTCY WITHIN THE LAST 10 YEARS?	☐ YES ☐ NO
IF YES, EXPLAIN BELOW. (Please provide copies of your bankruptcy petition and order, which lists all creditors and discharged debts.)	

FEDERAL DISTRICT COURT WHERE FILED	DATE FILED (MM/YYYY)	CASE NUMBER	DATE OF DISHCARGE (MM/YYYY)	DESCRIBE THE CIRCUMSTANCE THAT RESULTED IN ACTION

HAVE YOU HAD ANY JUDGMENTS OR LIENS FILED AGAINST YOU AS AN INDIVIDUAL, SOLE PROPRIETOR, MEMBER OF A PARTNERSHIP OR LIMITED LIABILITY COMPANY, OR SHAREHOLDER OF A CORPORATION?	☐ YES ☐ NO

☐ LIEN ☐ JUDGMENT	DATE FILED (MM/YYYY)	NAME OF PERSON THAT ***FILED*** THE LIEN OR JUDGMENT	NAME OF PERSON/ENTITY ***AGAINST WHICH*** THE LIEN OR JUDGMENT WAS FILED
EXPLAIN THE STATUS			
☐ LIEN ☐ JUDGMENT	DATE FILED (MM/YYYY)	NAME OF PERSON THAT ***FILED*** THE LIEN OR JUDGMENT	NAME OF PERSON/ENTITY ***AGAINST WHICH*** THE LIEN OR JUDGMENT WAS FILED
EXPLAIN THE STATUS			

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 DETAILS HERE.	

ASSET	REPOSSESSION/SEIZURE/ COLLECTION	DATE (MM/YYYY)	REASON

DO YOU OWN, CONTROL, OR MANAGE ANY ASSETS OR LIABILITIES OUTSIDE THE UNITED STATES?			☐ YES ☐ NO
IF YES, PROVIDE DETAILS HERE.			
DESCRIPTION OF ASSET/LIABILITY	DATE ACQUIRED (MM/YYYY)	LOCATION	
DO YOU OWN, CONTROL, MANAGE OR HOLD ANY ASSETS OR LIABILITIES FOR ANOTHER PERSON OR ENTITY?			☐ YES ☐ NO
IF YES, PROVIDE DETAILS AND DATES			
IS YOUR INTEREST IN THIS GAMBLING ESTABLISHMENT HEL BY A TRUST (ESTATE PLANNING OR OTHER)? IF YES, YOU MUST ALSO COMPLETE AND SUBMIT AN APPLICATION FOR STATE GAMBLING LICENSE (CGCC-030) FOR THE TRUST AND A TRUST SUPPLEMENTAL BACKGROUND INVESTIGATION INFORMATION FORM (DGC-APP. 143).			☐ YES ☐ NO

SECTION 11: GROSS ANNUAL HOUSEHOLD INCOME

TYPE OF INCOME	APPLICANT	OTHER
INCOME/WAGES	$	$
BUSINESS INCOME (EXPLAIN TYPE OF BUSINESS)	$	$
INTEREST INCOME	$	$
DIVIDENT INCOME	$	$
RENTAL INCOME	$	$
CHILD SUPPORT	$	$
GIFTS	$	$
SPOUSAL SUPPORT/ALIMONY	$	$
OTHER (SPECIFY)	$	$
OTHER (SPECIFY)	$	$
OTHER (SPECIFY)	$	$
TOTAL GROSS INCOME	$	$

SECTION 12: MONTHLY EXPENDITURES

TYPE OF EXPENDITURE	APPLICANT
REAL ESTATE (mortgage) PAYMENTS	$
RENT	$
HOUSEHOL EXPENSES (utilities, food, gasoline, home and car maintenance, entertainment, etc.)	$
BUSINESS EXPENSES (describe)	$
CREDIT CARD PAYMENTS	$
VEHICLE PAYMENTS	$
OTHER (describe)	$
TOTAL MONTHLY EXPENDITURES	$

THE ASSET AND LIABILITY FIGURES SHOWN BELOW ARE AS OF _____ , 20 _____ .

SECTION 13: STATEMENT OF ASSETS

LIST THE VALUE OF ALL ASSETS, BOTH TANGIBLE AND INTANGIBLE. ALL ASSETS MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES.

ASSETS	* INITIAL COST	CURRENT MARKET VALUE
CASH (TOTAL FROM SCHEDULE A)		
STOCKS AND BONDS (TOTAL FROM SCHEDULE B)		
ACCOUNTS AND NOTES RECEIVABLE (TOTAL FROM SCHEDULE C)		
BUSINESS INVESTMENTS * (TOTAL FROM SCHEDULE D)		
REAL ESTATE (TOTAL FROM SCHEDULE E)		
OTHER ASSETS (TOTAL FROM SCHEDULE F)		
TOTAL ASSETS		

SECTION 14: STATEMENT OF LIABILITIES

LIST THE VALUE OF ALL YOUR LIABILITIES. ALL LIABILITIES MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES. IF APPLICABLE, ANY DEBT INCURRED TO FINANCE THE TOTAL INVESTED IN THE GAMBLING ESTABLISHMENT SHOULD BE REFLECTED ON ONE OF THE SCHEDULES LISTED BELOWS.

LIABILITIES	* INITIAL AMOUNT	PRESENT BALANCE
ACCOUNTS PAYABLE (TOTAL FROM SCHEDULE G)		
TAXES PAYABLE (TOTAL FROM SCHEDULE H)		
NOTES PAYABLE * (TOTAL FROM SCHEDULE I)		
MORTAGE PAYABLE * (TOTAL FROM SCHEDULE J)		
CONTINGENT AND OTHER LIABILITIES (SCHEDULE K)		
TOTAL LIABILITIES		

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

SECTION 15: SUPPORTING DOCUMENTATION CHECKLIST

The following items must be submitted in conjunction with an Application for a State Gambling License (CGCC-030) and this Owner Applicant-Individual Supplemental Background Investigation Information form (DGC-APP 015A). Originals are required unless otherwise stated. Only documents that are dated and signed by all parties will be accepted. Failure to provide complete documents may result in denial of a license/denial of suitability. Pursuant to Business and Professions Code section 19868(a), an official filing date will not be established until all required forms, documentation and fees have been received by the State.

- ☐ Background Investigation Deposit required in CCR, Title 11, Division 3, Chapter 1, Article 4, Section 2037
- ☐ Gambling Establishment Supplemental Information form (DGC-APP 15C) for the gambling establishment. If there are multiple owners of this gambling establishment, only one DGC-APP 015C form needs to be submitted to provide information about the gambling establishment.
- ☐ If you are applying as a shareholder, member, partner, etc., a Gambling Establishment Owner Entity Supplemental Information form (DGC-APP 015B) for the business entity (corporation, LLC, partnership, etc.) that is buying or operating the gambling establishment also needs to be submitted.
- ☐ Applicant's Declaration, Acknowledgement, and Agreement (Community Property Interest) (DGC-APP. 011 [Rev. 09/04]) **OR** Applicant's Declaration, Acknowledgement, and Agreement (Sole and Separate Property) (DGC-APP. 012 [Rev. 09/04]) - Review both forms and complete the appropriate declaration. If you are married, your spouse must refer to the "Instructions to Applicant's Spouse."
- ☐ Application for State Gambling License (CGCC-030) and a Trust Supplemental Background Investigation Information form (DGC-APP.143) if your interest in this gambling establishment is held by a trust.
- ☐ Declaration of Full Disclosure (DGC-APP. 005 [Rev. 09/04])
- ☐ Authorization to Release Information (BGC-APP. 006 [Rev. 03/08])
- ☐ Appointment of Designated Agent (DGC-APP. 008 [Rev. 09/03])
- ☐ Copy of DD-214, if you ever served in the U.S. Armed Forces
- ☐ Naturalization Certificate or Permanent Resident Identification - If a naturalized citizen, copy of front and back of your Naturalization Certificate.
- ☐ Alien Registration Card (copy of front and back) if you are not a United States citizen.
- ☐ Copy of the completed Request for Live Scan Service (BCII 8016) after fingerprints have been taken.
- ☐ Local Cardroom Employee License, Permit, Badge, etc.- copy
- ☐ Management Company/Consultant Agreement, if applicable - copy
- ☐ All Current Lease/Rental Agreements (if applying as a sole proprietor) - copies
- ☐ Loan Documentation for the loan obtained to purchase the gambling establishment (if applying as a sole proprietor) - copies
- ☐ Tax Returns - Signed and dated copies of federal taxes for the last three years, including all schedules and attachments - both individual and for any businesses you own.
- ☐ Internal Revenue Service Request for Transcript of Tax Return (4506-T [Rev. 4/2006])
- ☐ Current Balance Sheets and Income Statements for yourself and all of your businesses.
- ☐ Bank Statements - Copies of all monthly statements for all personal and business accounts corresponding to the same period of time reflected in the income statement and for the four months immediately prior to the filing of this package.
- ☐ Investment Account Statements - Copies of all monthly statements for all personal and business accounts corresponding to the same period of time reflected in the income statement and for the four months immediately prior to the filing of this package.
- ☐ Bankruptcy Court Records - copy if applicable

Pursuant to Business and Professions Code section 19867, an applicant is responsible for all costs incurred by the Division while conducting a background investigation for gambling license suitability. At the conclusion of the investigation, the applicant will receive an itemized accounting of all such costs. Monies received in excess of the actual costs incurred will be refunded. A license will not be issued until all outstanding background investigation and issuance fees are received.

SECTION 16: 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
Cash

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

Name and Address of Bank or Investment Account	Type of Account	Account Number	Date Opened	Names of Persons Who Have Signature Authority on Account	Balance
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
				TOTAL *	$

* This total should match the corresponding total reported on page 11.

Signature or Preparer _____ Date _____

SCHEDULE B - ASSETS
Stocks and Bonds

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

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

* This total should match the corresponding total reported on page 11.

Signature or Preparer _____ Date _____

SCHEDULE C - ASSETS
Accounts and Notes Receivable

List all loans, accounts, and notes receivable.

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
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					TOTAL *	$

* This total should match the corresponding total reported on page 11.

Signature or Preparer _____ Date _____

SCHEDULE D - ASSETS
Business Investments

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

Entity Name	Type of Entity	Number of Shares or Units	Name in Which Held	Percent of Ownership	Individuals or Entities Sharing Interest and Percentage Ownership	Date of Purchase	Initial Cost	Current Market Value
							$	$
							$	$
							$	$
							$	$
							$	$
							$	$
							$	$
							$	$
							$	$
							$	$
							$	$
							TOTAL *	$

* This total should match the corresponding total reported on page 11.

Signature or Preparer _____ Date _____

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) (Indicate per month, year, etc.)	Purchase Price	Current Market Value
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					TOTAL *	$

* This total should match the corresponding total reported on page 11.

Signature or 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 *	$

* This total should match the corresponding total reported on page 11.

Signature or Preparer _____ Date _____

SCHEDULE G - LIABILITIES
Accounts Payable

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

Name and Address of Creditor	Account Number	Collateral	Date Incurred	Payment Amount & Payment Period (e.g. Weekly, Monthly, etc.)	Interest Rate	Unpaid Balance
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
				TOTAL *		$

* This total should match the corresponding total reported on page 11.

Signature or 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 *	$

* This total should match the corresponding total reported on page 11.

Signature or Preparer _____ Date _____

SCHEDULE I - LIABILITIES
Notes Payable

List all notes payable.

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

* This total should match the corresponding total reported on page 11.

Signature or 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	Interest Rate	Payment Amount & Payment Period (e.g. Weekly, Monthly, etc.)	Original Loan Amount	Unpaid Balance
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					TOTAL *	$

* This total should match the corresponding total reported on page 11.

Signature or Preparer _____ Date _____

SCHEDULE K - LIABILITIES
Contingent and Other Liabilities

List any other indebtedness or liability, e.g., co-signer on a loan, pending litigation, child support, alimony, etc.

Name and Address of Creditor	Date Incurred	Collateral	Description of Liability and Account Number	Payment Amount & Payment Period (e.g. Weekly, Monthly, etc.)	Interest Rate	Original Amount	Balance
						$	$
						$	$
						$	$
						$	$
						$	$
						$	$
						$	$
						$	$
						$	$
						$	$
						$	$
						TOTAL *	$

* This total should match the corresponding total reported on page 11.

Signature or Preparer _____ Date _____