

Cardroom Applicant's Spouse Supplemental Information for a State Gambling License

DGC-APP. 009A (Rev. 09/04)



**DEPARTMENT OF JUSTICE
DIVISION OF GAMBLING CONTROL**

(916) 263-3408

(916) 263-3403 facsimile

**CARDROOM APPLICANT'S SPOUSE
SUPPLEMENTAL INFORMATION FOR A STATE GAMBLING LICENSE**

Type or print legibly in ink an answer to every question. If a question does not apply to you, indicate with "N/A" (not applicable). If the space available is insufficient, use a separate sheet and precede each answer with the applicable section and question number. Do not misstate or omit any material fact(s) as each statement made is subject to verification. Any corrections, changes or other alterations must be initialed and dated by the applicant.

PLEASE SEND THE COMPLETED SUPPLEMENTAL INFORMATION, ALONG WITH THE APPLICATION FOR A STATE GAMBLING LICENSE, A \$500 NON-REFUNDABLE APPLICATION FEE, AND A \$750 DEPOSIT TO PAY THE ANTICIPATED INVESTIGATION AND PROCESSING COSTS IN ACCORDANCE WITH BUSINESS AND PROFESSION CODE SECTION 19867 TO: California Gambling Control Commission, P.O. Box 526013, Sacramento, CA 95852-6013.

A. PERSONAL

1. Full Name: _____
Last First Middle

2. Alias(es), Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise: _____

3. Date of Birth: _____

4. Place of Birth: _____
City County State Country

5. Residence Address: _____
Street City State Zip

6. Business Address: _____
Street City State Zip

7. Occupation: _____

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

9. Social Security Number*: _____

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

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

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

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

13. Gender: Male Female

AFFIX A
PASSPORT
QUALITY
PHOTOGRAPH
TAKEN WITHIN
THE LAST 30
DAYS

Date of Photograph: _____

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

Are you a United States citizen? Yes No If alien, **Alien No.:** _____

If naturalized, Certificate No.: _____

Alien No.: _____

Date Naturalized: _____

C. MARITAL

1. Current Spouse Information:

Full Name: _____
Last First Middle Maiden

Date of Birth: _____ Place of Birth: _____

Date of Marriage: _____

2. Former Marriage(s):

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

3. Co-habitants and Roommates

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

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

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D. MILITARY (include copy of DD214)

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

If Yes, Country Served: _____

Branch: _____

Dates of Service (From-To): _____

Type of Discharge: _____

Rank/Rating at Separation: _____

Serial Number: _____

2. While in the military service, were you **ever** convicted of any offense or formally disciplined: Yes No

If Yes, provide complete details: _____

E. CONVICTION, LITIGATION, AND ARBITRATION

1. Have you **ever** been convicted of a felony? (Convictions dismissed under Penal Code section 1203.4 must be disclosed unless an order sealing records under Penal Code section 1203.45 relating to persons under 18 years of age, has been issued.)

Yes No

2. Have you **ever** engaged in any act involving dishonesty or moral turpitude charged or chargeable as a criminal offense?

Yes No

3. Have you been convicted of a misdemeanor within the last 10 years? (Convictions dismissed under Penal Code section 1203.4 must be disclosed unless an order sealing records under Penal Code section 1203.45 relating to persons under 18 years of age, has been issued.)

Yes No

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

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

6. Are you currently on probation? Yes No

If your answer to E1-6 was Yes, provide the following details:

Date	Arresting Agency City & State	Original Charge	Final Charge (if amended or reduced)	Disposition

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6. Has a criminal indictment, information, or complaint **ever** been returned against you which you have not included in E1-6?
 Yes No

If Yes, provide complete details: _____

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

If Yes, provide complete details: _____

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

If Yes, provide complete details: _____

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

If Yes, provide complete details: _____

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

If your answer to E10 was Yes, provide the following details:

Name(s) of Plaintiff(s) & Defendant(s) Name(s) of Claimant(s) & Respondent(s)	Date Filed	State or Federal Court & Case Number	City, County & State	Disposition/Date
Brief Explanation of Issues:				
Brief Explanation of Issues:				
Brief Explanation of Issues:				

F. LICENSING

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

If your answer to F1 was Yes, provide the following details:

Government Agency	Type of Application	Permit/Badge/License Number	Approved/Denied	Dates Held or Reasons for Denial

2. Have you **ever** held a financial interest in a gambling venture, including, but not limited to: gambling establishment (cardroom), race track, race horse/dog, lottery, casino, bookmaking operation, pari-mutuel operation, or bingo parlor? Yes No

If your answer to F2 was Yes, provide the following details:

Name & Location of Business	Type of Venture	Dates of Involvement	Names of All Partners

3. Have you **ever** had a gambling registration, license, or related finding of suitability granted, denied, or revoked, or been a participant in any group which has been issued a gambling registration, license, or related finding of suitability in any state or a permit, badge, or license to own, operate, or work in a gambling establishment? Yes No

If your answer to F3 was Yes, provide the following details:

Government Agency	Type of Application	Permit/Badge/License Number	Approved/Denied Revoked	Dates Held or Denied or Revoked

If denied or revoked, provide reasons for denial or revocation: _____

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4. Have you **ever** withdrawn or surrendered an application for a gambling registration, license, or related finding of suitability or been a participant in any group which has withdrawn or surrendered an application for a gambling registration, license, or related finding of suitability in any state? Yes No

If your answer to F4 was Yes, provide the following details:

Gambling Establishment Name & Address	Licensing Agency	Date & Reason(s) for Withdrawal

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

If your answer to F5 was Yes, provide the following details:

Name	Job Title	Date	Name of Gambling Establishment

6. Have you **ever** applied for a privileged registration, professional license, certificate, or credential, (other than gambling) in any state, including, but not limited to, the following: Yes No

- | | | | |
|-----------------------------|-----------------|----------------------|-------------------|
| Alcoholic Beverage License | Lawyer | Race Horse/Dog Owner | Securities Dealer |
| Real Estate Broker or Sales | Doctor | Notary Public | Contractor |
| Accountant (CPA) | Boxing Promoter | Trainer or Manager | Pilot |

If your answer to F6 was Yes, provide the following details:

Type of License	Licensing Agency	License Number	Approved/Denied	Dates Held or Reasons for Denial

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

If your answer to F7 was Yes, provide details here:

Licensing Agency	License Number	Date of Action	Nature of Action (e.g., revocation, denial)	Disposition (e.g., revoked, fined, probation)

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DECLARATION

I, _____, declare that I have read the foregoing Spouse Supplemental Information for a State Gambling License and understand its contents. My statements are true and correct and contain a full and true account of the information requested. I execute this declaration with the knowledge any 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. 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 adopted and agree to abide by them.

I expressly waive, release, and forever discharge the State of California and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors, can, shall, or may have against the State of California and its agents, relating to this Spouse Supplemental Information for a 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