

Gaming Resource Supplier/Financial Source Provider - Principal Supplemental Information for Finding of Suitability

BGC-APP-025 (Rev. 09/07)



BUREAU OF GAMBLING CONTROL
P.O. Box 168024
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(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 a natural person who is a sole proprietor, a person with individual partnership interest or individual corporate interest, shareholder, member, officer, director, trustor, trustee, current beneficiary, funding source, or other applicant that is applying for a Finding of Suitability.

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			
BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)		DRIVER'S LICENSE/IDENTIFICATION CARD NUMBER	
		NO.	STATE EXP
PHYSICAL DESCRIPTION			
HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
DISTINGUISHING MARKS (SCARS, TATTOOS, ETC.) DESCRIBE AND INDICATE LOCATION			
ARE YOU A UNITED STATES CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PROVIDE A COPY OF YOUR RESIDENT ALIEN CARD (FRONT AND BACK)		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	
DO YOU HAVE DUAL CITIZENSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, LIST COUNTRIES.	
HAVE YOU EVER APPLIED FOR AND RECEIVED A PASSPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE A COPY OF ALL PAGES IN PASSPORT(S).			
HAVE YOU EVER LOST OR HAD YOUR PASSPORT STOLEN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER BEEN ISSUED A VISA? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, LIST ALL COUNTRIES VISITED.	

SECTION 2: MARITAL 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
RESIDENCE ADDRESS (IF DIFFERENT FROM APPLICANT) NUMBER / STREET	CITY	STATE	ZIP
DATE OF BIRTH	DATE OF MARRIAGE	HOME PHONE	WORK PHONE
<input type="checkbox"/> N/A	FORMER SPOUSE		
FULL NAME			
LAST	FIRST	MIDDLE	MAIDEN
DATE OF BIRTH	DATES OF MARRIAGE		
<input type="checkbox"/> N/A	FORMER SPOUSE		
FULL NAME			
LAST	FIRST	MIDDLE	MAIDEN
DATE OF BIRTH	DATES OF MARRIAGE		

SECTION 3: MILITARY EXPERIENCE			
HAVE YOU EVER SERVED IN ANY BRANCH OF THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH A COPY OF YOUR DD-214			
BRANCH OF SERVICE		DATES OF SERVICE FROM _____ TO _____	
COUNTRY OF SERVICE		RANK AT SEPARATION	
		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			
HAVE YOU EVER BEEN DISCIPLINED WHILE IN THE MILITARY <input type="checkbox"/> YES <input type="checkbox"/> NO			
DID THIS RESULT IN A COURT MARTIAL? IF YES, PROVIDE DETAILS BELOW. <input type="checkbox"/> YES <input type="checkbox"/> NO			
DATE (MM/YYYY)	FINAL CHARGE	COURT LOCATION (CITY & STATE)	

SECTION 4: RESIDENCES				
LIST ALL RESIDENCES DURING THE LAST TEN YEARS (<i>MOST RECENT FIRST, INCLUDING YOUR CURRENT RESIDENCE</i>). 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	<input type="checkbox"/> RENT <input type="checkbox"/> OWN
B) FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
CITY	COUNTY	STATE	ZIP	<input type="checkbox"/> RENT <input type="checkbox"/> OWN
C) FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
CITY	COUNTY	STATE	ZIP	<input type="checkbox"/> RENT <input type="checkbox"/> OWN
D) FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
CITY	COUNTY	STATE	ZIP	<input type="checkbox"/> RENT <input type="checkbox"/> OWN
E) FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
CITY	COUNTY	STATE	ZIP	<input type="checkbox"/> RENT <input type="checkbox"/> OWN
F) FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
CITY	COUNTY	STATE	ZIP	<input type="checkbox"/> RENT <input type="checkbox"/> OWN
G) FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
CITY	COUNTY	STATE	ZIP	<input type="checkbox"/> RENT <input type="checkbox"/> OWN

SECTION 5: EXPERIENCE AND EMPLOYMENT					
BEGINNING WITH YOUR MOST 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/ASSIGNMENT SECTION, EXPLAIN HOW YOU SUPPORTED YOURSELF.					
A) NAME OF EMPLOYER				FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS (NUMBER / STREET)			SUPERVISOR		
CITY		STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE		REASON FOR LEAVING		GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES / ASSIGNMENTS					
B) NAME OF EMPLOYER				FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS (NUMBER / STREET)			SUPERVISOR		
CITY		STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE		REASON FOR LEAVING		GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES / ASSIGNMENTS					
C) NAME OF EMPLOYER				FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS (NUMBER / STREET)			SUPERVISOR		
CITY		STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE		REASON FOR LEAVING		GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES / ASSIGNMENTS					
D) NAME OF EMPLOYER				FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS (NUMBER / STREET)			SUPERVISOR		
CITY		STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE		REASON FOR LEAVING		GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES / ASSIGNMENTS					

SECTION 6: CONVICTIONS, LITIGATION AND ARBITRATION			
HAVE YOU EVER BEEN CONVICTED OF A CRIME, PLED GUILTY OR PLED NOLO CONTENDERE (NO CONTEST) TO A CRIME? 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.			<input type="checkbox"/> YES <input type="checkbox"/> NO
A) APPROXIMATE DATE (MM/DD/YYYY)	COURT LOCATION (CITY & STATE) AND ARRESTING AGENCY (CITY & STATE)		
OF WHAT CRIME(S) WERE YOU CONVICTED, AND WHAT WAS THE FINAL DISPOSITION/JUDGEMENT IN THE CASE?			
B) APPROXIMATE DATE (MM/DD/YYYY)	COURT LOCATION (CITY & STATE) AND ARRESTING AGENCY (CITY & STATE)		
OF WHAT CRIME(S) WERE YOU CONVICTED, AND WHAT WAS THE FINAL DISPOSITION/JUDGEMENT IN THE CASE?			
HAVE YOU EVER ENGAGED IN BOOKMAKING OR OTHER ILLEGAL GAMBLING ACTIVITIES?			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN FOUND GUILTY (CRIMINAL OR ADMINISTRATIVE) OF VIOLATING ANY CAMPAIGN LAW(S)?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES TO EITHER OF THE ABOVE, EXPLAIN EACH INCIDENT.			
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?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE PROVIDE DETAILS BELOW.			
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	
C) 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, FINDING OF SUITABILITY, 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, FINDING OF SUITABILITY, 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 WITHDRAWN, DENIED AND/OR ARE PENDING).

A) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM: TO:	ISSUING AGENCY
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	
B) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM: TO:	ISSUING AGENCY
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	
C) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM: TO:	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 WITHDRAWN, DENIED AND/OR ARE PENDING).

A) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM: TO:	ISSUING AGENCY
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	
B) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM: TO:	ISSUING AGENCY
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	
C) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM: TO:	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 LIMITED 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 THE ABOVE, PROVIDE THE FOLLOWING DETAILS:

NAME OF BUSINESS	LOCATION OF BUSINESS	DATES OF INVOLVEMENT (MM/YYYY) FROM: TO:
INTEREST/TYPE OF VENTURE	NAMES OF ALL PARTNERS	

SECTION 9: BUSINESS INTEREST

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 SIMILAR CAPACITY WITHIN THE PAST 10 YEARS.

A) NAME OF BUSINESS/CORPORATION/PARTNERSHIP				BUSINESS/CORPORATION/PARTNERSHIP MAILING ADDRESS	
BUSINESS TELEPHONE NUMBER ()		DATES OF INVOLVEMENT FROM TO			
YOUR CAPACITY/TITLE		PRIMARY PURPOSE OF THE BUSINESS	AMOUNT OF INVESTMENT		
B) NAME OF BUSINESS/CORPORATION/PARTNERSHIP				BUSINESS/CORPORATION/PARTNERSHIP MAILING ADDRESS	
BUSINESS TELEPHONE NUMBER ()		DATES OF INVOLVEMENT FROM TO			
YOUR CAPACITY/TITLE		PRIMARY PURPOSE OF THE BUSINESS	AMOUNT OF INVESTMENT		
C) NAME OF BUSINESS/CORPORATION/PARTNERSHIP				BUSINESS/CORPORATION/PARTNERSHIP MAILING ADDRESS	
BUSINESS TELEPHONE NUMBER ()		DATES OF INVOLVEMENT FROM TO			
YOUR CAPACITY/TITLE		PRIMARY PURPOSE OF THE BUSINESS	AMOUNT OF INVESTMENT		

SECTION 10: PERSONAL FINANCIAL HISTORY

HAS YOUR INTEREST IN THIS COMPANY BEEN ASSIGNED, 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, 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/DD/YYYY)	CASE NUMBER	DATE DISCHARGED (MM/DD/YYYY)	DESCRIBE THE CIRCUMSTANCES THAT RESULTED IN THIS ACTION
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HAVE YOU HAD ANY JUDGEMENTS OR LIENS FILED AGAINST YOU AS AN INDIVIDUAL, SOLE PROPRIETOR, MEMBER OF A PARTNERSHIP, OR SHAREHOLDER OF A CORPORATION? YES NO

IF YES, PROVIDE DETAILS HERE.

<input type="checkbox"/> LIEN <input type="checkbox"/> JUDGEMENT	DATE FILED (MM/DD/YYYY)	NAME OF PERSON/ENTITY THAT FILED THE LIEN OR JUDGEMENT	NAME OF PERSON/ENTITY AGAINST WHICH THE LIEN OR JUDGEMENT WAS FILED
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EXPLANATION AND STATUS

<input type="checkbox"/> LIEN <input type="checkbox"/> JUDGEMENT	DATE FILED (MM/DD/YYYY)	NAME OF PERSON/ENTITY THAT FILED THE LIEN OR JUDGEMENT	NAME OF PERSON/ENTITY AGAINST WHICH THE LIEN OR JUDGEMENT WAS FILED
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EXPLANATION AND 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/DD/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/CONTROLLED (MM/DD/YYYY)	OWN, MANAGE, OR CONTROL	LOCATION

DO YOU OWN, CONTROL, MANAGE OR HOLD ANY ASSETS OR LIABILITIES FOR ANOTHER PERSON OR ENTITY? YES NO

IF YES, PROVIDE COMPLETE DETAILS HERE.

IS YOUR INTEREST IN THIS COMPANY HELD BY A TRUST (ESTATE PLANNING OR OTHER)? YES NO

IF YES, YOU MUST ALSO COMPLETE AND SUBMIT AN APPLICATION FOR FINDING OF SUITABILITY (CGCC-100) FOR THE TRUST AND A TRUST SUPPLEMENTAL BACKGROUND INVESTIGATION INFORMATION FORM (BGC-APP. 143).

SECTION 11: GROSS ANNUAL INCOME		
TYPE OF INCOME	APPLICANT	OTHER
INCOME/WAGES	\$	\$
BUSINESS INCOME (EXPLAIN TYPE OF BUSINESS)	\$	\$
INTEREST INCOME	\$	\$
DIVIDEND INCOME	\$	\$
RENTAL INCOME	\$	\$
CHILD SUPPORT	\$	\$
GIFTS	\$	\$
SPOUSAL SUPPORT/ALIMONY	\$	\$
OTHER (SPECIFY)	\$	\$
OTHER (SPECIFY)	\$	\$
OTHER (SPECIFY)	\$	\$
TOTAL GROSS INCOME	\$	\$

SECTION 12: MONTHLY EXPENDITURES		
TYPE OF EXPENDITURES	APPLICANT	OTHER
REAL ESTATE (<i>mortgage</i>) PAYMENTS:	\$	\$
RENT:	\$	\$
HOUSEHOLD EXPENSES (<i>utilities, food, gasoline, home and car maintenance, entertainment, etc.</i>):	\$	\$
BUSINESS EXPENSES (<i>describe</i>):	\$	\$
CREDIT CARD PAYMENTS:	\$	\$
VEHICLE PAYMENTS:	\$	\$
OTHER (<i>describe</i>):	\$	\$
OTHER (<i>describe</i>):	\$	\$
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	PURCHASE PRICE	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 COMPANY SHOULD BE REFLECTED ON ONE OF THE SCHEDULES LISTED BELOW.		
LIABILITIES	INITIAL AMOUNT	PRESENT BALANCE
ACCOUNTS PAYABLE (TOTAL FROM SCHEDULE G)		\$
TAXES PAYABLE (TOTAL FROM SCHEDULE H)		\$
NOTES PAYABLE (TOTAL FROM SCHEDULE I)	\$	\$
MORTGAGE PAYABLE (TOTAL FROM SCHEDULE J)	\$	\$
CONTINGENT AND OTHER LIABILITIES (TOTAL FROM SCHEDULE K)	\$	\$
TOTAL LIABILITIES		\$

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

SECTION 15: SUPPORTING DOCUMENTATION CHECKLIST

The following items must be submitted in conjunction with an Application for a Finding of Suitability Gaming Resource Supplier/Financial Source Provider (Vendor) (CGCC-100) and this Vendor Principal-Individual Supplemental Background Investigation Information form (BGC-APP 025). 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
- Trust Supplemental Background Investigation Information form (BGC-APP. 143) if your interest in this company is held by a trust
- Declaration of Full Disclosure (BGC-APP. 004 [Rev. 10/03])
- Authorization to Release Information (BGC-APP. 006 [Rev. 06/07])
- Appointment of Designated Agent (BGC-APP. 008 Rev. [09/03])
- Copy of Certificate of Release or Discharge from Active Duty (DD Form 214), if you ever served in the Armed Forces
- Copy of passport (every page within passport) and/or Visa (passport if dual citizenships)
- Original fingerprint cards (2) or one copy of a fully executed Live Scan form (BCII-8016)
- Management Company/Consultant Agreement, if applicable – copy
- Tax Returns - Signed and dated copies of state and federal (national) for the past three years, including all schedules and attachments - both individual and for any businesses you own
- Current Year End 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 balance sheets and income statements
- Investment Account Statements – Copies of all monthly statements for all personal and business accounts corresponding to the same period of time reflected in the balance sheets and income statements
- Bankruptcy court records, if applicable – copy

Pursuant to Business and Professions Code section 19867, an applicant is responsible for all costs incurred by the Department of Justice while conducting a background investigation for a Finding of 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.

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*

PRINT FULL NAME	SIGNATURE	DATE
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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 liabilities 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 & Percentage Ownership	Date of Purchase	Purchase Price	Current Market Value
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							TOTAL*:	\$

*This total should match the corresponding total reported on page 9.

Signature of 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 & Location	Type (Residential/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 9.

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	Other Information (e.g. Year/Make/Model)	Date of Purchase	Purchase Price	Current Market Value
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			TOTAL*:	\$

*This total should match the corresponding total reported on page 9.

Signature of 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 9.

Signature of 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 9.

Signature of 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	Unpaid Balance
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						TOTAL*:	\$

*This total should match the corresponding total reported on page 9.

Signature of Preparer _____

Date _____