

**Supplemental Background Information,  
Gaming Resource Supplier/Financial Resource Provider (Vendor), Principal**  
DGC-APP. 025 (Rev. 11/03)



California Department of Justice  
**Division of Gambling Control**  
1425 River Park Drive, Suite 400  
Sacramento, CA 95815  
(916) 263-3408

**SUPPLEMENTAL BACKGROUND INFORMATION  
GAMING RESOURCE SUPPLIER/FINANCIAL SOURCE PROVIDER (VENDOR)**

**PRINCIPAL**

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**Instructions: 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 FINDING OF SUITABILITY GAMING RESOURCE SUPPLIER/FINANCIAL SOURCE PROVIDER (VENDOR), 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.**

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Date of Application: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Company Name: \_\_\_\_\_

Position in Company: \_\_\_\_\_

Name / Address / Phone: \_\_\_\_\_

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

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

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**Section 1. Personal History Information**

**(A) PERSONAL INFORMATION:**

Last Name		First Name		Middle Name (if no middle name, indicate "NMN")
Alias(es), Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise				
Present Residence Address		City, County, State, Zip		
Mailing Address (if different from above)				
Present Employer Business Address		City, County, State, Zip		
Current Occupation		Phone: Residence ( ) _____ Business ( ) _____ Fax ( ) _____		
Date of Birth		Place of Birth (City, County, State, and Country)		
Age	Social Security Number ____-____-____	Sex: " Male " Female	Drivers License/Identification Card Number: _____ State Issued:	
Eye Color	Hair Color	Weight	Height	
Distinguishing marks (scars, tattoos, etc.). Describe and indicate location.				
Are you a Tribal member? " Yes " No If YES, list: Tribal affiliation: _____ Enrollment No.: _____ Location: _____				

Do you have any family members who work in the gaming industry? " Yes " No

If YES, provide name, address, relationship, position held, and supervisor's name.

Name	Address	Relationship	Position Held	Name of Supervisor

Attach an additional sheet if necessary.

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Are you a United States citizen? " Yes " No If NO, what country? \_\_\_\_\_

Alien Registration Number: \_\_\_\_\_ If naturalized, Certificate Number: \_\_\_\_\_

**(B) MARITAL INFORMATION:**

" Single " Married " Separated " Divorced " Widowed

Information regarding current spouse:

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

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

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

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

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

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

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

**FORMER MARRIAGE(S):**

Name (Last, First, Middle, Maiden)	Dates of Marriage (From-To)

Attach an additional sheet if necessary.

**(C) FAMILY INFORMATION:**

(1) Children and/or Dependents

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

Name (Last, First, Middle, Maiden)	Date of Birth	Address	Telephone No.	Relationship
			( )	
			( )	
			( )	
			( )	
			( )	

Attach an additional sheet if necessary.

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- (2) Co-habitants and/or Roommates  
List any adults, not disclosed above, with whom you reside.

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

Attach an additional sheet if necessary.

- (3) Parents and/or Step-Parents  
List name, place of birth, residence address, and most recent occupation of parents and/or step-parents. If retired or deceased, list last address and occupation.

Name (Last, First, Middle, Maiden)	Date of Birth	Place of Birth	Address	Telephone No.	Occupation
				( )	
				( )	
				( )	
				( )	

Attach an additional sheet if necessary.

- (4) Brothers and Sisters  
List name, place of birth, residence address, and most recent occupation of brothers and sisters. If retired or deceased, list last address and occupation.

Name (Last, First, Middle, Maiden)	Date of Birth	Place of Birth	Address	Telephone No.	Occupation
				( )	
				( )	
				( )	
				( )	
				( )	

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**(D) EDUCATIONAL BACKGROUND:** List below your formal education, and include any schools or training programs attended.

	Name of School	Location (City/State)	Dates of Attendance	Graduate
High School				Yes No
College/University				Yes No
Other				Yes No
Other				Yes No

Attach an additional sheet if necessary.

**(E) MILITARY INFORMATION:**

Have you ever served in the United States armed forces? " Yes " No  
(If YES, attach a copy of your DD214)

Branch of Service: \_\_\_\_\_ Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

If less than Honorable Discharge, please explain. Attach additional sheets as necessary. \_\_\_\_\_

**(F) EMPLOYMENT HISTORY:** Beginning with your current employment, list your employers and periods of unemployment during the last 10 years.

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

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

Attach an additional sheet if necessary.

**(G) RESIDENCES:** Please list all your residences (most recent first) for the past 10 years.

Month and Year (From-To)	Street and Number	City	County and State	Rent/Own (Check One)
				Own _____ Rent _____
				Own _____ Rent _____
				Own _____ Rent _____
				Own _____ Rent _____
				Own _____ Rent _____

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**(H) REFERENCES:** List the name, address, and telephone number of three (3) personal references who are not related to you. Include at least one (1) reference you were acquainted with during each period of residence listed in Question (G) above. Do not include relatives, present employer, or your employees.

Name and Occupation	Address (Street, City, State, Zip)	Telephone	Years Known
Name	Home	Home ( )	
Occupation	Mailing Address	Work ( )	
Name	Home	Home ( )	
Occupation	Mailing Address	Work ( )	
Name	Home	Home ( )	
Occupation	Mailing Address	Work ( )	

Attach an additional sheet if necessary.

**(I) BUSINESS INTERESTS:** List all businesses, corporations, and partnerships with which you are or have been associated with in the past 10 years as an owner, officer, director, shareholder, partner, or other related capacity.

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

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

Attach an additional sheet if necessary.

**(J)** List all previous or existing business relationships with any Indian Tribe:

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**(K)** List any existing or previous business relationships with the gaming industry, including any ownership interests in those businesses:

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**Section 2. Other Licensing Information**

(A) Have you ever held or applied for a permit, license, or certificate related to gaming, whether or not such license, permit, or certificate was granted? " Yes " No

If YES, list below any licensing or regulatory agency (Tribal, state, or local) to which you have applied for a license, permit, or certificate related to gaming activities or lottery, whether or not such license, permit, or certificate was granted. Include any applications denied, withdrawn, and/or pending.

Applicant Name:	Type of Application:
License/Permit/Certificate Number:	Dates Held: From To
City, County, State	Tribe:
Action Taken:	Issuing Agency:
Applicant Name:	Type of Application:
License/Permit/Certificate Number:	Dates Held: From To
City, County, State	Tribe:
Action Taken:	Issuing Agency:
Applicant Name:	Type of Application:
License/Permit/Certificate Number:	Dates Held: From To
City, County, State	Tribe:
Action Taken:	Issuing Agency:

Attach an additional sheet if necessary.

(B) Have you ever held or applied to a licensing or regulatory agency for an occupational license, permit, registration, or certificate of any type whether or not the license, permit, or certificate was granted?  
" Yes " No

If YES, list below any licensing or regulatory agency to which you have applied for a license, permit, registration, or certificate whether or not such license, permit, registration, or certificate was granted. Include any applications denied, withdrawn, and/or pending.

Applicant Name:	Date of Application:
License/Permit/Registration/Certificate Number:	City, County, State
Dates Held: From To	Type:
Action Taken:	Issuing Agency:
Applicant Name:	Date of Application:
License/Permit/Registration/Certificate Number:	City, County, State
Dates Held: From To	Type:
Action Taken:	Issuing Agency:

Attach an additional sheet if necessary.

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(C) Have any disciplinary actions ever been taken, or are any such actions pending, for any of the above listed license(s), permit(s), registration(s), and/or certificate(s)? " Yes " No

If YES, provide details below:

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

Attach an additional sheet if necessary.

(D) Have you ever appeared before any licensing agency or similar authority either inside or outside the State of California for any reason whatsoever? " Yes " No

If YES, provide complete details:

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Attach an additional sheet if necessary.

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

If YES, provide the following details:

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

Attach an additional sheet if necessary.

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(F) Have you ever withdrawn an application and/or been denied a gambling registration, license, or related finding of suitability or been a participant in any group which has withdrawn an application and/or been denied a gambling registration, license, or related finding of suitability in any state? " Yes " No

If YES, provide the following details:

Gambling Establishment Name & Address	Licensing Agency	Date & Reason(s) for Withdrawal and/or Denial

Attach an additional sheet if necessary.

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**Section 3. Criminal History Information**

(A) Have you ever been convicted of a felony? " Yes " No

If YES, explain: list the charge, date, city, name/address of the courts involved and the disposition (including, but not limited to, theft, burglary, embezzlement, falsifying income tax, tax evasion, murder, manslaughter, assault, DUI, fraud, possession/use/sale of drugs, etc.).

Date	Arresting Agency Location - City & State	Original Charge	Final Charge (If amended or reduced)	Court Location-City & State	Disposition (Guilty/Not-Guilty)

Attach an additional sheet if necessary.

(B) Have you in the past 10 years been convicted of any misdemeanor? " Yes " No

If YES, list the charge, date, city, name/address of the courts involved and the disposition (including, but not limited to, DUI, assault and battery, disorderly conduct, minor shoplifting, property damage, public intoxication, trespassing, etc.).

Date	Arresting Agency Location - City & State	Original Charge	Final Charge (If amended or reduced)	Court Location-City & State	Disposition

Attach an additional sheet if necessary.

(C) Have you ever engaged in any act involving dishonesty or moral turpitude charged or chargeable as a criminal offense? " Yes " No

(D) Have you ever been convicted of an offense involving dishonesty or moral turpitude? " Yes " No

(E) Have you ever engaged in bookmaking or other illegal gambling activities? " Yes " No

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**(F)** Have you ever received a pardon or expungement of any criminal offense? " Yes " No

If YES to "C - F," provide the following details, even if a resulting conviction has been expunged or set aside.

Date	Arresting Agency Location - City & State	Original Charge	Final Charge (If amended or reduced)	Court Location-City & State	Disposition

Attach an additional sheet if necessary.

**(G)** Has a criminal indictment, information, or complaint ever been returned against you which you have not included in "C - F" above? " Yes " No

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

**(H)** 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**(I)** 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 YES, provide the following details:

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

Attach an additional sheet if necessary.

(J) Have you ever been charged with a violation of any campaign law(s)? " Yes " No

If YES, provide the following details:

Date	Charging Agency	City & State	Charge	Disposition/Date
Brief Explanation of Charges:				
Brief Explanation of Charges:				
Brief Explanation of Charges:				

Attach an additional sheet if necessary.

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**Section 4. Financial History Information**

(A) Have you ever filed bankruptcy? " Yes " No

If YES, identify the 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 listing all creditors and the order discharging debts.

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(B) 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:

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(C) 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:

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(D) Do you own or control any assets or liabilities located outside the United States? " Yes " No

If YES, provide complete details:

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**(E)** Do you control or manage any assets or liabilities for another person or entity? " Yes " No

If YES, provide complete details:

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**(F)** Do you hold in trust any assets for another person or entity? " Yes " No

If YES, provide complete details:

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**(G)** Have you ever been a plaintiff in a civil suit? " Yes " No

If YES, explain and give court name and address:

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**(H)** Have you ever been a defendant in a civil suit and/or had a judgement or lien rendered against you?

" Yes " No

If YES, explain and give court name and address:

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**(I)** Have you ever had your state or federal personal income tax return audited or adjusted? " Yes " No

If YES, provide details and dates:

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**(J) GROSS ANNUAL INCOME (FOR HOUSEHOLD):**

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

**(K) STATEMENT OF ASSETS (FOR HOUSEHOLD):**

List the total value of all assets held, both tangible and intangible, on the appropriate line below. Enter the amounts as of the date of this application. If applicable, your investment in any gambling or related business should be reflected below.

Assets	Original Cost/Investment	Current Market Value
Cash & Checking Accounts (Total From Schedule "A")		
Savings Accounts & Notes Receivable (Total From Schedule "B")		
Stocks and Bonds (Total From Schedule "C")		
Business Investments (Total From Schedule "D")		
Real Estate (Total From Schedule "E")		
Other Assets (autos, boats, etc.) (Total From Schedule "F")		
<b>TOTAL ASSETS</b>	\$	\$

**(L) STATEMENT OF LIABILITIES (FOR HOUSEHOLD):**

List all liabilities owed, on the appropriate line below. Enter the amount as of the date of this application.

Liabilities	Monthly Payment	Present Balance
Accounts Payable (Total From Schedule "G")		
Taxes Payable (Total From Schedule "H")		
Notes Payable (Total From Schedule "I")		
Mortgages Payable (Total From Schedule "J")		
Contingent and Other Liabilities (Total From Schedule "K")		
<b>TOTAL LIABILITIES</b>	\$	\$

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







**STATEMENT OF ASSETS**

**SCHEDULE "D"  
Business Investments**

List any business investments in which any direct, indirect, vested, or contingent interest is held, 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
<b>TOTAL \$</b>								



**STATEMENT OF ASSETS**

**SCHEDULE "F"  
Other Assets**

List all other assets (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**



**STATEMENT OF LIABILITIES**

**SCHEDULE "H"  
Taxes Payable**

List all unpaid taxes.

Name of Creditor (e.g., Franchise Tax Board/Internal Revenue Service/Board of Equalization, etc.)	Related Tax Period	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Original Amount	Unpaid Balance
			TOTAL \$	

**STATEMENT OF LIABILITIES**

**SCHEDULE 'T'  
Notes Payable**

List all notes payable.

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 "K"  
Contingent and Other Liabilities**

List any other indebtedness or contingent liability (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>						

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, declare that I have read the foregoing  
(Type or Print Full Name)

Application for Finding of Suitability 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.), the Regulations of the Division of Gambling Control (California Code of Regulations, Title 11, Div. 3, Chapter 1.) and the California Tribal-State Gaming Compact 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 Application for Finding of Suitability.

I declare under penalty of perjury that the forgoing is true and correct.

Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_  
City State

\_\_\_\_\_  
Applicant Signature