

Level I Principal Supplemental Information

DGC-APP. 025A (New 08/04)

**DEPARTMENT OF JUSTICE
DIVISION OF GAMBLING CONTROL**

LEVEL I PRINCIPAL SUPPLEMENTAL INFORMATION

INSTRUCTIONS

Each Gaming Resource Supplier (Vendor) Principal, as determined by the Division of Gambling Control, must complete the Level I Principal Supplemental Information and submit all required forms, documentation, and deposits. Originals are required unless otherwise stated. Any corrections or alterations must be initialed and dated by the applicant.

Regular Mail Delivery

Department of Justice
Division of Gambling Control
P.O. Box 168024
Sacramento, CA 95816

Commercial/Personal Delivery

Department of Justice
Division of Gambling Control
1425 River Park Drive, Suite 400
Sacramento, CA 95815

Pursuant to Business and Professions Code section 19868, subd. (a), the supplemental information package will not be deemed complete until all required forms, documentation, and deposits have been received by the Division.

Forms/Documentation	Submitted
Application for Finding of Suitability (DGC-APP. 020 [Rev. 10/03]) (If not already submitted)	
Level I Principal Supplemental Information (DGC-APP. 025A [New 08/04]) (Includes instructions)	
Authorization to Release Information (DGC-APP. 006 [Rev. 09/03])	
Vendor Appointment of Designated Agent (DGC-APP. 032 [Rev. 11/03])	
FBI fingerprint cards or Request for Live Scan Service form (If not already submitted)	
Non-refundable \$500.00 Application Fee (If not already submitted)	
Deposit of money that, in the judgment of the Director of the Division, will be adequate to pay the anticipated investigation costs in accordance with Business and Professions Code section 19867	

Applicant is responsible for all investigative costs incurred by the Division. At the conclusion of the investigation, an itemized accounting will be provided. Monies received in excess of the actual costs incurred will be refunded.

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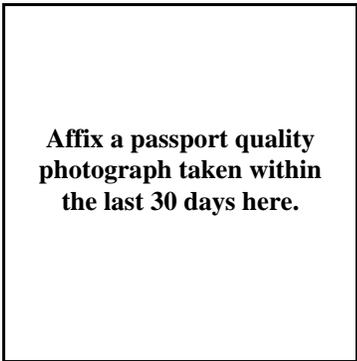
California Department of Justice
Division of Gambling Control
1425 River Park Drive, Suite 400
Sacramento, CA 95815
(916) 263-3408

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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.

1. Date of Supplemental: _____ / _____ / _____
2. Name of Individual Principal _____

LAST
FIRST
MIDDLE
3. Title or Position in Business: _____
4. Business Name: _____
5. Business Mailing Address: _____
6. Business Telephone Number: _____



Date of Photograph: _____

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Section 1. Personal History Information

(A) PERSONAL INFORMATION:

Last Name (Include Sr., Jr., etc., if applicable)		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 Code	
Mailing Address (If different from above)		City, County, State, Zip Code	
Present Employer Name and Business Address		City, County, State, Zip Code	
Current Occupation		Telephone: Residence () _____ Business () _____ Fax () _____	
Date of Birth (Month/Day/Year)		Place of Birth (City, County, State, and Country)	
Age	Social Security Number* _____-_____-_____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver License/Identification Card Number: _____ State Issued:
Eye Color	Hair Color	Weight	Height
Distinguishing Marks (scars, tattoos, etc.). Describe and indicate location.			

* 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 background investigations.

Are you a United States citizen? " Yes " No If No, what country? _____

Alien Registration Number: _____ If naturalized, Certificate Number: _____

Have you ever served in the United States armed forces? " Yes " No

Branch of Service: _____ Dates of Service: From _____ To _____

Type of Discharge: _____

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

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(B) MARITAL INFORMATION: " Single " Married " Separated " Divorced " Widowed

Information regarding current spouse (Complete the information below, if you are married, separated, or if your divorce is pending):

Date of Marriage		Place of Marriage (City, County, State)	
Spouse's Full Name (Maiden)			
Date of Birth		Place of Birth (City, County, State)	
Residence Address (If different from applicant)			City, County, State
Residence Telephone (Include area code)	Business Telephone (Include area code)	Occupation	
Employer's Name and Address			

Former Marriage(s):

Name (Last, First, Middle, Maiden)	Dates of Marriage (From-To)	Year, County, and State of Divorce Filing

Attach an additional sheet if necessary.

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Section 2. Licensing Information

(A) Have you ever held, or applied for, a permit, license, finding of suitability, or certificate related to gambling, whether or not such permit, license, finding of suitability, 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 permit, license, finding of suitability, or certificate related to gambling activities or lottery, whether or not such license, permit, finding of suitability, or certificate was granted. Include any applications denied, withdrawn, and/or pending.

Applicant Name:	Type of Application:
License/Permit/Finding of Suitability/Certificate Number:	Dates Held: From To
City, County, State	Tribe (If applicable):
Disposition (Granted, denied, pending, etc.):	Issuing Agency:
Applicant Name:	Type of Application:
License/Permit/Finding of Suitability/Certificate Number:	Dates Held: From To
City, County, State	Tribe (If applicable):
Disposition (Granted, denied, pending, etc.):	Issuing Agency:
Applicant Name:	Type of Application:
License/Permit/Finding of Suitability/Certificate Number:	Dates Held: From To
City, County, State	Tribe (If applicable):
Disposition (Granted, denied, pending, etc.):	Issuing Agency:

Attach an additional sheet if necessary.

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Section 3. Criminal History Information

- (A) Have you **ever** been convicted of a felony? (Convictions dismissed under California 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
- (B) Have you been convicted of a misdemeanor within the last 10 years? (Convictions dismissed under California 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
- (C) Are you currently on probation? " Yes " No
- (D) Have you **ever** engaged in any act involving dishonesty or moral turpitude charged or chargeable as a criminal offense? " Yes " No
- (E) Have you **ever** been convicted of an offense involving dishonesty or moral turpitude? " Yes " No
- (F) Have you **ever** engaged in bookmaking or other illegal gambling activities? " Yes " No
- (G) Have you **ever** received a pardon or expungement of any criminal offense? " Yes " No

If YES to "A - G," 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	Case Number	Disposition

Attach an additional sheet if necessary.

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DECLARATION

I, _____, declare that I have read the foregoing Level I Vendor Principal Supplemental Information 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 that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial of an application or revocation of a state 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.), the California State-Tribal Gaming Compacts, 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 supplemental information package.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true, correct, and complete.

Signature

Date: _____

Printed Name/Title

Business Name