DEPARTMENT OF JUSTICE
DIVISION OF GAMBLING CONTROL

LEVEL III SUPPLEMENTAL INFORMATION - BUSINESS

INSTRUCTIONS

Each owner as defined by Title 4, California Code of Regulations, Chapters 2.1 and 2.2, who is **NOT** a natural person must complete the Level III Supplemental Information - Business and submit all required forms, documentation, and deposits.

Regular Mail Delivery
California Gambling Control Commission
P.O. Box 526013
Sacramento, CA 95852-6013

Commercial/Personal Delivery
California Gambling Control Commission
2399 Gateway Oaks, Suite 100
Sacramento, CA 95833-4231

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 (if applicable)
Level III Supplemental Information–Business (DGC-APP. 034B [New 08-04]) (includes Instructions)	
Gambling Business Playing Book Form - Copy	
Authorization to Release Information (DGC-APP. 006 [Rev. 09-04])	
Appointment of Designated Agent For Owners and Proposition Players (DGC-APP. 031 [Rev. 08-04])	
Request for Copy of Corporation, Exempt Organization, Partnership or Limited Liability Company Return (FTB 3516 C1 [Rev. 06-03, Side 2 - CORP])	
Internal Revenue Service Request for Transcript of Tax Return (Form 4506-T) [1-2004])	
Signed copies of Federal tax returns for the past three years, including all schedules and attachments.	
Bank Statements - Copies for any and all business accounts for past 18 months.	
Investment Account Statements - Copies for any and all accounts for the past 18 months.	
Balance Sheets and Income Statements - Copies for last 3 fiscal years.	
Trust Agreement(s) pertaining to Third-Party Provider of Proposition Player Services - Copy	
All Lease Agreement(s) pertaining to Third-Party Provider of Proposition Player Services - Copy	
Management Company Agreement - Copy	
Partnership Agreement - Copy	
Employment Contract - Copy	
Articles of Incorporation - Copy	
Current Local Business License, Permit, Badge, etc. - Copy	
Employee List	
Duty Statements for each Employee Classification	
Organizational Chart - Include Names, Job Titles and Lines of Accountability	
Deposit of $5,000 for Level III Supplemental Information - Business Investigation and Processing	

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.

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

LEVEL III SUPPLEMENTAL INFORMATION - BUSINESS

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 is subject to verification. Any corrections, changes or other alterations must be initialed and dated by the applicant.

Type of Applicant: ☐ TPPPPS ☐ *Funding Source for TPPPPS
☐ Gambling Business ☐ *Funding Source for Gambling Business

*If checked, provide description of financial arrangements and an explanation of origin of funds used for financing.

Type of License Applying for: ☐ Primary Owner ☐ Owner

California Gambling Control Commission (CGCC) Registration Category:

☐ Primary Owner ☐ Owner ☐ Supervisor ☐ Player ☐ Other Employee

CGCC Badge Number: _____ Date Issued: _____ Expiration Date: _____

Section 1. Business History Information

1. Name of business applicant: _____

2. Trade name to be used (if applicable): _____

3. Type of Business: ☐ Corporation ☐ Partnership ☐ Limited Liability Co. ☐ Jt. Venture ☐ Sole Proprietor

4. Business mailing address: _____

5. Main office (if different than above): _____

6. Address where business records are maintained (if different than above): _____

   Business Phone: (_____) _____ Business Fax: (____) _____

7. If applicant has ever conducted business under another name in any jurisdiction or State, provide name and jurisdiction or state: _____

   _____

   Federal tax ID number: _____ State Tax ID number: _____

   SSN* (if sole proprietorship): _____

[*Disclosure of your U.S. social security account number is mandatory. Section 30 of the Business and Professions Code, section 17520 of the Family Code, and Public Law 94-455 (42 USC § 405(c)(2)(C)) authorize collection of your social security account number. Your social security account number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for child or family support in accordance with section 17520 of the Family Law Code. If you fail to disclose your social security account number, your application will not be processed and you may be reported to the Franchise Tax Board, which may assess a $100 penalty against you.]

8. Does this business have parent companies, subsidiaries or affiliates? ☐ Yes ☐ No

If Yes, please describe: _____

_____

9. List any current or previous business relationship(s) and/or agreements with the gaming industry, including Tribal Gaming.

Name of Business/Tribe	Address	Nature of Relationship	Dates of Relationship

Attach additional sheet if necessary.

Section 2. Other Licensing Information

(A) Has this business ever ***applied*** to any licensing or regulatory agency for a license, permit, certificate, registration, or authorization ***related to gaming***, whether or not such license, permit, certificate, registration, or authorization was granted? ☐ Yes ☐ No

If Yes, provide the following details:

Licensing/Regulatory Agency	Name & Address of Gaming Business	Type of Application	License/Permit Certificate/Registration Authorization Number	Dates Held

(B) Has this business ever had any disciplinary, administrative, or regulatory actions taken against the aforementioned application(s) for a license, permit, certificate, registration, or authorization ***related to gaming*** (e.g., withdrawal, denial, suspension, revocation, surrender)? ☐ Yes ☐ No

If Yes, provide the following details:

Licensing/Regulatory Agency	Name & Address of Gaming Establishment	Type of Application	Registration/Permit/ License/ Certificate Number	Action Taken	Dates Denied or Revoked

(C) Has this business ***ever applied*** to any licensing or regulatory agency for a license, permit, certificate, registration or authorization ***not related to gaming***, whether or not such license, permit, certificate, registration, or authorization was granted? ☐ Yes ☐ No

If Yes, provide the following details:

Licensing/Regulatory Agency	Name Applied Under	Type of Application	License/Permit/ Certificate/Registration/ Authorization Certificate Number	Dates Held

(D) Has this business ever had any disciplinary, administrative, or regulatory actions taken against the aforementioned application(s) for a license, permit, certificate, registration, or authorization ***not related to gaming*** (e.g., withdrawal, denial, suspension, revocation, surrender)? ☐ Yes ☐ No

If Yes, provide the following details:

Licensing/Regulatory Agency	Name Applied Under	Type of Application	Registration/Permit/ License/ Certificate Number	Action Taken	Dates Denied or Revoked

(E) Has this business **ever** withdrawn or surrendered an application for registration, permit, badge, license, certificate, finding of suitability, or any other authorization related to gaming in any jurisdiction? ☐ Yes ☐ No

If Yes, provide the following details:

Licensing/Regulatory Agency	Name & Address of Business	Type of Application	Registration/Permit/ Badge/License/ Certificate Number	Action Taken	Date & Reason(s) for Withdrawal or Surrender

(F) List all states or countries where incorporated, registered, or qualified to do business; also list or provide the corporation, registration, or license number and date qualified to do business: _____

_____

_____

(G) List all individuals (owner, partner, officer, director, shareholder, or member) with an ownership/financial interest in this business.

Name	Title	Investment Amount	Percentage of Interest

(H) List any remuneration exceeding $100,000 paid annually to persons other than the directors and officers.

_____

_____

Section 3. Criminal/Litigation History Information

(A) Has this business been party to a lawsuit or arbitration within the last 10 years? ☐ Yes ☐ No

If Yes, provide details here:

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

Section 4. Financial History Information

(A) Has any interest in this business been assigned, pledged, or hypothecated to any individual or entity, or has any agreement or contract been entered into whereby any interest is to be assigned, pledged, or hypothecated either in part or in whole? ☐ Yes ☐ No

If Yes, provide complete details and dates: _____

_____

_____

(B) Has this business filed bankruptcy within the last 10 years? ☐ Yes ☐ No

If Yes, identify the Federal District Court where the bankruptcy was filed, case number, and date filed, and describe the circumstances which resulted in this action. Provide copies of the bankruptcy petition and order which lists all creditors and discharged debts.

_____

_____

_____

(C) Has this business had a material reorganization within the last three years? ☐ Yes ☐ No

If Yes, provide complete details and dates: _____

_____

(D) Have any individuals, businesses, or governmental agencies filed liens or judgments against this business?
☐ Yes ☐ No

If Yes, provide complete details and dates: _____

_____

_____

(E) Has this business had any assets repossessed, seized, or debt turned over to collections for any reason within the last seven years? ☐ Yes ☐ No

If Yes, provide complete details and dates: _____

_____

_____

(F) Does this business own or control any assets or liabilities located outside the United States? ☐ Yes ☐ No

If Yes, provide complete details: _____

_____

_____

(G) Does this business own, control, manage, or hold in trust any assets or liabilities for another individual or entity?
☐ Yes ☐ No

If Yes, provide complete details: _____

_____

_____

(H) Is this business negotiating or planning any acquisition(s), merge(s), or sale of this business, a subsidiary, or an affiliate in the near future? ☐ Yes ☐ No

If Yes, provide complete details: _____

_____

(I) Has this business' income tax return(s) been audited or adjusted within the last 10 years? ☐ Yes ☐ No

If Yes, provide complete details: _____

_____

(J) Business' last Federal income tax return was filed on _____ ,
Date
for tax year _____ at _____ .
City State

(K) Business' last State income tax return was filed on _____ ,
Date
for tax year _____ at _____ .
City State

(L) **STATEMENT OF ASSETS**

From the following Statement of Assets, list the total value of all assets, both tangible and intangible, as of the date of this supplemental. All assets must be listed and described fully on the corresponding schedule. If applicable, the business' investment(s) should be reflected on Schedule "D."

Assets	Current Market Value
Cash (Total From Schedule "A")	
Accounts and 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 (Total From Schedule "F")	
TOTAL ASSETS	**$**

(M) **STATEMENT OF LIABILITIES**

From the following Statement of Liabilities, list the total of all liabilities as of the date of this supplemental. All liabilities must be listed and described fully on the corresponding schedule. If applicable, any debt incurred to finance the business's investment(s) should be reflected on one of the schedules listed below.

Liabilities	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")	
TOTAL LIABILITIES	**$**

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

STATEMENT OF ASSETS

SCHEDULE "A"
Cash

List all cash the business has and where it is located, e.g. bank accounts (foreign and domestic), safe deposit boxes, office safes, etc.

Location of Cash (e.g., Name & Address of Bank)	Account No.	Type of Account	Date Opened	Names of Persons Who Have Signature Authority on Account	Date of Balance	Balance
					TOTAL $	

STATEMENT OF ASSETS

SCHEDULE "B"
Accounts and Notes Receivable

List all loans, accounts and notes receivable held by the business.

Name & Address of Debtor	Date Acquired	Maturity Date	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Interest Rate (%)	Original Amount	Date of Unpaid Balance	Unpaid Balance

STATEMENT OF ASSETS

SCHEDULE "C"
Stocks and Bonds

List all stocks, bonds, mutual funds, commodity accounts, options, warrants, etc. held or controlled by the business.

Issuer	Account Number	Type (Note if stocks, bonds, mutual funds, etc.)	No. of Shares or Units	Registered Owners	Date of Current Market Value	Current Market Value
					TOTAL $	

STATEMENT OF ASSETS

SCHEDULE "D"
Business Investments

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

Entity Name	Type of Equity	No. of Shares or Units	Percentage of Ownership	Individuals or Entities Sharing Interest & Percentage Ownership	Date of Purchase	Purchase Price	Date of Current Market Value	Current Market Value
							TOTAL $	

STATEMENT OF ASSETS

SCHEDULE "E"
Real Estate

List any real property in which the business holds any direct, indirect, vested, or contingent interest.

Address/Location/Parcel Number	Type (Residential/Commercial)	Percentage of Ownership	Date of Purchase	Income (Rent/Lease)	Purchase Price	Date of Current Market Value	Current Market Value
						TOTAL $	

STATEMENT OF ASSETS

SCHEDULE "F"
Other Assets

List all other assets the business holds (e.g., art collections, coin collections, antiques, automobiles, etc.)

Type of Asset	Description	Date of Purchase	Purchase Price	Date of Current Market Value	Current Market Value
				TOTAL $	

STATEMENT OF LIABILITIES

SCHEDULE "G"
Accounts Payable

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

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

STATEMENT OF LIABILITIES

SCHEDULE "H"
Taxes Payable

List all unpaid and estimated taxes.

Taxing Authority (e.g., State Tax Board/Internal Revenue Service/Board of Equalization, etc.)	Related Tax Period	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Original Amount	Fines, Penalties & Interest	Date of Unpaid Balance	Unpaid Balance
					TOTAL $	

STATEMENT OF LIABILITIES

SCHEDULE "I"
Notes Payable

List all notes payable.

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

STATEMENT OF LIABILITIES

SCHEDULE "J"
Mortgages Payable

List all mortgages or liens on real estate.

Name & Address of Creditor Account Number	Address & Parcel Number of Real Estate	Collateral	Date Incurred	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Interest Rate (%)	Original Loan Amount	Date of Unpaid Balance	Unpaid Balance
							TOTAL $	

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	Collateral	Date Incurred	Description of Liability & Account Number	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Interest Rate (%)	Original Amount	Date of Unpaid Balance	Unpaid Balance

I, _____, declare that I, the authorized representative or designated agent, have read the foregoing Level III Supplemental Information - Business 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 any 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 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 Application Package for Licensure.

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

_____ Date: _____
Signature

_____
Printed Name/Title

_____
Business Name