Bureau of Gambling Control
Trust Supplemental Background Investigation Information

BGC-APP. 143 (Rev. 04/08)

BUREAU OF GAMBLING CONTROL
P.O. Box 168024
Sacramento, CA 95816-8024
(916) 263-3408; Fax (916) 263-3403

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE YOU COMPLETE THIS FORM

The Gambling Control Act requires any "person" who is an owner of a gambling enterprise to apply for and obtain a state gambling license. Business and Professions (B & P) Code section 19850.

A "trust" is a "person." B & P Code section 19805(ad) provides that:

> "Person," unless otherwise indicated, includes a natural person, corporation, partnership, limited partnership, trust, joint venture, association, or any other business organization. (Emphasis added.)

Thus, a trust that is an owner of a cardroom must be licensed, just as a limited partnership in the same position must be licensed. B & P Code section 19852 goes on to mandate that certain trust-related persons must also apply for and obtain a state gambling license before the trust itself can be licensed, and to authorize the Commission to require licensing of other specified trust-related persons. According to B & P Code section 19852, a trustee of a trust that is an owner of a gambling enterprise, must also apply for and obtain a state gambling license [B & P Code section 19852(e)]. Similarly, the Commission may in its discretion require that the trustor or the beneficiary of a trust that is an owner of a gambling enterprise apply for and obtain a state gambling license [B & P Code section 19852(e)].

"Trustor" means the same thing as "grantor," "donor," or "settlor": a person who creates a trust.

B & P Code section 19852, provides, in part:

Except as provided in Section 19852.2 [racetrack ownership], an owner of a gambling enterprise that is not a natural person shall not be eligible for a state gambling license unless each of the following persons individually applies for and obtains a state gambling license:

***

"(e) If the owner is a trust, then the trustee and, in the discretion of the commission, any beneficiary and the trustor of the trust." (Emphasis added.)

***

A current beneficiary must be licensed if either of the follows applies:

(1) The beneficiary receives a distribution from a trust that is an owner of a gambling enterprise. (B & P Code section 19850.)

(2) The beneficiary receives any percentage share of revenue from gambling activities. (B & P Code section 19852(g).)

For example, under the terms of the Washington Family Trust, beneficiary William Washington is to receive 10% of the net gaming revenue from Washington's Cardroom every six months.

A current beneficiary who falls in either of the two above-noted categories must submit the following forms:

* One Application for State Gambling License, CGCC-030 (Rev. 03/08); and
* One Gambling Establishment Owner Applicant-Individual Supplemental Background Investigation Information BGC-APP-015A (Rev. 04/08).

NOTE: Pursuant to B & P Code section 19859(g), any person less than 21 years of age is disqualified from receiving a gambling license. Thus, a current beneficiary who is less than 21 years of age cannot be licensed and accordingly should not submit an application. In lieu of the two forms required above of the other current beneficiaries, the trustee shall submit, as part of the trust application package, a copy of a birth certificate or other documentation of the date of birth and identity of the underage beneficiary.

A contingent or future beneficiary is not required to be licensed unless specifically directed to apply for a license by the Commission. However, a contingent or future beneficiary may elect to submit an application, if, for instance, the beneficiary wishes to avoid future delays in receiving income or a share in ownership from a cardroom when the future event occurs, for instance, the death of the current beneficiary.

The purpose of this Trust Supplemental Background Investigation Information form is to obtain information that is necessary to determine whether the applicant meets the requirements for licensure under state law. By completing this form, the applicant is providing information that will be used to make that determination.

This form is to be completed for all trusts. The trustee, trustor, and the beneficiary (if applicable) apply for licensure using the following forms:

* One Application for State Gambling License, CGCC-030 (Rev. 04/08); and
* One Gambling Establishment Owner Applicant-Individual Supplemental Background Investigation Information, BGC-APP-015A (Rev. 04/08).

If the trustee is also the trustor and the beneficiary, only one CGCC-030 and one BGC-APP-015A form needs to be submitted. In this situation, the applicant will indicate in Section 4 of the CGCC-030 form that he/she is applying in three separate capacities (trustee, trustor, and beneficiary).

The applicant must provide truthful information in all responses in this application. All answers to questions in this application, and all supplemental documentation provided by the applicant, will be subject to verification. Any misrepresentation or failure to disclose information required on this application may constitute sufficient cause for denial or revocation.

Type, or print legibly in blue or black ink, all information requested on this application. If a question does not apply to the applicant, write “N/A” (Not Applicable). Applications not fully and accurately completed will be returned to the applicant for completion.

Please send your completed Trust Supplemental Background Investigation Information form, along with a completed Authorization to Release Information form (BGC-APP-006, Rev. 04/08) to the California Gambling Control Commission at 2399 Gateway Oaks Drive, Suite 220, Sacramento, CA 95833-4231.

SECTION 1: TYPE OF TRUST AND TRUST INFORMATION

LIST ALL RESIDENCES DURING THE LAST TEN YEARS *(MOST RECENT FIRST, INCLUDING YOUR CURRENT RESIDENCE)*. PROVIDE COMPLETE ADDRESSES AND MARKERS SUCH AS STREET, DRIVE, ETC., AND UNIT OR APARTMENT NUMBER. DO NOT USE P.O. BOXES.

A) TRUST NAME	B) ORIGINAL DATE OF TRUST C) AMENDMENT DATE(S)	D) TYPE OF TRUST ☐ REVOCABLE ☐ IRREVOCABLE
E) NAME OF SUITABILITY APPLICANT (e.g., Cardroom, Proposition Player Provider	F) RELATIONSHIP TO SUITABILITY APPLICANT (e.g., owner, shareholder, beneficiary)	

G) IF OTHER THAN ESTATE PLANNING, DESCRIBE THE PURPOSE OF THE TRUST.

H) EFFECTIVE DATE OF THE TRUST

IF CONTITGENT, PLEASE EXPLAIN THE CONTIGENCY (e.g., death of the trustor).

I) CURRENT MARKET VALUE OF TRUST ASSETS (ESTIMATED) $

J) TRUST TAX ID NUMBER	K) IS THE TRUST TAX ID NUMBER SEPARATE FROM THAT OF ANOTHER PERSON OR ENTITY? IF NO, COMPLETE BELOW; IF YES, GO TO SECTION 2.	☐ YES ☐ NO

1) NAME OF INDIVIDUAL (First, Mi, Last) OR ENTITY ASSIGNED TAX ID NUMBER	2) RELATIONSHIP TO TRUST (e.g., trustor)		
3) ADDRESS (Number/Street/Apt)			
4) CITY	5) COUNTY	6) STATE	7) ZIP CODE

SECTION 2: TRUST STRUCTURE

LIST EACH TRUSTEE, TRUSTOR, AND BENEFICIARY. (If additional space is needed, attach a separate sheet of paper.)

A) INDIVIDUAL'S NAME (First, Mi, Last) OR ENTITY NAME	B) ADDRESS (City, State, Zip Code)	C) SPECIFY TRUSTEE, TRUSTOR, AND/OR BENEFICIARY	D) CONTIGENT *
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO

* CHECK "YES" IF THE INDIVIDUAL'S STATUS OR INTEREST IN THE TRUST IS CONTINGENT ON A FUTURE EVENT (and describe the contigenc(ies)). IF A BENEFICIARY CURRENTLY RECEIVES INCOME FROM THE TRUST, THAT PERSON IS NOT CONSIDERED A CONTIGENT BENEFICIARY.

SECTION 3: TRUST AUTHORITY

LIST EACH PERSON THAT HAS AUTHORITY OVER TRUST ASSETS AND/OR AUTHORITY OVER TRUST DISBURSEMENTS

A) INDIVIDUAL'S NAME (First, Mi, Last) OR ENTITY NAME	B) DISCRETIONARY AUTHORITY OVER TRUST INVESTMENTS	C) SIGNATURE AUTHORITY OVER TRUST DISBURSEMENTS
	☐ YES ☐ NO	☐ YES ☐ NO
	☐ YES ☐ NO	☐ YES ☐ NO
D) NAME OF CONTACT PERSON FOR THE APPLICANT	PHONE NUMBER	EMAIL ADDRESS (if any)

DESCRIBE DUTIES: (e.g., bookkeeping, preparation of audited financial statements, investment manager)

G) IS THEREANY COMMINGLING OF THE TRUST ASSETS WITH ASSETS NOT A PART OF THE TRUST? ☐ YES ☐ NO

IF YES PRIVIDE DETAILS.

H) IS ANY TRUSTEE ALSO A BENEFICIARY OF THE TRUST? (if yes, provide details if not listed in Section 2.) ☐ YES ☐ NO

IF YES TO ANY OF THE ABOVE, PLEASE EXPLAIN EACH INCIDENT.

SECTION 4: REQUIRED ADDITIONAL DOCUMENTATION

SUBMIT COMPLETED COPIES OF THE FOLLOWING DOCUMENTATION WITH THIS APPLICATION.

- ☐ THE TRUST DOCUMENTATION AND ALL AMENDMENTS (signed copies)
- ☐ A PLAIN ENGLISH SUMMARY (in approximately two pages) OF THE TERMS OF THE TRUST (including any amendments), INCLUDING CONITIGENCIES, IF ANY, THAT IMPACT THE STATUS OF INTERESTS IN THE TRUST AND/OR TRUST DISTRIBUTIONS.
- ☐ ITEMIZED LIST OF (A) ALL TRUST ASSETS AND THEIR CURRENT ESTIMATED FAIR MARKET VALUES AND (B) ALL TRUST LIABILITIES FOR THE 12-MONTH PERIOD PRECEDING THE DATE OF THIS APPLICATION.
- ☐ ITEMIZED LIST OF ALL TRUST INCOME AND EXPENSES, INCLUDING THEIR DOLLAR VALUES, FOR THE 12-MONTH PERIOD PRECEDING THE DATE OF THIS APPLICATION.
- ☐ ITEMIZED LIST OF ALL DISTRIBUTIONS AND DISPOSITIONS OF THE TRUST ASSESTS FOR TE 12-MONTH PERIOD PRECEDING THE DATE OF THIS APPLICAITON.
- ☐ IRS FORM 4506-T (available at www.irs.gov)

SECTION 5: DECLARATION/SIGNATURE

A PERSON HAVING AUTHORITY TO ACT ON BEHALF OF THE TRUST, INCLUDING THE AUTHORITY OVER TRUST INCOME AND ASSETS, MUST SIGN THIS FORM.

NAME AND TITLE OF PERSON COMPLETING THE APPLICATION

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*

SIGNATURE	PRINT FULL NAME	DATE