

**Gaming Resource Supplier/Financial Source
Business Entity Supplemental Information**

BGC-APP 024 (Rev. 06/2014)

BUREAU USE ONLY

BGC ID# _____

**MAIL COMPLETED FORM AND DEPOSIT TO:**

BUREAU OF GAMBLING CONTROL

P.O. Box 168024

Sacramento, CA 95816-8024

(916) 227-3584; Fax (916) 227-2308

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU COMPLETE THIS FORM

This form is to be used for the submission of required information and documentation as a supplement to each application filed by a business entity with the California Gambling Control Commission for a Finding of Suitability in accordance with the Gambling Control Act, implementing administrative regulations, and/or a California Tribal-State Gaming Compact. A business entity includes, but is not limited to, a corporation, limited liability company, partnership, sole proprietorship, and joint venture.

All responses must be truthful and complete. All responses and supplemental documentation are subject to verification and will be used to determine suitability under gambling laws and regulations. Any misrepresentation or failure to disclose required information or documentation may constitute cause for denial of the application.

All information must be typed or printed legibly in blue or black ink. Any questions that do not apply should be indicated with "N/A" (Not Applicable). If the space available is insufficient, attach a separate sheet of paper and precede each answer with the applicable section and question number. Any corrections, changes, or other alterations must be initialed and dated by the person completing this form on behalf of the business.

SECTION 1: BUSINESS ENTITY INFORMATION

NAME OF APPLICANT (CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP, ETC.)		NAME USED FOR BUSINESS (IF DIFFERENT FROM APPLICANT)	
MAILING ADDRESS (NUMBER/STREET/APT)		CITY	STATE ZIP CODE
MAIN OFFICE PHYSICAL ADDRESS (IF DIFFERENT THAN ABOVE) (NUMBER/STREET/APT)		CITY	STATE ZIP CODE
ADDRESS WHERE BUSINESS RECORDS ARE MAINTAINED (NUMBER/STREET/APT)		CITY	STATE ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	FEDERAL TAX ID NUMBER	STATE TAX ID NUMBER
EMAIL ADDRESS (IF APPLICABLE)		WEBSITE ADDRESS (IF APPLICABLE)	
A) HAS THIS BUSINESS ENTITY EVER OPERATED UNDER ANOTHER NAME IN ANY JURISDICTION (INCLUDING INTERNATIONAL JURISDICTIONS)? IF YES, PROVIDE THE FOLLOWING DETAILS.			<input type="checkbox"/> YES <input type="checkbox"/> NO
1) BUSINESS NAME	STATE/PROVINCE, COUNTRY		
2) BUSINESS NAME	STATE/PROVINCE, COUNTRY		
B) DOES THIS BUSINESS HAVE PARENT COMPANIES, SUBSIDIARIES, OR AFFILIATES? IF YES, PROVIDE THE FOLLOWING DETAILS AND ATTACH HIERARCHY ORGANIZATION CHART.			<input type="checkbox"/> YES <input type="checkbox"/> NO
1) BUSINESS NAME	STATE/PROVINCE, COUNTRY	PARENT, SUBSIDIARY, OR AFFILIATE	
2) BUSINESS NAME	STATE/PROVINCE, COUNTRY	PARENT, SUBSIDIARY, OR AFFILIATE	

SECTION 2: LICENSING INFORMATION

A) HAS THIS BUSINESS ENTITY EVER APPLIED FOR OR BEEN ISSUED A LICENSE, PERMIT, CERTIFICATE, REGISTRATION, OR FINDING OF SUITABILITY RELATED TO GAMING IN ANY JURISDICTION? IF YES, LIST BELOW ANY LICENSING OR REGULATORY AGENCY (TRIBAL, STATE, LOCAL, OR INTERNATIONAL), INCLUDING THE COMMISSION, TO WHICH THIS BUSINESS HAS APPLIED (INCLUDE ANY APPLICATIONS THAT WERE APPROVED, SURRENDERED, WITHDRAWN, DENIED, AND/OR ARE PENDING).				<input type="checkbox"/> YES <input type="checkbox"/> NO
1) LICENSE/PERMIT/CERTIFICATE/REGISTRATION NUMBER	TYPE OF APPLICATION	DATES HELD FROM (MM/YYYY) TO (MM/YYYY)	ISSUING AGENCY	
CITY, COUNTY, STATE/PROVINCE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)		
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, EXPLAIN THE CIRCUMSTANCES.				
2) LICENSE/PERMIT/CERTIFICATE/REGISTRATION NUMBER	TYPE OF APPLICATION	DATES HELD FROM (MM/YYYY) TO (MM/YYYY)	ISSUING AGENCY	
CITY, COUNTY, STATE/PROVINCE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)		
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, EXPLAIN THE CIRCUMSTANCES.				
3) LICENSE/PERMIT/CERTIFICATE/REGISTRATION NUMBER	TYPE OF APPLICATION	DATES HELD FROM (MM/YYYY) TO (MM/YYYY)	ISSUING AGENCY	
CITY, COUNTY, STATE/PROVINCE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)		
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, EXPLAIN THE CIRCUMSTANCES.				

B) HAS THIS BUSINESS ENTITY EVER BEEN DISCIPLINED, FINED, ETC. BY A GAMING REGULATORY AGENCY (LOCAL, STATE, TRIBAL, OR INTERNATIONAL)? IF YES, PROVIDE THE FOLLOWING DETAILS.				<input type="checkbox"/> YES <input type="checkbox"/> NO
ISSUING AGENCY	DATES OF FINAL ACTION (MM/DD/YYYY)	ACTION TAKEN (SUSPENDED, REVOKED, ETC.)	CITY, COUNTY, STATE/PROVINCE, COUNTRY	
EXPLAIN THE CIRCUMSTANCES AND INCLUDE ANY AMOUNTS PAID.				
C) HAS THIS BUSINESS ENTITY EVER HELD OR APPLIED FOR A LICENSE, PERMIT, CERTIFICATE, OR FINDING OF SUITABILITY NOT RELATED TO GAMING? IF YES, PROVIDE THE FOLLOWING DETAILS.				<input type="checkbox"/> YES <input type="checkbox"/> NO
1) LICENSE/PERMIT/CERTIFICATE/REGISTRATION NUMBER	TYPE OF APPLICATION	DATES HELD FROM (MM/YYYY) TO (MM/YYYY)	ISSUING AGENCY	
CITY, COUNTY, STATE/PROVINCE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)		
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, EXPLAIN THE CIRCUMSTANCES.				
2) LICENSE/PERMIT/CERTIFICATE/REGISTRATION NUMBER	TYPE OF APPLICATION	DATES HELD FROM (MM/YYYY) TO (MM/YYYY)	ISSUING AGENCY	
CITY, COUNTY, STATE/PROVINCE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)		
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, EXPLAIN THE CIRCUMSTANCES.				
3) LICENSE/PERMIT/CERTIFICATE/REGISTRATION NUMBER	TYPE OF APPLICATION	DATES HELD FROM (MM/YYYY) TO (MM/YYYY)	ISSUING AGENCY	
CITY, COUNTY, STATE/PROVINCE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)		
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, EXPLAIN THE CIRCUMSTANCES.				
D) IS THIS BUSINESS ENTITY INCORPORATED, REGISTERED, OR LICENSED TO DO BUSINESS IN ANY OTHER STATE OR COUNTRY? IF YES, PROVIDE THE FOLLOWING DETAILS.				<input type="checkbox"/> YES <input type="checkbox"/> NO
1) STATE/PROVINCE, COUNTRY	REGISTRATION OR LICENSE NUMBER		VALID FROM (MM/YYYY) TO (MM/YYYY)	
2) STATE/PROVINCE, COUNTRY	REGISTRATION OR LICENSE NUMBER		VALID FROM (MM/YYYY) TO (MM/YYYY)	
3) STATE/PROVINCE, COUNTRY	REGISTRATION OR LICENSE NUMBER		VALID FROM (MM/YYYY) TO (MM/YYYY)	
4) STATE/PROVINCE, COUNTRY	REGISTRATION OR LICENSE NUMBER		VALID FROM (MM/YYYY) TO (MM/YYYY)	

SECTION 3: LITIGATION AND ARBITRATION

A) HAS THIS BUSINESS ENTITY BEEN PARTY TO A LAWSUIT OR ARBITRATION WITHIN THE LAST 10 YEARS? IF YES, PROVIDE THE FOLLOWING DETAILS.				<input type="checkbox"/> YES <input type="checkbox"/> NO
1) APPROXIMATE DATE FILED (MM/YYYY)	PARTIES INVOLVED		CASE NUMBER	
COURT LOCATION (CITY, STATE)		DISPOSITION DATE (MM/YYYY)	FINAL DISPOSITION	
EXPLAIN GENERAL SUBJECT OF LITIGATION				

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2) APPROXIMATE DATE FILED (MM/YYYY)		PARTIES INVOLVED		CASE NUMBER
COURT LOCATION (CITY, STATE)		DISPOSITION DATE (MM/YYYY)	FINAL DISPOSITION	
EXPLAIN GENERAL SUBJECT OF LITIGATION				
3) APPROXIMATE DATE FILED (MM/YYYY)		PARTIES INVOLVED		CASE NUMBER
COURT LOCATION (CITY, STATE)		DISPOSITION DATE (MM/YYYY)	FINAL DISPOSITION	
EXPLAIN GENERAL SUBJECT OF LITIGATION				
B) HAS THIS BUSINESS ENTITY EVER BEEN FOUND IN VIOLATION OF THE U.S. FOREIGN CORRUPT PRACTICES ACT OR THE EQUIVALENT IN ANOTHER COUNTRY? IF YES, PROVIDE THE FOLLOWING DETAILS.				<input type="checkbox"/> YES <input type="checkbox"/> NO
DATE (MM/DD/YYYY)	COUNTRY	PROVIDE DETAILS		

SECTION 4: PAYMENTS EXCEEDING \$100,000

A) DOES THIS BUSINESS ENTITY MAKE ANNUAL PAYMENTS TO PERSONS EXCEEDING \$100,000 IN CONNECTION WITH GAMING ACTIVITY? (THIS EXCLUDES SHAREHOLDER OR MEMBER DISTRIBUTIONS OR PAYMENTS TO DIRECTORS OR OFFICERS OF THIS BUSINESS ENTITY) IF YES, PROVIDE THE FOLLOWING DETAILS.				<input type="checkbox"/> YES <input type="checkbox"/> NO
1) NAME OF PAYEE	ADDRESS OF PAYEE (STREET, CITY, STATE, ZIP CODE)	REASON FOR PAYMENT	ANNUAL AMOUNT	
2) NAME OF PAYEE	ADDRESS OF PAYEE (STREET, CITY, STATE, ZIP CODE)	REASON FOR PAYMENT	ANNUAL AMOUNT	
3) NAME OF PAYEE	ADDRESS OF PAYEE (STREET, CITY, STATE, ZIP CODE)	REASON FOR PAYMENT	ANNUAL AMOUNT	

SECTION 5: FINANCIAL INFORMATION

A) HAS ANY INTEREST IN THIS BUSINESS ENTITY BEEN ASSIGNED, PLEDGED, OR HYPOTHECATED TO ANY INDIVIDUAL OR OTHER ENTITY OR HAS ANY AGREEMENT BEEN ENTERED INTO WHEREBY ANY INTEREST IS TO BE ASSIGNED, PLEDGED, OR SOLD EITHER IN WHOLE OR IN PART? IF YES, EXPLAIN BELOW.					<input type="checkbox"/> YES <input type="checkbox"/> NO
B) HAS THIS BUSINESS ENTITY FILED FOR BANKRUPTCY WITHIN THE LAST 10 YEARS? IF YES, PROVIDE A COPY OF THE BANKRUPTCY PETITION/ORDER AND THE FOLLOWING DETAILS.					<input type="checkbox"/> YES <input type="checkbox"/> NO
DATE FILED (MM/YYYY)	CASE NUMBER (IF KNOWN)	FEDERAL DISTRICT COURT WHERE FILED	DATE OF DISCHARGE (MM/YYYY)	AMOUNT OF DISCHARGE, IF APPLICABLE	
EXPLAIN THE CIRCUMSTANCES THAT LED TO THE BANKRUPTCY FILING, INCLUDING THE NATURE OF THE DEBT.					
C) HAS THIS BUSINESS ENTITY HAD A REORGANIZATION WITHIN THE LAST THREE YEARS? IF YES, PROVIDE DETAILS AND DATES BELOW.					<input type="checkbox"/> YES <input type="checkbox"/> NO
D) HAS THIS BUSINESS ENTITY BEEN AUDITED BY TAXING AUTHORITIES WITHIN THE LAST 10 YEARS? IF YES, PROVIDE THE FOLLOWING DETAILS.					<input type="checkbox"/> YES <input type="checkbox"/> NO
AGENCY	DATE OF AUDIT (MM/YYYY)	TAX YEAR AUDITED (YYYY)	EXPLAIN FINDINGS		

E) HAS ANY JUDGMENT OR LIEN BEEN FILED AGAINST THE BUSINESS ENTITY WITHIN THE LAST 10 YEARS? IF YES, PROVIDE THE FOLLOWING DETAILS.				<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> JUDGMENT <input type="checkbox"/> LIEN	DATE FILED (MM/YYYY)	NAME OF PERSON/ENTITY THAT FILED THE JUDGMENT OR LIEN	NAME OF PERSON/ENTITY JUDGMENT OR LIEN WAS FILED AGAINST	
EXPLAIN THE REASON FOR THE JUDGMENT/LIEN. IF SATISFIED, PROVIDE COPY OF THE RELEASE. IF JUDGMENT/LIEN IS NOT SATISFIED, AND YOU ARE MAKING PAYMENTS, ATTACH COPY OF THE PAYMENT PLAN/AGREEMENT PROVIDED BY THE COURT OR CREDITOR. IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YOU PLAN TO SATISFY THE JUDGMENT/LIEN.				
<input type="checkbox"/> JUDGMENT <input type="checkbox"/> LIEN	DATE FILED (MM/YYYY)	NAME OF PERSON/ENTITY THAT FILED THE JUDGMENT OR LIEN	NAME OF PERSON/ENTITY JUDGMENT OR LIEN WAS FILED AGAINST	
EXPLAIN THE REASON FOR THE JUDGMENT/LIEN. IF SATISFIED, PROVIDE COPY OF THE RELEASE. IF JUDGMENT/LIEN IS NOT SATISFIED, AND YOU ARE MAKING PAYMENTS, ATTACH COPY OF THE PAYMENT PLAN/AGREEMENT PROVIDED BY THE COURT OR CREDITOR. IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YOU PLAN TO SATISFY THE JUDGMENT/LIEN.				
F) HAS THIS BUSINESS ENTITY HAD ANY ASSETS REPOSSESSED OR HAD AN UNPAID DEBT/LOAN TURNED OVER TO A COLLECTION AGENCY OR DEEMED UNCOLLECTIBLE (CHARGE-OFF) FOR ANY REASON WITHIN THE LAST 10 YEARS? IF YES, PROVIDE THE FOLLOWING DETAILS.				<input type="checkbox"/> YES <input type="checkbox"/> NO
1) NAME OF CREDITOR		ACTION TAKEN (REPOSSESSION, COLLECTION, CHARGE-OFF)	DATE OF ACTION (MM/YYYY)	
EXPLAIN THE REASON FOR THIS ACTION. ATTACH A COPY OF THE PAYMENT PLAN OR OTHER DOCUMENT SHOWING HOW THE DEBT WILL BE SATISFIED. IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YOU PLAN ON REPAYING THE DEBT(S).				
2) NAME OF CREDITOR		ACTION TAKEN (REPOSSESSION, COLLECTION, CHARGE-OFF)	DATE OF ACTION (MM/YYYY)	
EXPLAIN THE REASON FOR THIS ACTION. ATTACH A COPY OF THE PAYMENT PLAN OR OTHER DOCUMENT SHOWING HOW THE DEBT WILL BE SATISFIED. IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YOU PLAN ON REPAYING THE DEBT(S).				
G) HAS THIS BUSINESS ENTITY EVER HELD A FINANCIAL INTEREST (INCLUDING STOCK) IN A GAMING VENTURE, INCLUDING, BUT NOT LIMITED, TO A GAMBLING ESTABLISHMENT (CARDROOM), CARD GAME, GAMBLING EQUIPMENT, RACE TRACK, RACE HORSE/DOG, LOTTERY, CASINO, BOOKMAKING OPERATION, PARI-MUTUEL OPERATION, OR BINGO PARLOR? IF YES, PROVIDE THE FOLLOWING DETAILS.				<input type="checkbox"/> YES <input type="checkbox"/> NO
1) NAME OF BUSINESS		LOCATION OF BUSINESS (CITY, STATE)	DATES INVOLVED FROM (MM/YYYY) TO (MM/YYYY)	
INTEREST/TYPE OF VENTURE		NAME OF PARTNERS	PERCENTAGE OF OWNERSHIP	
2) NAME OF BUSINESS		LOCATION OF BUSINESS (CITY, STATE)	DATES INVOLVED FROM (MM/YYYY) TO (MM/YYYY)	
INTEREST/TYPE OF VENTURE		NAME OF PARTNERS	PERCENTAGE OF OWNERSHIP	
H) DOES THIS BUSINESS ENTITY OWN, CONTROL, OR MANAGE ANY ASSETS OUTSIDE THE U.S., OR HAVE ANY LIABILITIES OUTSIDE THE U.S.? IF YES, PROVIDE THE FOLLOWING DETAILS.				<input type="checkbox"/> YES <input type="checkbox"/> NO
1) DESCRIPTION OF ASSET/LIABILITY		DATE ACQUIRED (MM/YYYY)	LOCATION (CITY, STATE)	
2) DESCRIPTION OF ASSET/LIABILITY		DATE ACQUIRED (MM/YYYY)	LOCATION (CITY, STATE)	
I) DOES THIS BUSINESS ENTITY CONTROL, MANAGE, OR HOLD ANY ASSETS OR LIABILITIES FOR ANOTHER INDIVIDUAL OR ENTITY? IF YES, PROVIDE THE FOLLOWING DETAILS.				<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF PERSON		RELATIONSHIP	PURPOSE	

J) IS THIS BUSINESS ENTITY, OR ANY INTEREST IN THIS BUSINESS, HELD BY A TRUST (ESTATE PLANNING OR OTHER)? IF YES, YOU MUST ALSO COMPLETE AND SUBMIT A TRUST SUPPLEMENTAL INFORMATION FORM (BGC-APP 054) AND THE APPROPRIATE APPLICATION.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
NAME OF TRUST			
K) DOES THIS BUSINESS ENTITY HAVE ANY PLANS TO SELL, MERGE, OR ACQUIRE NEW BUSINESSES IN THE NEXT 24 MONTHS? IF YES, PROVIDE DETAILS AND DATES BELOW.		<input type="checkbox"/> YES	<input type="checkbox"/> NO

SCHEDULE A - ASSETS
Cash

List all cash and identify its location (e.g., financial institutions [foreign and domestic], safe deposit boxes, house/office, etc.).

Address and Name of Entity/Location Where the Funds are Held	Type of Account	Last 6 Digits of Account Number	Date Opened	Name of Persons Who Have Signature Authority on Account	Year End Balance*	Current Balance**
				TOTAL		

* Balance as of most recent fiscal year end _____ (mm/dd/yyyy).

** Balance as of date schedule is signed.

Signature of Preparer _____

Date _____

SCHEDULE B - ASSETS

Stocks and Bonds

List all stocks, bonds, mutual funds, or other similar investments held or controlled.

Issuer and Address	Registered Owner	Last 6 Digits of Account Number	Type (Note if Stock, Bond, Mutual Fund, etc.)	Number of Shares or Units	Year End Market Value*	Current Market Value**
				TOTAL		

* Market value as of most recent fiscal year end _____ (mm/dd/yyyy).

** Market value as of date schedule is signed.

Signature of Preparer _____

Date _____

SCHEDULE C - ASSETS
Accounts and Notes Receivable

List all loans, accounts, and notes receivable (monies owed to the business entity). Please submit copies of agreements for any loans/accounts/notes receivable.

Name and Address of Debtor	Date Acquired	Maturity Date (Notes Receivable)	Payment Amount and Payment Period (e.g., Weekly, Monthly)	Interest Rate	Original Amount	Year End Balance*	Current Balance**
					TOTAL		

* Balance as of most recent fiscal year end _____ (mm/dd/yyyy).

** Balance as of date schedule is signed.

Signature of Preparer _____

Date _____

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, sole proprietorships (SP), joint ventures (JV), partnerships (P), limited liability companies (LLC), and corporations (Inc.).

Entity Name	Type of Entity	Number of Shares or Units	Name in Which Held	Percentage of Ownership	Date of Initial Purchase/ Investment	Total Purchase Price/Investment	Year End Market Value*	Current Investment Amount**
Identify the source of monies for the initial and subsequent investments (include dates and specific amounts of subsequent investments). If loans, provide copies of agreements. If checking or savings, identify source (e.g., business revenue, etc.).								
Identify the source of monies for the initial and subsequent investments (include dates and specific amounts of subsequent investments). If loans, provide copies of agreements. If checking or savings, identify source (e.g., business revenue, etc.).								
Identify the source of monies for the initial and subsequent investments (include dates and specific amounts of subsequent investments). If loans, provide copies of agreements. If checking or savings, identify source (e.g., business revenue, etc.).								
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Identify the source of monies for the initial and subsequent investments (include dates and specific amounts of subsequent investments). If loans, provide copies of agreements. If checking or savings, identify source (e.g., business revenue, etc.).								
					TOTAL			

* Market value as of most recent fiscal year end (mm/dd/yyyy).

** Investment amount as of date schedule is signed.

Signature of Preparer _____

Date _____

SCHEDULE E - ASSETS
Real Estate

List any direct or indirect interest held in real property by the business entity.

Address or Parcel Number and Location	Type of Property (Residential, Commercial, or Land)	Percentage of Ownership	Date of Purchase	Current Income (Rent/Lease) (Indicate Per Month, Year, etc.)	Down Payment Amount	Purchase Price	Year End Market Value*
Identify the source of funds for the down payment							
Identify the source of funds for the down payment							
Identify the source of funds for the down payment							
Identify the source of funds for the down payment							
Identify the source of funds for the down payment							
Identify the source of funds for the down payment							
				TOTAL			

* Market value as of most recent fiscal year end _____(mm/dd/yyyy).

Signature of Preparer _____ Date _____

SCHEDULE F - ASSETS
Other Assets

List all other assets, including those for which monies are still owed (e.g., cars, art collections, coin collections, antiques, furniture, etc.).

Type of Asset	Description	Date of Purchase	Purchase Price	Year End Market Value*
		TOTAL		

* Market value as of most recent fiscal year end _____ (mm/dd/yyyy).

Signature of Preparer _____ Date _____

SCHEDULE G - LIABILITIES

Payables

List all payables (e.g., revolving accounts, credit cards for all open accounts [with or without a balance], leases, lines of credit).

Name and Address of Creditor	Last 6 Digits of Account Number	Collateral (If Applicable)	Date Incurred	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Year End Balance*	Current Balance**
				TOTAL		

* Balance as of most recent fiscal year end (mm/dd/yyyy)

** Current balance as of (mm/dd/yyyy)

* Balance as of most recent fiscal year end _____ (mm/dd/yyyy).

** Balance as of date schedule is signed.

Signature of Preparer _____

Date _____

SCHEDULE H - LIABILITIES

Taxes Payable

List all unpaid and estimated taxes.

Taxing Authority (e.g., Franchise Tax Board, Internal Revenue Service, Board of Equalization, etc.)	Related Tax Period	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Original Amount	Fines, Penalties, and Interest	Year End Balance*	Current Balance**
				TOTAL		

* Balance as of most recent fiscal year end _____ (mm/dd/yyyy).

** Balance as of date schedule is signed.

Signature of Preparer _____

Date _____

SCHEDULE I - LIABILITIES

Notes Payable

List all loans and notes payable (monies owed by the business entity). Please submit copies of loan agreements for any loans not obtained from a financial institution.

Name and Address of Creditor	Last 6 Digits of Account Number	Collateral (If Applicable)	Date Incurred	Maturity Date	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Original Note Amount	Interest Rate	Year End Balance*	Current Balance**
							TOTAL		

* Balance as of most recent fiscal year end (mm/dd/yyyy)

** Current balance as of 12/31/2014

* Balance as of most recent fiscal year end _____ (mm/dd/yyyy).

** Balance as of date schedule is signed.

Signature of Preparer _____

Date _____

SCHEDULE J - LIABILITIES
Mortgages Payable

List all mortgages on real estate.

Name and Address of Creditor	Last 6 Digits of Account Number	Address or Parcel Number and Location of Real Estate	Date Incurred	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Original Loan Amount	Year End Balance*	Current Balance**
					TOTAL		

* Balance as of most recent fiscal year end _____ (mm/dd/yyyy).

** Balance as of date schedule is signed.

Signature of Preparer _____

Date _____

SCHEDULE K - LIABILITIES

Contingent and Other Liabilities

List any other indebtedness or liability (e.g., guarantor of loans, co-signer on a loan, pending litigation, liens, etc.).

Name and Address of Creditor	Last 6 Digits of Account Number	Collateral (If Applicable)	Date Incurred	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Description of Liability	Original Amount	Year End Balance*	Current Balance**
* Balance as of most recent fiscal year end (mm/dd/yyyy)						TOTAL		

* Balance as of most recent fiscal year end _____ (mm/dd/yyyy).

** Balance as of date schedule is signed.

Signature of Preparer _____

Date _____

SECTION 6: ADDITIONAL REQUIRED ITEMS

The following items must be submitted with this completed form, as applicable. Provide copies of documents unless otherwise stated. Only documents that are dated and signed by all parties will be accepted. Failure to provide required items may result in denial of the application. The application package will not be deemed complete until all required items have been received. Pursuant to Business and Professions Code, section 19868(a), an official filing date for the application package will not be established until all required forms, documentation, and fees have been received by the State.

Mark the box next to each attached item.

<input type="checkbox"/>	Background Investigation Deposit required in Title 11, Cal. Code Regs., Section 2037.
<input type="checkbox"/>	Authorization to Release Information (BGC-APP 006). Provide original.
<input type="checkbox"/>	Appointment of Designated Agent (BGC-APP 040). Provide original.
<input type="checkbox"/>	If Corporation: Current Articles of Incorporation, Statement of Information, and Bylaws.
<input type="checkbox"/>	If Limited Liability Corporation (LLC): Current Articles of Organization, Operating Agreement, and Statement of Information.
<input type="checkbox"/>	If Limited Partnership: Certificate of Limited Partnership, Partnership Agreement, and Operating Agreement.
<input type="checkbox"/>	If Partnership: Partnership Agreement and Statement of Partnership Authority if one was filed.
<input type="checkbox"/>	Organizational Chart - Show names of officers and supervisors, job titles, number of employees reporting to officers and supervisors, and lines of accountability.
<input type="checkbox"/>	Business Ownership Organizational Chart - Show entity's ownership hierarchy, if applicable.
<input type="checkbox"/>	Fictitious Business Name filing.
<input type="checkbox"/>	Management Company/Consultant Agreement, if applicable.
<input type="checkbox"/>	Any active State or Local License, Permit, or Registration.
<input type="checkbox"/>	Loan Documentation relating to the purchase of the business entity.
<input type="checkbox"/>	Federal Business Tax Returns. Include all schedules and attachments for the last three years.
<input type="checkbox"/>	Internal Revenue Service Request for Transcript of Tax Return (4506-T). Provide original.
<input type="checkbox"/>	Two Years of Balance Sheets and Income Statements for each business.
<input type="checkbox"/>	Monthly Bank Statements - Copies of all monthly statements for all business accounts for the last 12 months.
<input type="checkbox"/>	Monthly/Quarterly Investment Statements for all business accounts for the last 12 months.
<input type="checkbox"/>	Bankruptcy Court Petition and Order (if applicable).

Additional documentation may be required by the Bureau of Gambling Control.

Pursuant to Business and Professions Code, section 19867, the applicant is responsible for all costs incurred by the Bureau related to the background investigation. 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. A determination for a finding of suitability will not be made until the required deposits and fees are received.

SECTION 7: DECLARATION

I declare under penalty of perjury under 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, are true, accurate, and complete, and that this declaration is executed by me at _____.

City and State

PRINTED NAME	SIGNATURE*	CAPACITY	DATE (MM/DD/YYYY)
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*This form must be signed by the appropriate person identified below:

- If applicant/licensee is a corporation, LLC, or joint venture, by an authorized officer.
- If applicant/licensee is a general partnership, by an authorized partner.
- If applicant/licensee is a limited partnership, by an authorized partner.
- If applicant/licensee is a sole proprietor, by the owner.