

Gaming Resource Supplier/Financial Individual Owner/Principal Supplemental Information

BGC-APP 025 (REV 04/2024)

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 used to provide supplemental information for individuals required to apply as an "owner," defined by the Gambling Control Act; implementing administrative regulations, and/or a Tribal-State Gaming Compact, as applicable. This supplemental form must be completed by each natural person who is a sole proprietor, an individual with an ownership interest in partnership, a shareholder, a member, an officer, a director, a trustee, a current beneficiary, a funding source, and any other individual required to be found suitable as an "owner" by the California Gambling Control Commission (Commission).

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 applicant.

Applicant's Full Name
Title/Capacity
Name of Business Entity
Date of Photograph

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

**PLEASE PRINT NAME
ON BACK OF
PHOTOGRAPH**

PRIVACY NOTICE

THE INFORMATION PRACTICES ACT OF 1977 (CIVIL CODE SECTION 1798.17) AND THE FEDERAL PRIVACY ACT (PUBLIC LAW 93-579) REQUIRE THAT THIS NOTICE BE PROVIDED WHEN COLLECTING PERSONAL INFORMATION FROM INDIVIDUALS. INFORMATION REQUESTED ON THIS FORM IS REQUIRED BY THE STATE OF CALIFORNIA, DEPARTMENT OF JUSTICE (DOJ), DIVISION OF LAW ENFORCEMENT (DLE), FOR THE PURPOSE OF DETERMINING SUITABILITY PURSUANT TO BUSINESS AND PROFESSIONS (B&P) CODE, SECTIONS 19865 AND 19866. FAILURE TO PROVIDE MANDATORY INFORMATION MAY RESULT IN THE ABANDONMENT OR DENIAL OF YOUR APPLICATION. THE DLE/BUREAU OF GAMBLING CONTROL (BGC) LICENSING SECTION IS RESPONSIBLE FOR MAINTENANCE OF THIS FORM. PURSUANT TO B&P CODE SECTION 19821 SUBDIVISION (C), THIS FORM IS EXEMPT FROM THE CALIFORNIA PUBLIC RECORDS ACT.

SECTION 1: PERSONAL INFORMATION

FULL NAME LAST		FIRST		MIDDLE		
ALIAS(ES), NICKNAME, MAIDEN NAME, OR OTHER NAME CHANGE						
CURRENT RESIDENCE (NUMBER/STREET/APT)			CITY	STATE	ZIP CODE	
MAILING ADDRESS (NUMBER/STREET/APT) (IF DIFFERENT THAN CURRENT RESIDENCE)			CITY	STATE	ZIP CODE	
PRIMARY TELEPHONE NUMBER		ALTERNATE TELEPHONE NUMBER		EMAIL ADDRESS		
HEIGHT		WEIGHT		HAIR COLOR		
EYE COLOR						
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DRIVER'S LICENSE/IDENTIFICATION CARD NUMBER			STATE	EXPIRATION DATE (MM/DD/YYYY)
A) ARE YOU A U.S. CITIZEN?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	BIRTH PLACE (CITY, STATE/PROVINCE, COUNTRY)		
					DATE OF BIRTH (MM/DD/YYYY)	
IF BORN OUTSIDE THE U.S., IDENTIFY YOUR ELIGIBILITY TO WORK IN THE U.S. AND PROVIDE SUPPORTING DOCUMENTATION.						
<input type="checkbox"/> RESIDENT ALIEN <input type="checkbox"/> NATURALIZED CITIZEN <input type="checkbox"/> EMPLOYMENT AUTHORIZED <input type="checkbox"/> BORN ON U.S. SOIL <input type="checkbox"/> OTHER _____						
IF RESIDENT ALIEN OR NATURALIZED CITIZEN, PROVIDE A-NUMBER				SOCIAL SECURITY NUMBER		
B) DO YOU HAVE DUAL CITIZENSHIP?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, LIST COUNTRIES.		
C) DO YOU HAVE A PASSPORT?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, IDENTIFY ALL COUNTRIES THAT HAVE ISSUED YOU A PASSPORT IN THE LAST 10 YEARS.		

SECTION 2: FAMILY/COHABITANT INFORMATION

<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> REGISTERED DOMESTIC PARTNER					
A) CURRENT SPOUSE/REGISTERED DOMESTIC PARTNER					
FULL NAME LAST		FIRST		MIDDLE	
				MAIDEN	
DATE OF BIRTH (MM/DD/YYYY)			DATE OF MARRIAGE/REGISTRATION (MM/DD/YYYY)		
RESIDENCE ADDRESS (NUMBER/STREET/APT) (IF DIFFERENT FROM APPLICANT)			CITY	STATE	ZIP CODE
B) FORMER SPOUSE/REGISTERED DOMESTIC PARTNER					<input type="checkbox"/> N/A
1) FULL NAME LAST		FIRST		MIDDLE	
				MAIDEN	
DATE OF BIRTH (MM/DD/YYYY)		DATE OF MARRIAGE/REGISTRATION (MM/DD/YYYY)		DATE OF DIVORCE (MM/DD/YYYY)	
				STATE IN WHICH DIVORCE WAS FILED	

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2) FULL NAME LAST		FIRST	MIDDLE	MAIDEN
DATE OF BIRTH (MM/DD/YYYY)	DATE OF MARRIAGE/REGISTRATION (MM/DD/YYYY)	DATE OF DIVORCE (MM/DD/YYYY)	STATE IN WHICH DIVORCE WAS FILED	

C) DO YOU HAVE ANY IMMEDIATE FAMILY MEMBERS, COHABITANTS, OR ROOMMATES WHO CURRENTLY HAVE A FINANCIAL INTEREST IN, OR ARE EMPLOYED BY, A GAMING RELATED BUSINESS? IF YES, PROVIDE THE FOLLOWING DETAILS. YES NO

1) FULL NAME LAST	FIRST	MI	MAIDEN	RELATIONSHIP
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NAME OF BUSINESS	PERCENTAGE OWNED AND/OR POSITION HELD
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2) FULL NAME LAST	FIRST	MI	MAIDEN	RELATIONSHIP
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NAME OF BUSINESS	PERCENTAGE OWNED AND/OR POSITION HELD
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D) CHILDREN AND DEPENDENTS
 PROVIDE THE FOLLOWING INFORMATION FOR EACH OF YOUR CHILDREN (INCLUDING BIRTH, ADOPTED, FOSTER, AND STEP-CHILDREN) AND DEPENDENTS.

NAME (LAST, FIRST, MIDDLE, MAIDEN)	DATE OF BIRTH	RESIDENCE ADDRESS	RELATIONSHIP	OCCUPATION

E) CO-HABITANTS AND ROOMMATES
 PROVIDE THE FOLLOWING INFORMATION FOR ANY PERSONS 18 YEARS OF AGE OR OLDER (NOT DISCLOSED ABOVE) WITH WHOM YOU RESIDE.

NAME (LAST, FIRST, MIDDLE, MAIDEN)	DATE OF BIRTH	EMPLOYER/OCCUPATION	EMPLOYER ADDRESS AND TELEPHONE	RELATIONSHIP

F) PARENTS AND STEP-PARENTS
 PROVIDE THE FOLLOWING INFORMATION FOR YOUR PARENTS AND STEP-PARENTS. IF RETIRED, LIST LAST OCCUPATION, OR IF DECEASED, PROVIDE DATE OF DEATH AND LIST LAST ADDRESS AND OCCUPATION.

NAME (LAST, FIRST, MIDDLE, MAIDEN)	DATE OF BIRTH OR DEATH	RESIDENCE ADDRESS	RELATIONSHIP	OCCUPATION

G) SIBLINGS
 PROVIDE THE FOLLOWING INFORMATION FOR YOUR BROTHERS, SISTERS, STEP-BROTHERS, AND STEP-SISTERS. IF RETIRED, LIST LAST OCCUPATION, OR IF DECEASED, PROVIDE DATE OF DEATH AND LIST LAST ADDRESS AND OCCUPATION.

NAME (LAST, FIRST, MIDDLE, MAIDEN)	DATE OF BIRTH OR DEATH	RESIDENCE ADDRESS	RELATIONSHIP	OCCUPATION

SECTION 3: MILITARY EXPERIENCE

A) HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? IF YES, PROVIDE THE FOLLOWING DETAILS AND ATTACH A COPY OF YOUR "UNDELETED" MILITARY FORM DD-214 (I.E., A COMPLETE COPY OF THE FORM WITH NO INFORMATION BLACKED OUT).		<input type="checkbox"/> YES <input type="checkbox"/> NO
BRANCH OF SERVICE	DATES OF SERVICE FROM (MM/YYYY) TO (MM/YYYY)	
RANK AT SEPARATION	SOCIAL SECURITY NUMBER/SERVICE NUMBER	
TYPE OF DISCHARGE: <input type="checkbox"/> ENTRY LEVEL <input type="checkbox"/> HONORABLE <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER THAN HONORABLE <input type="checkbox"/> BAD CONDUCT <input type="checkbox"/> DISHONORABLE <input type="checkbox"/> OTHER _____		
B) HAVE YOU EVER BEEN CONVICTED IN A COURT-MARTIAL? IF YES, PROVIDE THE FOLLOWING DETAILS.		<input type="checkbox"/> YES <input type="checkbox"/> NO
DATE (MM/YYYY)	FINAL CHARGE	COURT LOCATION (CITY, STATE)
EXPLAIN THE INCIDENT THAT LED TO THE COURT-MARTIAL AND PROVIDE RELATED DOCUMENTS.		

SECTION 4: CRIMINAL CONVICTIONS, LITIGATION, AND ARBITRATION

A) HAVE YOU <u>EVER</u> BEEN CONVICTED OF A CRIME OR PLED GUILTY OR NOLO CONTENDERE (NO CONTEST) TO A CRIME? THIS INCLUDES ANY CONVICTIONS DISMISSED UNDER PENAL CODE SECTION 1203.4 AND CONVICTIONS REDUCED OR EXPUNGED, <u>UNLESS</u> THE RECORDS HAVE BEEN SEALED PURSUANT TO A COURT ORDER. IF YES, PROVIDE THE FOLLOWING DETAILS FOR EACH INCIDENT.		<input type="checkbox"/> YES <input type="checkbox"/> NO
1) APPROXIMATE DATE OF CONVICTION (MM/YYYY)	ARRESTING AGENCY	COURT LOCATION (CITY, STATE)
IDENTIFY CRIME(S) AND INDICATE WHETHER YOU WERE CONVICTED OF A MISDEMEANOR OR FELONY.		
EXPLAIN THE FACTUAL CIRCUMSTANCES THAT LED TO THE CONVICTION.		
2) APPROXIMATE DATE OF CONVICTION (MM/YYYY)	ARRESTING AGENCY	COURT LOCATION (CITY, STATE)
IDENTIFY CRIME(S) AND INDICATE WHETHER YOU WERE CONVICTED OF A MISDEMEANOR OR FELONY.		
EXPLAIN THE FACTUAL CIRCUMSTANCES THAT LED TO THE CONVICTION.		
B) HAVE YOU EVER BEEN REMOVED FROM OR PROHIBITED FROM ENTERING THE PREMISES OF ANY GAMING OR PARI-MUTUEL WAGERING ESTABLISHMENT?		<input type="checkbox"/> YES <input type="checkbox"/> NO
C) HAVE YOU EVER ENGAGED IN BOOKMAKING OR OTHER ILLEGAL GAMBLING ACTIVITIES?		<input type="checkbox"/> YES <input type="checkbox"/> NO
D) HAVE YOU EVER BEEN FOUND IN VIOLATION OF ANY CAMPAIGN LAWS?		<input type="checkbox"/> YES <input type="checkbox"/> NO
E) HAVE YOU EVER BEEN FOUND IN VIOLATION OF THE U.S. FOREIGN CORRUPT PRACTICES ACT OR EQUIVALENT IN ANOTHER COUNTRY?		<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES TO ANY OF THE ABOVE, PROVIDE DETAILS.		
F) HAVE YOU, AS AN INDIVIDUAL OR IN CONNECTION WITH ANY 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		

SECTION 5: RESIDENCES

LIST ALL RESIDENCES DURING THE LAST 10 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.

1) CURRENT ADDRESS (NUMBER/STREET/APT)				FROM (MM/YYYY)
CITY	STATE	COUNTRY IF OUTSIDE U.S.	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
2) FORMER ADDRESS (NUMBER/STREET/APT)			FROM (MM/YYYY)	TO (MM/YYYY)
CITY	STATE	COUNTRY IF OUTSIDE U.S.	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
3) FORMER ADDRESS (NUMBER/STREET/APT)			FROM (MM/YYYY)	TO (MM/YYYY)
CITY	STATE	COUNTRY IF OUTSIDE U.S.	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
4) FORMER ADDRESS (NUMBER/STREET/APT)			FROM (MM/YYYY)	TO (MM/YYYY)
CITY	STATE	COUNTRY IF OUTSIDE U.S.	ZIP CODE	<input type="checkbox"/> RENT <input type="checkbox"/> OWN

SECTION 6: EXPERIENCE AND EMPLOYMENT

BEGINNING WITH YOUR CURRENT EMPLOYMENT, LIST YOUR WORK HISTORY AND PERIODS OF UNEMPLOYMENT DURING THE PAST 10 YEARS. LIST ALL JOBS, INCLUDING PART-TIME, TEMPORARY, AND SELF-EMPLOYMENT (CONSULTING, INDEPENDENT CONTRACTOR, ETC.). FOR UNEMPLOYED PERIODS, IN THE JOB TITLE/DUTIES SECTION, EXPLAIN HOW YOU SUPPORTED YOURSELF.

1) CURRENT EMPLOYER				FROM (MM/YYYY)
JOB TITLE/DUTIES		MONTHLY EARNINGS	GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS			SUPERVISOR	
CITY	STATE	ZIP CODE	CONTACT NUMBER	EXT
2) NAME OF EMPLOYER			FROM (MM/YYYY)	TO (MM/YYYY)
JOB TITLE/DUTIES		MONTHLY EARNINGS	GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS			SUPERVISOR	
CITY	STATE	ZIP CODE	CONTACT NUMBER	EXT
REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES.				

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3) NAME OF EMPLOYER			FROM (MM/YYYY)	TO (MM/YYYY)
JOB TITLE/DUTIES		MONTHLY EARNINGS	GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS			SUPERVISOR	
CITY	STATE	ZIP CODE	CONTACT NUMBER	EXT
REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES.				

SECTION 7: LICENSING INFORMATION

A) HAVE YOU 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 YOU HAVE APPLIED (INCLUDE ANY APPLICATIONS THAT WERE APPROVED, SURRENDERED, WITHDRAWN, DENIED, AND/OR ARE PENDING).			<input type="checkbox"/> YES <input type="checkbox"/> NO
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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) HAVE YOU 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
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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) HAVE YOU EVER HELD OR APPLIED FOR A LICENSE, PERMIT, CERTIFICATE, REGISTRATION, OR FINDING OF SUITABILITY NOT RELATED TO GAMING? IF YES, PROVIDE THE FOLLOWING DETAILS.			<input type="checkbox"/> YES <input type="checkbox"/> NO
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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, OR REVOKED, EXPLAIN THE CIRCUMSTANCES.			

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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, OR REVOKED, 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, OR REVOKED, EXPLAIN THE CIRCUMSTANCES.			

SECTION 8: BUSINESS INTEREST - GAMING RELATED

A) WILL YOU HAVE ANY INVOLVEMENT IN THE OPERATION OF THE BUSINESS ENTITY IDENTIFIED ON PAGE ONE (1)? IF YES, EXPLAIN BELOW.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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B) HAS YOUR INTEREST IN THE BUSINESS ENTITY BEEN ASSIGNED, PLEDGED, OR HYPOTHECATED TO ANY PERSON, FIRM, OR CORPORATION, OR HAS ANY AGREEMENT BEEN ENTERED INTO WHEREBY YOUR 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
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C) OTHER THAN THE BUSINESS ENTITY IDENTIFIED ON PAGE ONE, HAVE YOU HELD A FINANCIAL INTEREST IN ANY GAMING RELATED VENTURE OR BUSINESS ENTITY WITHIN THE LAST 10 YEARS? IF YES, PROVIDE THE FOLLOWING DETAILS. IF NECESSARY, ATTACH A SEPARATE SHEET OF PAPER.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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1) NAME OF BUSINESS ENTITY	BUSINESS TELEPHONE NUMBER	DATES INVOLVED FROM (MM/YYYY) TO (MM/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED	

2) NAME OF BUSINESS ENTITY	BUSINESS TELEPHONE NUMBER	DATES INVOLVED FROM (MM/YYYY) TO (MM/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED	

3) NAME OF BUSINESS ENTITY	BUSINESS TELEPHONE NUMBER	DATES INVOLVED FROM (MM/YYYY) TO (MM/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED	

4) NAME OF BUSINESS ENTITY	BUSINESS TELEPHONE NUMBER	DATES INVOLVED FROM (MM/YYYY) TO (MM/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED	

SECTION 9: BUSINESS INTEREST - NON-GAMING RELATED

HAVE YOU HELD A FINANCIAL INTEREST IN ANY NON-GAMING RELATED BUSINESS ENTITY WITHIN THE LAST 10 YEARS? IF YES, PROVIDE THE FOLLOWING DETAILS. IF NECESSARY, ATTACH A SEPARATE SHEET OF PAPER.			<input type="checkbox"/> YES <input type="checkbox"/> NO
1) NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED FROM (MM/YYYY) TO (MM/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS	
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED		
2) NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED FROM (MM/YYYY) TO (MM/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS	
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED		
3) NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED FROM (MM/YYYY) TO (MM/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS	
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED		
4) NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED FROM (MM/YYYY) TO (MM/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS	
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED.		
5) NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED FROM (MM/YYYY) TO (MM/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS	
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED.		
6) NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED FROM (MM/YYYY) TO (MM/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS	
YOUR CAPACITY/TITLE	INDIVIDUALS OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED.		

SECTION 10: PERSONAL FINANCIAL HISTORY

A) HAVE YOU 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.				

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B) HAVE YOU HAD A JUDGMENT OR LIEN FILED AGAINST YOU OR HAD YOUR WAGES GARNISHED WITHIN THE LAST 10 YEARS? IF YES, PROVIDE THE FOLLOWING DETAILS.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<input type="checkbox"/> JUDGMENT	<input type="checkbox"/> GARNISHMENT	DATE FILED (MM/YYYY)	NAME OF PERSON/ENTITY THAT FILED THE ACTION	NAME OF PERSON/ENTITY ACTION WAS FILED AGAINST
<input type="checkbox"/> LIEN				

EXPLAIN THE REASON FOR THE ACTION. 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"/> GARNISHMENT	DATE FILED (MM/YYYY)	NAME OF PERSON/ENTITY THAT FILED THE ACTION	NAME OF PERSON/ENTITY ACTION WAS FILED AGAINST
<input type="checkbox"/> LIEN				

EXPLAIN THE REASON FOR THE ACTION. 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.

C) HAVE YOU BEEN AUDITED BY ANY TAXING AUTHORITY WITHIN THE LAST 10 YEARS? IF YES, PROVIDE THE FOLLOWING DETAILS.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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AGENCY	DATE OF AUDIT (MM/YYYY)	TAX YEAR AUDITED (YYYY)	EXPLAIN FINDINGS
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D) HAVE YOU HAD ANY ASSET 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
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1) NAME OF CREDITOR	ACTION TAKEN (REPOSSESSION, COLLECTION, CHARGE-OFF)	DATE OF ACTION (MM/YYYY)
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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, PROVIDE AN EXPLANATION.

2) NAME OF CREDITOR	ACTION TAKEN (REPOSSESSION, COLLECTION, CHARGE-OFF)	DATE OF ACTION (MM/YYYY)
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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, PROVIDE AN EXPLANATION.

3) NAME OF CREDITOR	ACTION TAKEN (REPOSSESSION, COLLECTION, CHARGE-OFF)	DATE OF ACTION (MM/YYYY)
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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, PROVIDE AN EXPLANATION.

E) HAVE YOU BEEN A PARTY TO A FORECLOSURE WITHIN THE LAST 10 YEARS? IF YES, PROVIDE THE FOLLOWING DETAILS.	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

ADDRESS OF FORECLOSED PROPERTY (STREET, CITY, STATE, ZIP CODE)	DATE OF FORECLOSURE (MM/YYYY)	NAME OF LENDER
--	-------------------------------	----------------

EXPLAIN THE CIRCUMSTANCES THAT LED TO THE FORECLOSURE.

F) DO YOU 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)	STATE/PROVINCE, COUNTRY
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2) DESCRIPTION OF ASSET/LIABILITY	DATE ACQUIRED (MM/YYYY)	STATE/PROVINCE, COUNTRY
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Individual Owner/Principal - Supplemental Information

G) DO YOU CONTROL, MANAGE, OR HOLD ANY ASSETS OR LIABILITIES FOR ANOTHER PERSON OR ENTITY? IF YES, PROVIDE THE FOLLOWING DETAILS.			<input type="checkbox"/> YES <input type="checkbox"/> NO
1) NAME OF PERSON/ENTITY	RELATIONSHIP	PURPOSE	DESCRIBE ASSET/LIABILITY
2) NAME OF PERSON/ENTITY	RELATIONSHIP	PURPOSE	DESCRIBE ASSET/LIABILITY
H) IS YOUR INTEREST IN THIS BUSINESS ENTITY 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			

SECTION 11: GROSS ANNUAL HOUSEHOLD INCOME

TYPE OF INCOME (ANNUAL)	APPLICANT	SPOUSE/OTHER
CURRENT GROSS INCOME/WAGES/SALARY		
BUSINESS INCOME		
INTEREST INCOME		
DIVIDEND INCOME		
RENTAL INCOME		
SPOUSAL SUPPORT/ALIMONY		
OTHER (SPECIFY)		
OTHER (SPECIFY)		
OTHER (SPECIFY)		
TOTAL GROSS INCOME		
DO YOU RECEIVE BONUSES OR PROFIT SHARING BASED ON A PERCENTAGE OF REVENUE GENERATED FROM A GAMING ACTIVITY? IF YES, EXPLAIN BELOW.		<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 12: MONTHLY EXPENDITURES

TYPE OF EXPENDITURE	APPLICANT
REAL ESTATE (MORTGAGE) PAYMENTS	
RENT	
HOUSEHOLD EXPENSES (UTILITIES, FOOD, GASOLINE, HOME/CAR MAINTENANCE, ENTERTAINMENT, ETC.)	
BUSINESS EXPENSES (DESCRIBE)	
VEHICLE LOAN PAYMENTS	
CHILD SUPPORT PAYMENTS	
SPOUSAL SUPPORT/ALIMONY PAYMENTS	
OTHER (DESCRIBE)	
TOTAL MONTHLY EXPENDITURES	

THE INCOME AND EXPENDITURE FIGURES SHOWN ABOVE ARE AS OF _____, 20__.

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 calendar year: December 31, 20 ____.

** 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 calendar year: December 31, 20 ____.

** 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 you). Please submit copies of the agreement 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 calendar year: December 31, 20 ____.

** 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 your initial and subsequent investments (include dates and specific amounts of subsequent investments). If loans, provide copies of agreements. If checking or savings, identify source (wages, inheritance, etc.).								
Identify the source of monies for your initial and subsequent investments (include dates and specific amounts of subsequent investments). If loans, provide copies of agreements. If checking or savings, identify source (wages, inheritance, etc.).								
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Identify the source of monies for your initial and subsequent investments (include dates and specific amounts of subsequent investments). If loans, provide copies of agreements. If checking or savings, identify source (wages, inheritance, etc.).								
TOTAL								

* Market value as of most recent calendar year: December 31, 20 ____.

** 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 yourself, your spouse, or your dependent children.

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 calendar year: December 31, 20__.

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 calendar year: December 31, 20__.

Signature of Preparer _____ Date _____

SCHEDULE G - LIABILITIES

Accounts Payable

List all accounts payable (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 calendar year: December 31, 20 ____.

** 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 calendar year: December 31, 20 ____.

** 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 you). Please submit copies of loan agreements for any loans between private parties 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 calendar year: December 31, 20 ____.

** 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 calendar year: December 31, 20 ____.

** 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., liens, co-signer on a loan, pending litigation, child support, alimony, 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**
TOTAL								

* Balance as of most recent calendar year: December 31, 20 ____.

** Balance as of date schedule is signed.

Signature of Preparer _____ Date _____

SECTION 13: 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 your 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.

- Background Investigation Deposit required in Title 11, Cal. Code Regs., Section 2037.
- Authorization to Release Information (CGCC-CH2-13). **Provide original.**
- Appointment of Designated Agent (CGCC-CH1-04). **Provide original.**
- Military Form DD-214 (A complete "undeleted" copy), if applicable.
- Resident Card, Employment Authorization Card (front and back copy), or Certificate of Naturalization, if applicable.
- Request for Live Scan Service (BCII 8016).
- All active badges, permits, etc., issued by a California city or county (front and back copy).
- Management Company/Consultant Agreement relating to the gaming related business, if applicable.
- Federal Individual and Business Tax Returns. Include all schedules and attachments for the last three years.
- Internal Revenue Service Request for Transcript of Tax Return (4506-T). **Provide original.**
- Statement of Net Worth for yourself and Balance Sheets for all of your businesses.
- Statement of Income and Expenses for yourself and Income Statements for all of your businesses.
- Monthly Bank Statements for all personal and business accounts for the last 12 months.
- Monthly/Quarterly Investment Account Statements for all personal and business accounts for the last 12 months.

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 14: 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	DATE (MM/DD/YYYY)
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Gaming Resource Supplier/Financial Source Individual Owner/Principal Supplemental Information

BGC-APP 025 (REV 04/2024)



Privacy Notice on Data Collection Forms

As Required by Civil Code § 1798.17

Collection and Use of Personal Information

The Division of Law Enforcement, Bureau of Gambling Control in the Department of Justice collects the information requested on this form as authorized by Business and Professions Code sections 19865 and 19866. The Bureau uses this information to establish grounds for the license, permit or other approval indicated on this application form. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The Department of Justice's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information

All the personal information requested in this form must be provided.

Access to Your Information

You may review the records maintained by the Division of Law Enforcement, Bureau of Gambling Control in the Department of Justice that contain your personal information as permitted by the Information Practices Act. (See below for contact information.)

Possible Disclosure of Personal Information

In order to process your application, we may need to share the information you give us with law enforcement or regulatory agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

Contact Information

For questions about this notice or access to your records, you may contact the Special Agent Supervisor of Special Programs at the Department of Justice, Bureau of Gambling Control, at P. O. Box 168024, Sacramento, CA 95816-8024, (916) 830-1700 or e-mail at GamblingControl@doj.ca.gov