

Application for Owner Category License

CGCC-CH2-05 (Rev. 04/23)

Page 1 of 4

BUREAU USE ONLY
BGC ID# _____



MAIL COMPLETED FORM AND FEE/DEPOSIT TO:

BUREAU OF GAMBLING CONTROL

P.O. Box 168024

Sacramento, CA 95816-8024

(916) 830-1700

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU COMPLETE THIS FORM

This form is used to provide information for individuals required to apply as an Owner Category Licensee as defined by the Gambling Control Act (Act) and/or implementing administrative regulations, as applicable.

All responses must be truthful and complete. All responses 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 or discipline of the licensee. The burden of proving his/her qualifications to receive a license is on the applicant.

An applicant may be subject to administrative action for failing to provide all information, documentation, and assurances as required by the Act or requested by the California Gambling Control Commission (Commission) or the Bureau of Gambling Control (Bureau), or failing to reveal any material facts, or providing misleading or untrue information as to a material fact.

By filing an application, an applicant understands that pursuant to Business and Professions Code section 19828, the Bureau or Commission may make public any communication or publication from, or concerning an applicant's application or corresponding background investigation. By submitting this application, an applicant accepts any risks of adverse action, financial loss, or public notice which may result from any Commission or Bureau action taken with respect to the application, as the action is absolutely privileged and so shall not form a basis for imposing liability for defamation or constitute a ground for recovery in any civil action consistent with Business and Professions Code section 19828.

An applicant may request an application be withdrawn pursuant to Title 4, California Code of Regulations, Section 12015.

It is the responsibility of each applicant to obtain copies of, and be familiar with, the laws and regulations governing the applicant's license. As an applicant, it is your responsibility to ensure that you thoroughly understand the questions in this application. If you do not understand any question(s), it is your responsibility to obtain appropriate, competent assistance in order to fully and accurately complete 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

Associated Owner Category Licensee

Date of Photograph

**Affix a passport quality
photography taken
within the last 30
calendar days here.**

**PLEASE PRINT NAME
ON BACK OF
PHOTOGRAPH**

SECTION 1: APPLICATION

A) TYPE OF APPLICATION (CHECK APPROPRIATE BOX)

<input type="checkbox"/> CARDROOM BUSINESS LICENSE The sole proprietor, LLC, corporation, partnership, trust, or business entity that operates a gambling establishment	<input type="checkbox"/> TPPPS BUSINESS LICENSE The sole proprietor, LLC, corporation, partnership, trust, or other business entity that proposes to provide third-party proposition services as an independent contractor in a gambling establishment.
<input type="checkbox"/> CARDROOM ENDORSEE LICENSE An endorsed licensee is any other type not covered above, such as: an officer in a corporation, a shareholder, a limited partner in a partnership, any person who receives any percentage share of the revenues earned, or any funding source.	<input type="checkbox"/> TPPPS ENDORSEE LICENSE An endorsed licensee is any other type not covered above, such as: an officer in a corporation, a shareholder, a limited partner in a partnership, any person who receives any percentage share of the revenues earned, or any funding source.

B) SELECT IF THIS IS AN APPLICATION FOR AN INITIAL OR RENEWAL LICENSE (CHECK APPROPRIATE BOX)

<input type="checkbox"/> <u>INITIAL APPLICATION</u> <u>MUST INCLUDE THE FOLLOWING (AS APPLICABLE):</u> <ul style="list-style-type: none"> Application Fee required in Title 4, CCR, Section 12090 A background investigation deposit required in Title 11, CCR, Section 2037 	<input type="checkbox"/> <u>INITIAL APPLICATION WITH REQUEST FOR TEMPORARY LICENSE</u> <u>MUST INCLUDE THE FOLLOWING (AS APPLICABLE):</u> <ul style="list-style-type: none"> Application Fee required in Title 4, CCR, Section 12090 Additional Application Fee for a Temporary Owner Category License required in Title 4, CCR, Section 12090 A background investigation deposit required in Title 11, CCR, Section 2037 	<input type="checkbox"/> <u>RENEWAL APPLICATION</u> <u>MUST INCLUDE THE FOLLOWING (AS APPLICABLE):</u> <ul style="list-style-type: none"> Application Fee required in Title 4, CCR, Section 12090 A delinquency fee in the amount specified in Section 12090, if applicable A background investigation deposit required in Title 11, CCR, Section 2037
---	---	--

ALL INITIAL OR RENEWAL OWNER CATEGORY LICENSE APPLICANTS: Check this box ONLY IF you need to be issued a badge upon approval of your application.

NOTE: INITIAL APPLICANTS AND INITIAL APPLICANTS WITH REQUEST FOR TEMPORARY LICENSE DO NOT COMPLETE SECTION 2.

SECTION 2: RENEWAL INFORMATION

Complete this section only for a renewal application. If you answer "YES" to any of the questions below, please provide a detailed explanation for each item marked "YES" on a separate sheet of paper and attach to the application.

<u>ALL APPLICANTS</u>	
1. Have you been a party to any civil litigation since last filing a license application?	<input type="checkbox"/> YES <input type="checkbox"/> No
2. Have you been named in any administrative action affecting any license certification since last filing a license application?	<input type="checkbox"/> YES <input type="checkbox"/> No
3. Have you been convicted of any crime (misdemeanor or felony) since last filing a license or Commission work permit application? <small>Note: It is your responsibility to verify the circumstances and status of all crimes and you should err on the side of disclosure as failing to disclose a conviction can weigh against your application being approved.</small>	<input type="checkbox"/> YES <input type="checkbox"/> No
4. Have you acquired or increased your financial interest in a business that conducts lawful gambling outside the State since last filing a license application?	<input type="checkbox"/> YES <input type="checkbox"/> No
5. Have you transferred any ownership interest to any individual or into a Trust since last filing a license application?	<input type="checkbox"/> YES <input type="checkbox"/> No
6. Do you have a financial interest in the cannabis industry? If yes, answer question 7.	<input type="checkbox"/> YES <input type="checkbox"/> No
7. If the answer to Question 6 was yes, do you currently have or do you intend to acquire a license or permit in the cannabis industry?	<input type="checkbox"/> YES <input type="checkbox"/> No
<u>CARDROOM BUSINESS LICENSEE OR TPPPS BUSINESS LICENSEE</u>	
8. Have there been any changes affecting ownership or controlling interest in this business since last filing a license application?	<input type="checkbox"/> YES <input type="checkbox"/> No
9. Have there been any changes affecting ownership or controlling interest in any entity that is endorsed upon the license since last filing a license application?	<input type="checkbox"/> YES <input type="checkbox"/> No
10. Has there been any newly acquired or increase to any financial interest in a business that conducts lawful gambling outside the State since last filing a license application?	<input type="checkbox"/> YES <input type="checkbox"/> No
<u>CARDROOM BUSINESS LICENSEE</u>	
11. Has there been any change to the terms (financial or otherwise) of the business' lease or a change of landlord since last filing a license application?	<input type="checkbox"/> YES <input type="checkbox"/> No
<u>TRUST</u>	
12. Has there been any amendment to any trust documents or any changes to a beneficiary, trustee, or trust asset since last filing a license application?	<input type="checkbox"/> YES <input type="checkbox"/> No

SECTION 3: CARDROOM BUSINESS LICENSE OPERATIONS

Complete this section only for a cardroom business licensee.

<input type="checkbox"/>	GAMING HOURS 24 HOURS/365 DAYS OR:	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	OPENING TIME							
	CLOSING TIME							
<input type="checkbox"/>	BUSINESS OFFICE HOURS SAME AS GAMING HOURS OR:	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	OPENING TIME							
	CLOSING TIME							

NUMBER OF PERMANENT TABLES OPERATING OR TO BE OPERATED IN THE GAMBLING ESTABLISHMENT:

NAME OF PROPOSED GAMES

INDICATE ENDORSED OWNERS

Identify all individual officers (President, Secretary, Treasurer, and Chief Financial Officer), directors, shareholders, partners, members, etc. of the entity. For Trusts, identify the Trustor and any Trustees. For officers and directors of corporations with no ownership interest, enter 0% in the ownership column. If a section does not apply, write "N/A" (not applicable). If additional space is needed, please use separate sheets of paper.

Entity /Individual's Name	Title	Ownership /Membership Interest Percentage	Compensation Arrangement (salary, hourly wage, incentives, bonuses, etc.)
		%	
		%	
		%	
		%	
		%	

SECTION 4: ADDITIONAL REQUIRED ITEMS

THE FOLLOWING ITEMS **MUST** BE SUBMITTED, AS APPLICABLE, WITH THIS COMPLETED FORM. PROVIDE COPIES OF DOCUMENTS UNLESS OTHERWISE STATED. ONLY DOCUMENTS THAT ARE DATED AND SIGNED BY THE APPLICANT WILL BE ACCEPTED. FAILURE TO PROVIDE REQUIRED ITEMS MAY RESULT IN DENIAL OF YOUR APPLICATION. PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 19868, SUBDIVISION (a), THE APPLICATION PACKAGE WILL NOT BE DEEMED COMPLETE UNTIL ALL REQUIRED FORMS, DOCUMENTATION, AND FEES HAVE BEEN COMPLETED AND RECEIVED BY THE STATE.

MARK THE BOX NEXT TO EACH ATTACHED ITEM.

- COMPLETED REQUEST FOR LIVE SCAN SERVICE (BCIA 8016), INCLUDING THE ATI NUMBER
- AUTHORIZATION TO RELEASE INFORMATION, CGCC-CH2-13 – **PROVIDE ORIGINAL**
- NOTE: INITIAL APPLICANTS MUST ALSO ATTACH A COMPLETED SUPPLEMENTAL BACKGROUND INFORMATION FORM, AS INDICATED BELOW:
 Cardroom business licensee or TPPPS business licensee: Business Entity: Supplemental Information, CGCC-CH2-06 in addition to any other form required below
Individual Applicants: Individual Owner/Principal: Supplemental Information, CGCC-CH2-07
Entity Applicants: Business Entity: Supplemental Information, CGCC-CH2-06
*Trust Applicants: Trust: Supplemental Information, CGCC-CH2-09
 *Current beneficiaries do not need to submit an application if the beneficiary is less than 21 years of age. Contingent beneficiaries do not need to submit an application if benefits are contingent upon a specific future event or circumstance.
- SPOUSAL INFORMATION, CGCC-CH2-12

ADDITIONAL DOCUMENTATION MAY BE REQUIRED BY THE BUREAU OF GAMBLING CONTROL.

SECTION 5: DECLARATION

I declare under penalty of perjury under the laws of the State of California that the information in this form is true, accurate, and complete, and that this declaration is executed by me at _____.

City and State

PRINTED NAME

SIGNATURE

DATE (MM/DD/YYYY)

This form must be signed by the appropriate person identified below:

- *If applicant is a corporation, LLC, or joint venture then by an authorized officer.*
- *If applicant is a general partnership or limited partnership then by an authorized partner.*
- *If applicant is a sole proprietor then by the owner.*
- *If applicant is a trust then by an authorized trustor or trustee.*
- *If applicant is a natural person then by the applicant.*