

Commission Work Permit or TPPPS Worker: Supplemental Information

CGCC-CH2-10 (Rev. 07/22)

Page 1 of 8

BUREAU USE ONLY
BGC ID# _____



MAIL COMPLETED FORM AND 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 supplemental information for individuals applying for either a Commission work permit or a TPPPS worker license.

All responses must be truthful and complete. All responses and supplemental documentation are subject to verification and will be used to determine suitability under the Act and California Gambling Control Commission (Commission) regulations. Any misrepresentation or failure to disclose required information or documentation may constitute cause for denial of the application or discipline of the licensee.

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

TYPE OF APPLICANT (CHECK APPROPRIATE BOX):

<input type="checkbox"/> TPPPS WORKER LICENSEE	<input type="checkbox"/> COMMISSION WORK PERMITEE
--	---

SECTION 1: PERSONAL INFORMATION				
FULL NAME: LAST		FIRST	MIDDLE	
ALIAS(ES), NICKNAME(S), OTHER FORMER LEGAL NAMES				
CURRENT RESIDENCE (STREET, CITY, STATE, ZIP CODE)				
MAILING ADDRESS IF DIFFERENT THAN CURRENT RESIDENCE (STREET, CITY, STATE, ZIP CODE)				
PRIMARY TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER	EMAIL ADDRESS		
DATE OF BIRTH (MM/DD/YYYY)	DRIVER'S LICENSE/IDENTIFICATION CARD NUMBER	STATE	EXPIRATION DATE (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"/> OTHER: _____				
IF RESIDENT ALIEN OR NATURALIZED CITIZEN, PROVIDE YOUR A-NUMBER		SOCIAL SECURITY NUMBER		
DISCLOSURE				
DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS MANDATORY. BUSINESS AND PROFESSIONS CODE SECTION 30 AND PUBLIC LAW 94-455 [42 USC SECTION 405(C)(2)(C)] AUTHORIZE COLLECTION OF YOUR SOCIAL SECURITY NUMBER. YOUR SOCIAL SECURITY NUMBER WILL BE USED EXCLUSIVELY FOR TAX ENFORCEMENT PURPOSES, FOR PURPOSES OF COMPLIANCE WITH ANY JUDGMENT OR ORDER FOR FAMILY SUPPORT IN ACCORDANCE WITH FAMILY CODE SECTION 17520 OR FOR DATABASE INQUIRIES REQUIRED FOR LICENSURE. IF YOU FAIL TO DISCLOSE YOUR SOCIAL SECURITY NUMBER, YOUR APPLICATION WILL NOT BE PROCESSED AND YOU WILL BE REPORTED TO THE FRANCHISE TAX BOARD, WHICH MAY ASSESS A \$100 PENALTY AGAINST YOU.				

SECTION 2: FAMILY/COHABITANT INFORMATION				
A) RELATIONSHIP STATUS				
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> REGISTERED DOMESTIC PARTNER <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED				
A) CURRENT SPOUSE/REGISTERED DOMESTIC PARTNER				
FULL NAME: LAST		FIRST	MIDDLE	FORMER NAME
DATE OF BIRTH (MM/DD/YYYY)			DATE OF MARRIAGE/REGISTRATION (MM/DD/YYYY)	
RESIDENCE IF DIFFERENT FROM APPLICANT (STREET, CITY, STATE, ZIP CODE)				
B) FORMER SPOUSE/REGISTERED DOMESTIC PARTNER				
FULL NAME: LAST		FIRST	MIDDLE	FORMER NAME
DATE OF BIRTH (MM/DD/YYYY)	DATE OF MARRIAGE/REGISTRATION (MM/DD/YYYY)	DATE OF DIVORCE (MM/DD/YYYY)	STATE IN WHICH DIVORCE OCCURRED	

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.					<input type="checkbox"/> YES <input type="checkbox"/> NO
1) FULL NAME: LAST	FIRST	MI	FORMER NAME	RELATIONSHIP	
NAME OF BUSINESS		FINANCIAL INTEREST (INC. PERCENTAGE OWNED) AND/OR POSITION HELD			
2) FULL NAME: LAST	FIRST	MI	FORMER NAME	RELATIONSHIP	
NAME OF BUSINESS		FINANCIAL INTEREST (INC. PERCENTAGE OWNED) AND/OR POSITION HELD			

SECTION 3: MILITARY EXPERIENCE

A) HAVE YOU EVER SERVED IN ANY ARMED FORCES? IF YES, PROVIDE THE FOLLOWING DETAILS. (IF THE MILITARY SERVICE HAS ENDED AND A DD-214 HAS BEEN PREVIOUSLY PROVIDED TO THE BUREAU AS PART OF ANOTHER APPLICATION, ONE NEED NOT BE PROVIDED.)			<input type="checkbox"/> YES <input type="checkbox"/> NO
BRANCH OF SERVICE AND COUNTRY IF NOT THE U.S.	DATES OF SERVICE FROM (MM/DD/YYYY)	DATES OF SERVICE TO (MM/DD/YYYY)	
RANK AT SEPARATION		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/DD/YYYY)	FINAL CHARGE	COURT LOCATION (CITY, STATE/PROVINCE/COUNTRY)	
EXPLAIN THE INCIDENT THAT LED TO THE COURT-MARTIAL AND PROVIDE RELATED DOCUMENTS			

SECTION 4: CRIMINAL CONVICTIONS

FOR THE FOLLOWING SECTION:

YOU ARE REQUIRED TO DISCLOSE ANY AND ALL CRIMINAL CONVICTIONS REGARDLESS OF:

- 1) THE DATE OF THE CONVICTION, I.E. **IT MUST BE DISCLOSED NO MATTER HOW OLD THE CONVICTION IS;**
- 2) THE DEGREE OF THE CONVICTION, I.E. **IT MUST BE DISCLOSED WHETHER IT WAS A FELONY OR MISDEMEANOR, WHICH INCLUDES TRAFFIC VIOLATIONS** CHARGED AS MISDEMEANORS OR FELONIES, INCLUDING DRIVING UNDER THE INFLUENCE, DRIVING ON A SUSPENDED LICENSE, ETC.;
- 3) THE STATUS OF THE CONVICTION, I.E. **IT MUST BE DISCLOSED REGARDLESS OF WHETHER YOU HAD THE CONVICTION REDUCED, DISMISSED, OR EXPUNGED, OR WHETHER YOU ARE ON OR OFF PROBATION; AND**

YOU ARE NOT REQUIRED TO DISCLOSE:

- 1) **INFRACTIONS, I.E. SPEEDING OR PARKING TICKETS. HOWEVER, 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.**
- 2) **ANY CONVICTION SEALED PURSUANT TO A COURT ORDER. PLEASE NOTE THAT ANY CONVICTIONS REDUCED, EXPUNGED, OR DISMISSED INCLUDING THOSE UNDER PENAL CODE SECTION 1203.4, 1203.4A, OR 1203.45 ARE NOT SEALED AS A MATTER OF COURSE AND MUST STILL BE DISCLOSED.**

A) HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY OR NOLO CONTENDERE (NO CONTEST) TO A MISDEMEANOR OR FELONY?

IF YES, PROVIDE THE FOLLOWING DETAILS FOR EACH CONVICTION.

IF YOU REQUIRE ADDITIONAL SPACE FOR EITHER THE NUMBER OF CONVICTIONS OR TO EXPLAIN THE FACTUAL CIRCUMSTANCES, PLEASE ATTACH ANOTHER PAGE TO THIS FORM.

IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.

YES NO

1) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY)

ARRESTING AGENCY

COURT LOCATION (CITY, STATE)

IDENTIFY CRIMINAL BELOW CONVICTIONS AND ON A SEPARATE PIECE OF PAPER EXPLAIN THE FACTUAL CIRCUMSTANCES THAT LED TO THE CONVICTION.

2) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY)

ARRESTING AGENCY

COURT LOCATION (CITY, STATE)

IDENTIFY CRIMINAL BELOW CONVICTIONS AND ON A SEPARATE PIECE OF PAPER EXPLAIN THE FACTUAL CIRCUMSTANCES THAT LED TO THE CONVICTION.

3) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY)

ARRESTING AGENCY

COURT LOCATION (CITY, STATE)

IDENTIFY CRIMINAL BELOW CONVICTIONS AND ON A SEPARATE PIECE OF PAPER 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?

YES NO

C) HAVE YOU EVER ENGAGED IN ILLEGAL GAMBLING ACTIVITIES THAT YOU KNEW OR SHOULD HAVE KNOWN WERE ILLEGAL?

YES NO

D) ARE YOU CURRENTLY ON PROBATION?

YES NO

IF YES TO ANY OF THE ABOVE, PROVIDE DETAILS.

SECTION 5: RESIDENCES

A) 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.

IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.

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

SECTION 6: EXPERIENCE AND EMPLOYMENT

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

IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.

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

DO YOU HAVE A WRITTEN EMPLOYMENT AGREEMENT WITH YOUR CURRENT EMPLOYER? If YES, PROVIDE A COPY. IF NOT, SUBMIT A COPY OF YOUR CURRENT DUTY STATEMENT/JOB DESCRIPTION.					<input type="checkbox"/> YES <input type="checkbox"/> NO	
2) NAME OF PRIOR EMPLOYER			FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)		
JOB TITLE/DUTIES		MONTHLY EARNINGS	GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ADDRESS			SUPERVISOR			
CITY	STATE/PROVINCE & COUNTRY	ZIP/POSTAL CODE	TELEPHONE NUMBER		EXT	
REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES.						
3) NAME OF PRIOR EMPLOYER			FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)		
JOB TITLE/DUTIES		MONTHLY EARNINGS	GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ADDRESS			SUPERVISOR			
CITY	STATE/PROVINCE & COUNTRY	ZIP/POSTAL CODE	TELEPHONE NUMBER		EXT	
REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES.						
4) NAME OF PRIOR EMPLOYER			FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)		
JOB TITLE/DUTIES		MONTHLY EARNINGS	GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ADDRESS			SUPERVISOR			
CITY	STATE/PROVINCE & COUNTRY	ZIP/POSTAL CODE	TELEPHONE NUMBER		EXT	
REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES.						
5) NAME OF PRIOR EMPLOYER			FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)		
JOB TITLE/DUTIES		MONTHLY EARNINGS	GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ADDRESS			SUPERVISOR			
CITY	STATE/PROVINCE & COUNTRY	ZIP/POSTAL CODE	TELEPHONE NUMBER		EXT	
REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES.						

SECTION 7: LICENSING INFORMATION

A) FOR THE LAST TEN YEARS OF EMPLOYMENT WITHIN THE GAMBLING INDUSTRY, PROVIDE THE FOLLOWING INFORMATION REGARDING YOUR WORK LOCATIONS **RELATED TO GAMING** IN ANY JURISDICTION.

IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.

1) NAME OF EMPLOYER	CITY, COUNTY, STATE/PROVINCE, COUNTRY	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)
2) NAME OF EMPLOYER	CITY, COUNTY, STATE/PROVINCE, COUNTRY	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)
3) NAME OF EMPLOYER	CITY, COUNTY, STATE/PROVINCE, COUNTRY	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)

B) 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).

Yes No

IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.

1) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER	TYPE OF APPLICATION	ISSUING AGENCY
DATE HELD FROM (MM/DD/YYYY)	DATE HELD TO (MM/DD/YYYY)	
CITY, COUNTY, STATE/PROVINCE, COUNTRY	ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, BRIEFLY EXPLAIN THE CIRCUMSTANCES.		

2) LICENSE/PERMIT/CERTIFICATION/REGISTRATION NUMBER	TYPE OF APPLICATION	ISSUING AGENCY
DATE HELD FROM (MM/DD/YYYY)	DATE HELD TO (MM/DD/YYYY)	
CITY, COUNTY, STATE/PROVINCE, COUNTRY	ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	
IF DENIED, SUSPENDED, WITHDRAWN, REVOKED, OR CONDITIONED, BRIEFLY EXPLAIN THE CIRCUMSTANCES.		

C) HAVE YOU EVER BEEN DISCIPLINED, FINED, ETC. BY A GAMING REGULATORY AGENCY (LOCAL, STATE, TRIBAL, OR INTERNATIONAL)?

IF YES, PROVIDE THE FOLLOWING DETAILS.

Yes No

IF THIS APPLICANT CURRENTLY HOLDS A VALID LICENSE, THIS QUESTION NEED ONLY BE ANSWERED IN A MANNER TO UPDATE SINCE THE LAST TIME THIS FORM OR ANOTHER SUPPLEMENTAL INFORMATION FORM WAS SUBMITTED AND LICENSURE GRANTED.

ISSUING AGENCY	DATE OF FINAL ACTION (MM/DD/YYYY)	ACTION TAKEN (SUSPENDED, REVOKED, ETC.)	CITY, COUNTY, STATE/PROVINCE, COUNTRY
----------------	-----------------------------------	---	---------------------------------------

BRIEFLY EXPLAIN THE CIRCUMSTANCES AND INCLUDE ANY AMOUNTS PAID.

SECTION 8: 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.

- APPOINTMENT OF DESIGNATED AGENT, CGCC-CH1-04 – **PROVIDE ORIGINAL**
- MILITARY FORM, DD-214 (A COMPLETE "UNDELETED" COPY), IF APPLICABLE
- ALL ACTIVE BADGES, PERMITS, ETC. ISSUED BY A CALIFORNIA CITY OR COUNTY (FRONT AND BACK COPY)
- EMPLOYMENT AGREEMENT OR DUTY STATEMENT FOR THE POSITION FOR WHICH YOU ARE APPLYING

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 license will not be issued until the required deposits and fees are received.

SECTION 9: 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 applicant.