

**Supplemental Information:  
Schedules**

CGCC-CH2-11 (New 05/20)  
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BUREAU USE ONLY
BGC ID# _____



**MAIL COMPLETED FORM 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 additional information for applicants required to be licensed 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 the Gambling Control Act and 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.

**TYPE OF APPLICANT (CHECK APPROPRIATE BOX):**

<input type="checkbox"/> TPPPS OWNER TYPE LICENSEE	<input type="checkbox"/> TPPPS SUPERVISOR LICENSEE
<input type="checkbox"/> CARDROOM OWNER TYPE LICENSEE	<input type="checkbox"/> KEY EMPLOYEE LICENSEE

**SCHEDULE A – ASSETS**

**Cash**

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

NAME AND ADDRESS OF ENTITY/LOCATION WHERE THE FUNDS ARE HELD	TYPE OF ACCOUNT	LAST 6 DIGITS OF ACCOUNT NUMBER	DATE OPENED	NAME(S) OF PERSON(S) WITH SIGNATURE AUTHORITY ON ACCOUNT	YEAR END BALANCE*	CURRENT BALANCE	DATE BALANCE WAS RECORDED
TOTAL							

\*Balance as of the most recent calendar year: December 31, 20\_\_\_\_.

Signature of Preparer: \_\_\_\_\_

Date: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the information contained in this form is true, accurate, and complete, and that this declaration is executed by me at _____.			
City and State			
APPLICANT'S PRINTED NAME	SIGNATURE	CAPACITY	DATE (MM/DD/YYYY)

**SCHEDULE B – ASSETS**  
**Stocks and Bonds**

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

ISSUER	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	DATE MARKET VALUE WAS RECORDED
				TOTAL			

\*Market value as of the most recent calendar year: December 31, 20\_\_\_\_.

Signature of Preparer: \_\_\_\_\_

Date: \_\_\_\_\_

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**SCHEDULE C – ASSETS**  
**Accounts and Notes Receivable**

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

NAME OF DEBTOR	DATE ACQUIRED	MATURITY DATE (NOTES RECEIVABLE)	PAYMENT AMOUNT	PAYMENT PERIOD (E.G., WEEKLY, MONTHLY, ETC.)	INTEREST RATE	ORIGINAL AMOUNT	YEAR END BALANCE*	BALANCE	DATE BALANCE WAS RECORDED
TOTAL									

\*Balance as of the most recent calendar year: December 31, 20\_\_\_\_.

Signature of Preparer: \_\_\_\_\_

Date: \_\_\_\_\_

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SIGNATURE

CAPACITY

DATE (MM/DD/YYYY)

**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 that have a direct, indirect, or vested interest. This should include, but not be limited to, sole proprietorships, joint ventures, partnerships, limited liability companies, and corporations.

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	DATE AMOUNT WAS RECORDED
IDENTIFY THE SOURCE OF MONIES FOR THE INITIAL AND SUBSEQUENT INVESTMENTS (INCLUDE DATES AND SPECIFIC AMOUNTS OF SUBSEQUENT INVESTMENTS). IN LOANS, PROVIDE COPIES OF AGREEMENTS. IF 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). IN LOANS, PROVIDE COPIES OF AGREEMENTS. IF 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). IN LOANS, PROVIDE COPIES OF AGREEMENTS. IF SAVINGS, IDENTIFY SOURCE (E.G. BUSINESS REVENUE, ETC.)									
				TOTAL					

\*Market value as of the most recent calendar year: December 31, 20\_\_\_\_.

Signature of Preparer: \_\_\_\_\_

Date: \_\_\_\_\_

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**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)	INVESTMENT AMOUNT	PURCHASE PRICE	CURRENT INVESTMENT AMOUNT**	CURRENT MARKET VALUE	DATE VALUE WAS RECORDED
IDENTIFY THE SOURCE OF FUNDS FOR THE DOWN PAYMENT. IN ADDITION, IDENTIFY IF THE CURRENT INCOME IS PER MONTH, PER YEAR, ETC.									
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				TOTAL					

\*Book or Market Value as of the most recent calendar year: December 31, 20\_\_\_\_.

For residential real estate include use market value  
 For commercial real estate a book value is acceptable

Signature of Preparer: \_\_\_\_\_

Date: \_\_\_\_\_

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**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 the most recent calendar year: December 31, 20\_\_.

Signature of Preparer: \_\_\_\_\_

Date: \_\_\_\_\_

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**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 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	DATE BALANCE WAS RECORDED
TOTAL								

\*Balance as of the most recent calendar year: December 31, 20\_\_\_\_.

Signature of Preparer: \_\_\_\_\_

Date: \_\_\_\_\_

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**SCHEDULE H – LIABILITIES**

**Taxes Payable**

List all unpaid and estimated taxes.

TAXING AUTHORITY (E.G., FRANCHISE TAX BOARD, INTERNAL REVENUE SERVICE, ETC.)	RELATED TAX PERIOD	PAYMENT AMOUNT	PAYMENT PERIOD (E.G. WEEKLY, MONTHLY, ETC.)	ORIGINAL AMOUNT	FINES, PENALTIES, AND INTEREST	YEAR END BALANCE*	CURRENT BALANCE	DATE BALANCE WAS RECORDED
					TOTAL			

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Signature of Preparer: \_\_\_\_\_

Date: \_\_\_\_\_

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**SCHEDULE I – LIABILITIES**

**Notes Payable**

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

NAME OF CREDITOR	LAST 6 DIGITS OF ACCOUNT NUMBER	COLLATERAL (IF APPLICABLE)	DATE INCURRED	MATURITY DATE	PAYMENT AMOUNT	PAYMENT PERIOD (E.G., WEEKLY, MONTHLY, ETC.)	INTEREST RATE	ORIGINAL NOTE AMOUNT	YEAR END BALANCE*	CURRENT BALANCE	DATE BALANCE WAS RECORDED	
									TOTAL			

\*Balance as of the most recent calendar year: December 31, 20\_\_\_\_.

Signature of Preparer: \_\_\_\_\_

Date: \_\_\_\_\_

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**SCHEDULE J – LIABILITIES**

**Mortgages Payable**

List all mortgages on real estate.

NAME 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 NOTE AMOUNT	YEAR END BALANCE*	CURRENT BALANCE	DATE BALANCE WAS RECORDED
						TOTAL			

\*Balance as of the most recent calendar year: December 31, 20\_\_\_\_.

Signature of Preparer: \_\_\_\_\_

Date: \_\_\_\_\_

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APPLICANT'S PRINTED NAME

SIGNATURE

CAPACITY

DATE (MM/DD/YYYY)

**SCHEDULE K – LIABILITIES**  
**Contingent and Other Liabilities**

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

NAME 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	DATE BALANCE WAS RECORDED
TOTAL										

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Date: \_\_\_\_\_

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