

Application for Finding of Suitability

BGC-APP. 020 (Rev. 09/07)



California Department of Justice
Bureau of Gambling Control
P.O. Box 168024
Sacramento, CA 95816-8024
(916) 263-3408; Fax: (916) 263-3403

APPLICATIONS AND FEES TO BE SENT TO:
CALIFORNIA GAMBLING CONTROL COMMISSION
P. O. BOX 526013 (2399 GATEWAY OAKS DR., STE 100)
SACRAMENTO, CA 95852-6013 (95833-4231)
(916) 263-0700

**APPLICATION FOR FINDING OF SUITABILITY
GAMING RESOURCE SUPPLIER/FINANCIAL SOURCE PROVIDER (VENDOR)**

Instructions: Type or print legibly in ink an answer to every question. If a question does not apply to you, indicate with "N/A." If the space available is insufficient, use a separate sheet and precede each answer with the applicable section and question number. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Any corrections, changes, or other alterations must be initialed and dated by the applicant. If any or all information is not provided, the application may be delayed, returned for completion, or denied.

Attach additional sheet(s), if necessary.

Section I	1. APPLICANT'S FULL NAME (<i>i.e., business entity or individual</i>)		2. TITLE (<i>if applicable</i>)	
	3. RESIDENCE ADDRESS (<i>street, city, state, zip code</i>)		4. TELEPHONE NUMBER ()	
	5. BUSINESS NAME [DBA] (<i>if different than Applicant Name</i>)			
	6. BUSINESS MAILING ADDRESS (<i>street, city, state, zip code</i>) (<i>if different than residence</i>)		7. BUSINESS TELEPHONE NUMBER ()	
	8. BUSINESS FAX NUMBER ()		9. E-MAIL ADDRESS	
Section II	11. IDENTIFY THE VENDOR'S LEGAL BUSINESS STRUCTURE (<i>check all that apply</i>).			
	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership	
	<input type="checkbox"/> Corporation	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Parent	
	<input type="checkbox"/> Publicly Traded Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Subsidiary	<input type="checkbox"/> Other
Section III	12. DEFINE THE VENDOR'S TYPE OF BUSINESS (<i>check all that apply</i>).			
	<input type="checkbox"/> Gaming Resource Supplier	<input type="checkbox"/> Financial Source Provider	<input type="checkbox"/> Management Contractor	<input type="checkbox"/> Other
	13. DESCRIBE THE TYPE OF PRODUCT(S) AND/OR SERVICE(S) PROVIDED BY THE VENDOR.			
<p>I hereby authorize the California Gambling Control Commission, or its representatives, to furnish any information of any nature concerning me to the Department of Justice for which I am seeking a Finding of Suitability. This authorization does not supersede or replace the "Authorization to Release Information" required to be submitted with the Supplemental Background Information packet for use by the California Bureau of Gambling Control.</p> <p>I declare under penalty of perjury under the laws of the State of California that the foregoing information, and all information submitted with this application is true, correct, and complete.</p>				
APPLICANT/DESIGNATED AGENT'S NAME (<i>typed or printed</i>)		APPLICANT/DESIGNATED AGENT'S SIGNATURE		DATE