

APPLICATION FOR GAMBLING BUSINESS LICENSE FOR BUSINESS ENTITIES AND OWNERS

BGC 533 (Rev. 04/2013)



PLEASE SEND COMPLETED APPLICATIONS TO:

Bureau of Gambling Control
P. O. Box 168024
Sacramento, CA 95816-8024

Pursuant to Business and Professions Code section 19853, except as provided in California Code of Regulations, Title 4, Section 12221, no person may perform in the capacity of a primary owner or owner in the operation of a gambling business without a license issued by the California Gambling Control Commission (Commission). A license certificate will be issued after the application is approved by the Commission and will indicate the name of the "primary owner."

Instructions:

Type or print legibly, in ink, all information requested on this application. If a question does not apply, write "N/A" (Not Applicable). Incomplete applications will be returned. You must provide truthful information in all your responses. All answers to questions in this application and on all supplemental documentation will be subject to verification. Any misrepresentation or failure to disclose information may constitute sufficient cause for denial or revocation of your license. If additional space is needed, use a separate sheet of paper and precede each response with the applicable section and item.

Please submit the following with the application for the renewal of an individual:

- Two 2x2 inch, passport-style color photographs taken within the last 12 months
- Photocopy of your current State Driver's License or State Identification Card

Send the completed application package with required fee (listed below) to: Bureau of Gambling Control, P. O. Box 168024, Sacramento, CA 95816-8024. Please make all checks payable to the Bureau of Gambling Control

Name of Gambling Business (Business)	Name of Applicant (Individual or Entity)
Please check one box indicating whether you are applying for an <i>initial</i> or <i>renewal</i> license.	
<input type="checkbox"/> INITIAL	
Application Fee:	\$1000 Non-refundable (Primary Owner, Business, Individual, and Trust)
Background Deposit:	\$11,500 (Owner-Entity) \$6,000 (Owner-Person) \$2,500 (Owner-Trust)
<i>The unused portion of any background deposit will be refunded.</i>	
NOTE: The Bureau of Gambling Control (Bureau) will issue a directive to submit a supplemental information package to begin your background investigation. At that time, you will be required to supply the deposit amount indicated above, pursuant to California Code of Regulations, Title 11, Section 2037, and any additional documentation (bank statements, taxes, employment agreements, etc.) required by the Bureau.	
<input type="checkbox"/> RENEWAL	
Application Fee:	\$1000 Non-refundable (Primary Owner, Business, Individual, and Trust)
Background Deposit:	\$2,000 (Owner-Entity) \$800 (Owner-Person and Owner-Trust)
<i>The unused portion of any background deposit will be refunded.</i>	

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SECTION 1 - TYPE OF APPLICATION (Check one box)

Submit the information listed below with the required fees/deposits with your initial or renewal application.

Primary Owner

The Primary owner is a sole proprietor, corporation, partnership, or other business entity that proposes to conduct a gambling business in a gambling establishment (see California Code of Regulations, Title 4, Section 12200(b)(17)).

Sole Proprietors: Submit one application with all sections completed except 3a and 3b

All other Owner Types, including Trusts (As indicated in section 3a): Complete all section except 4

Owner

An owner is any other owner type not covered above, such as: an officer in a corporation, a limited partner in a partnership, any person who receives any percentage share of the revenues earned, or any funding source (see California Code of Regulations, Title 4, Section 12220(b)(10)).

Individual Applicants, including Trustors, Trustees, and Beneficiaries (as indicated in section 4): Complete sections 4, 5, 6 and 7

Entity Applicants, including Trusts (As indicated in section 3a): Completed sections 3, 5, 6, and 7

SECTION 2 - PRIMARY OWNER INFORMATION

Attach a current organization chart for this business that includes the primary owner and all other owners that will be endorsed upon the primary owner's license.

Primary Owner Name

Street Address

Mailing Address (if different than above)

Phone Number

Fax Number

Website Address (if any)

SECTION 3a - ENTITY STRUCTURE (Check one box)

Attach a current organization chart for the entity indicating the names and titles of any officers, shareholders, partners, members, etc. that are associated with this entity

General Partnership

Corporation:

Corporation:

Limited Partnership

Publicly Traded

Revocable

Joint Venture

Private:

Irrevocable

Limited Liability Company

Sub-Chapter S

Other: _____

Sub-Chapter C

SECTION 3b - ENTITY STRUCTURE

Please provide the information below for the entity structure indicated in section 3a. 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 corporation with no ownership, 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 Name

Street Address

Telephone Number

Fax Number

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

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SECTION 4 - INDIVIDUAL APPLICANT INFORMATION

INDICATE YOUR ASSOCIATION WITH THE BUSINESS. (CHECK ALL THAT APPLY)

- | | | | |
|--|-------------------------------------|--|--|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Officer | <input type="checkbox"/> Financial Interest Holder | <input type="checkbox"/> Trustor |
| <input type="checkbox"/> General Partner | <input type="checkbox"/> Director | <input type="checkbox"/> Community Property Interest | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Limited Partner | <input type="checkbox"/> Landlord | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Current Beneficiary |
| <input type="checkbox"/> Shareholder | <input type="checkbox"/> LLC Member | | |

Full Name

Other names you have used or been known by (aliases, maiden name, nicknames, other name changes, legal or otherwise)

*Residence Address - Number/Street (See page 4 for note)

Mailing Address (if different than above (See page 4 for note))

Home Phone Number

Work Phone Number

Cell Phone Number

E-Mail Address (if any)

Birthdate (mm/dd/yyyy)

Gender

Male

Female

**Social Security Number (See page 4 for note)

SECTION 5 - RENEWAL INFORMATION

Complete this section only if you are **renewing** you license. If you answer "Yes" to any of the questions below, please provide an explanation on a separate sheet of paper and attach to the application.

A) Primary Owner:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Has there been any changes affecting ownership or controlling interest in this business since last filing of an application for a gambling business license? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Has there been any changes affecting ownership or controlling interest in any entity that is endorsed upon the license of the primary provider? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Has there been any acquired or increased a financial interest in a business that conducts lawful gambling outside the state since last filing a gambling business license application? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

B) Owner:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you been a party to any civil litigation since last filing a gambling business 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 gambling business services 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 gambling business license application? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Have you acquired or increased a financial interest in a business that conducts lawful gambling outside the state since last filing a gambling business license application? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Complete the following only if renewing as a Trust:

- | | | |
|--|------------------------------|-----------------------------|
| Have there been (a) any amendments to the trust document or (b) any changes to a beneficiary, trustee, or trust asset since last filing a gambling business license application? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|--|------------------------------|-----------------------------|

SECTION 6 - AUTHORIZED REPRESENTATIVE / DESIGNATED AGENT INFORMATION

Name of Representative / Designated Agent

Restrictions (if any):

Relationship to Applicant:

-
- Owner
-
- Attorney
-
- Employee
-
- Other:

Business Name, if applicable:

Mailing Address

Phone Number

Fax Number

E-mail Address (if any)

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SECTION 7 - DECLARATION / SIGNATURE

An applicant applying as an individual must sign on his or her own behalf. If applying as a business entity or trust, the chief executive officer or designated agent must sign on behalf of the entity

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, is true, accurate, and complete.

Name of Individual Completing this Application (typed or printed)	Title
Signature	Date
Signature of Designated Agent	Date

*You must provide your residence address to the Bureau. Unless a separate mailing address is provided, the Bureau will mail all correspondence to your residence address. Your residence address will not be displayed on the Bureau's website and will not be provided to the public as a result of a request pursuant to the Public Records Act (Government Code section 6250 et seq.) or Business and Professions Code section 19821(b).

**Disclosure of your U.S. 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 verification of 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.

Effective July 1, 2012, the Commission is required to deny an application and to suspend the license/registration/permit/approval of any applicant or licensee who has outstanding state tax obligations and appears on either the Franchise Tax Board's or Board of Equalization's certified list of top 500 tax delinquencies over \$100,000 (Business and Professions Code section 494.5).

Trust Applicants Only Please disregard the instructions on the Trust Supplement Background investigation Information BGC-APP-143 which are generally directed a gambling establishment applications. Follow the instructions below, which are directed at gambling business applicants.

Any trust that is an owner of a gambling business must be registered or licensed. Other trust-related persons must also be registered or licensed: the trustor of the trust, any trustee and any current beneficiary. "Trustor" means the same thing as "grantor," "donor," or "settlor:" an individual who creates a trust.

A current beneficiary must be registered or licensed if either of the follows applies:

- (1) The beneficiary receives a distribution from a trust that is an owner of a gambling business.
- (2) The beneficiary receives an percentage share of revenue from gambling activities. For example, under the terms of the Washington Family Trust, beneficiary William Washington is to receive 10% of the net gaming revenue from the Washington Gambling Business Company every six months.

Trusts: Must submit a Trust Supplemental Background Investigation Information Form, BGC-APP-143 (Rev 5/08), along with this form (Application for Gambling Business License (BGC-533)).

Trustors, Trustee, and Current Beneficiaries: Must submit this form (Application for Gambling Business License (BGC-533)). If the trustee is also the trustor and the beneficiary, only one BGC-533 form needs to be submitted.

Contingent Beneficiary: A contingent or future beneficiary is not required to be registered or licensed unless specifically directed to apply by the Commission. However, a contingent or future beneficiary may elect to submit an application, if, for instance the beneficiary wishes to avoid future delays in receiving income or a share in ownership in a business when the future event occurs, for instance, the death of the current beneficiary.