

GAMBLING BUSINESS REGISTRATION SUPPLEMENTAL INFORMATION

BGC 536 (Rev. 04/2013)



BUREAU OF GAMBLING CONTROL
 P. O. Box 168024
 Sacramento, CA 95816-8024
 (916) 227-3584; Fax: (916) 227-2308

Type or print (in ink) all information requested on this supplemental form. If additional space is needed, please note response on a separate sheet of paper and attach to this form.

Gender: Male Female

SECTION 1: APPLICANT PERSONAL HISTORY INFORMATION

Applicant's Full Legal Name:

Applicant's Mailing Address:

Applicant's Telephone Number

Applicant's Facsimile Number (if applicable):

Date of Birth:

*Social Security Number:

Please indicate answers to the following questions by placing an X in the appropriate box

1. Have you ever been convicted of a felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Within the last ten years, have you ever been convicted of a misdemeanor involving a firearm or other deadly weapon, gaming or gaming-related activities, violations of the Gambling Control Act, or dishonesty or moral turpitude, not including convictions that have been expunged or dismissed as provided by law?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you ever had a third party proposition player registration, a state gambling license, a key employee license, a work permit, or a finding of suitability revoked?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you ever had an application denied for third party proposition player registration or under the Gambling Control Act?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 2: DECLARATION

I declare under penalty of perjury under the laws of the State of California that the foregoing information, and all information submitted with this form is true and correct.

Applicant Signature:

Date:

Title:

Date:

* Disclosure of your U.S. social security account number is mandatory, Section 30 of the Business and Professions Code, section 17520 of the Family Code, and Public Law 94-455 (42 USC section 405(c)(2)(C)) authorize collection of your social security account number. Your social security account number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for child or family support in accordance with section 17520 of the Family Law Code. If you fail to disclose your social security account number, your application will not be processed and you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Effective July 1, 2012, the California Gambling Control 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).