



SAN JOSE POLICE DEPARTMENT
Division of Gaming Control
675 North First Street
Suite 1000
San Jose, Ca 95112



APPLICATION FOR A CARDROOM GAMING LICENSE

(Stock Ownership, Landowner, Financial Source, City Designated Cardroom Key Employee, Funding Source Owner, Financial Source Key Employee License)

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE SUBMITTING THIS APPLICATION.

1. Sign, notarize and submit the following with the application to the Division of Gaming Control:
 - Business Entity Applying in the Position of a Key Employee (page 36-37);
 - Declaration of Truth and Waiver and Release form (page 39);
 - General Authorization of Disclosure of Information on Cardroom License form (page 40) and;
 - Customer Authorization of Disclosure of Information on Cardroom License form (page 41);
2. You must remit the required application fees and fill out all necessary forms at the Division of Gaming Control of the San Jose Police Department for Live Scan (electronic fingerprinting) service. Submit a copy of the receipt from the Live Scan Service facility with your application package.
3. You must make accurate statements and include all material facts. 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. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application.
4. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate "Does Not Apply" in response to that question. If there is nothing to disclose in response to a particular question, indicate "None" in response to that question. Failure to provide a response to every question could result in the rejection of your application.
5. All entries on this application, except initials and signatures, must be typed or printed in block lettering using dark ink. If your application is not legible, it will not be accepted.
6. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify the applicable part, section, and question number you are answering. The blank page on page 55 of this application must be used to include this additional information (note: you may make additional photocopy of this blank page for use if deemed necessary). You must use blue ink to personally initial and date at the upper right hand corner in the space provided on each of these attachment pages.
7. If you make any modification to the pre-printed questions or information or forms contained in this application, your application will be rejected.
8. Check to ensure that you have placed your initials and the date at the upper corner of each page of this application form in the space provided and on any attachment pages therewith.
9. Once your application is accepted, it becomes the property of the Division of Gaming Control and will not be returned. A request for withdrawal of an application must be made in writing prior to the Administrator's submission of his or her Final Report and Recommendation to the Chief of Police.
10. It is recommended that you retain a completed copy of your application package for your own records.

PART I – APPLICANT INFORMATION

A. Name of Applicant: _____
Mailing Address: _____
Home Address: _____
(If Different Than Mailing Address)
Telephone Number: (_____) _____

B. Name of Cardroom: _____

C. For the purpose of this license, who will be your employer?
 Bay 101 Casino M8trix Other: _____
Independent Contractor/Company Name

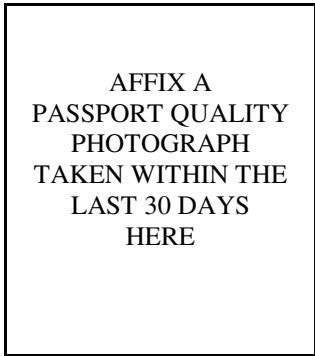
- D. Please Mark Appropriate Box(es):
- 1. Application for Stock Ownership Interest in Cardroom Permit _____ % / Number of Shares/Units _____
Purchased From: Treasury Individual Other _____
(Please Specify)
 - 3. Application for Landowner License
 - 4. Application for Financial Source License
 - 5. Application for Cardroom Key Employee License _____
(Please Specify Position)
 - 6. Application for Funding Source Owner's License
 - 7. Application for Funding Source Key Employee License _____
(Please Specify Position)
 - 8. Other _____
(Please Specify Position)
 - 9. If a business entity applies for a key employee license, please also fill out pages 30 - 31 of this application.

PART II - PERSONAL HISTORY INFORMATION

A. PERSONAL

1. Full Name: _____
Last First Middle
2. Alias(es), Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise: _____

3. Date and Place of Birth: _____
Date of Birth City County State Country
4. Residence Address: _____
Street City County State Zip
5. Business/Employment Address _____
Street City County State Zip
6. Occupation: _____
7. Telephone: Residence: (____) _____ Business: (____) _____
8. Social Security Number*: _____ Driver License or Identification Card No./State Issued: _____
9. Eye Color: _____ Hair Color: _____ Weight: _____ Height: _____
10. Distinguishing marks (scars, tattoos, etc.). Describe and indicate location: _____
11. Sex: Male ____ Female ____



Date of Photograph: _____

B. CITIZENSHIP

1. Are you a United States citizen? Yes ____ No ____
2. If alien, Registration Number: _____
3. If Naturalized, Certificate Number: _____ Date Naturalized: _____

* Applicants are required to provide their social security number pursuant to Business and Professions Code sections 19834A.(a)(2), 19853A.(b)(6), and 19853.5. This information is used to obtain records relevant to background investigations.

4. Have you or has your spouse ever been issued a passport? Yes ___ No ___
 If yes, provide the following information about your passport(s):

Passport Number	Country of Issue	Place Issued	Date Issued	Expiration Date

C. RESIDENCE

Beginning with your current residence(s) and working backward, provide the following information with respect to each place where you have lived (including residences while attending college or while in military service) during the past five (5) years or since the age of 18, whichever is less.

Dates		Address No., Street, Apt#, City/Country/State/Country & Zip Code	Own or Rent	Name, Address, Telephone No. of Landlord or Mortgage/Bond Holder
From	To			

D. MARITAL

1. Current Marital Status:

Single ___ Married ___ Separated ___ Divorced ___ Widowed ___ Engaged ___

2. Current Spouse Information:

Full Name: _____
Last First Middle Maiden

3. Date and Place of Birth: _____
Date of Birth City County State Country

Date of Marriage: _____

Residence Address (if different from applicant): _____

Telephone: Residence: (_____) _____ Business: (_____) _____

Employer: _____ Occupation: _____

Address of Employer: _____
Street City State Zip

3. Former Marriage(s):

Name of former Spouse(s) (Include Maiden Name, If Applicable)	Date and Place of Marriage	Date and Place of Birth	If Annulled, Separated or Divorced, Indicate Date and Jurisdiction Where Such Action Was Taken	Docket/Case # of Divorce Action (If Known)	Present Address(es) and Telephone Number(s) of Former Spouse(s)

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Applicant's Initials / Date

E. FAMILY

1. Children and Dependents:

List the names of all your children, step-children and adopted children and the amount of support, if dependent. Also list all other persons who you are supporting or contributing to the support of, and provide the amount of support.

Name (Last, First, Middle, Maiden)	Date and Place of Birth	Relationship	Address and Telephone Number	Amount of Support (If a Dependent)

2. Please mark the appropriate response regarding your child support obligations:

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order (indicate amount in E1 above); or
- I am subject to a court order for the support of one or more children and am NOT in compliance with a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order.

Identify the public agency/court responsible for enforcing the child support order:

Name of Agency/Court: _____
Address: _____
Contact Person: _____

3. Co-habitants, Roommates and Registered Domestic Partner:

Provide the following information for any adults with whom you reside at present and have resided for the previous five (5) _ years.

Name (Last, First, Middle, Maiden)	Date of Birth	Employer/Occupation	Employer Address & Telephone No.	Relationship

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Applicant's Initials / Date

4. Parents and Step-Parents:

Provide the following information for your parents and step-parents. If retired, list last occupation, or if deceased, provide date of death and list last address and occupation.

Name (Last, First, Middle, Maiden)	Date of Birth/Death	Relationship	Residence Address & Telephone No.	Occupation

5. Brothers and Sisters:

Provide the following information for your brothers and sisters. If retired, list last occupation, or if deceased, provide date of death and list last address and occupation.

Name (Last, First, Middle, Maiden)	Date of Birth/Death	Relationship	Residence Address & Telephone No.	Occupation

F. EDUCATION

Name of School	Address (City/State)	Attendance		Degree/Certificate Obtained
		From	To	
High School				
College				
Trade/Other				

G. MILITARY

1. Have you ever served in any armed forces: Yes ___ No ___

If yes, Country Served: _____

Branch: _____

Dates of Service (From - To): _____

Type of Discharge: _____

Rating at Separation: _____

Serial Number: _____

2. While in the military service, were you ever charged with any offense or disciplined: Yes ___ No ___

If yes, provide complete details: _____

H. EMPLOYMENT

1. In the chart below, provide the information regarding your employment for the past five (5) years or from age 18, whichever is less. Begin with your present job and work backwards. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service.

Month and Year (From - To)	Name/Mailing Address/Telephone Number of Employer Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	Gambling Related? Yes ___ No ___

Month and Year (From - To)	Name/Mailing Address/Telephone Number of Employer Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	Gambling Related? Yes ___ No ___

Month and Year (From - To)	Name/Mailing Address/Telephone Number of Employer Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	Gambling Related? Yes ___ No ___

2. With regard to the previously listed employment:
- a. Were you ever discharged, suspended or asked to resign from employment? Yes ___ No ___
 - b. During the last five (5) year period, were you ever charged with any infraction? Yes ___ No ___

If yes to either question, complete the following chart as to each such time you were discharged, suspended, asked to resign or disciplined:

Date of Discharge, Suspension, Resignation or Disciplinary Action	Name and Address of Employer	Name of Supervisor	Reason for Discharge, Suspension, Resignation or Disciplinary Action

I. BUSINESS INTERESTS

1. List all businesses, corporations and partnerships with which you are currently or have been associated as an owner, officer, director, active shareholder, partner or other related capacity for the past five (5) years or since age 18, whichever is less.

Dates of Involvement	Name/Mailing Address/Telephone Number of Business		Name of Corporation/Partnership	
Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Share Owned	Gambling Related?

Dates of Involvement	Name/Mailing Address/Telephone Number of Business		Name of Corporation/Partnership	
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Applicant's Initials / Date

Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Share Owned	Gambling Related?
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Dates of Involvement	Name/Mailing Address/Telephone Number of Business	Name of Corporation/Partnership
Capacity/Title	Primary Purpose	Amount of Investment
		% Ownership/# Share Owned
		Gambling Related?

2. List any and all compensated employment, of whatever nature, held by your spouse during the past twelve (12) month period. Begin with your spouse' current employment and work backwards.

Month and Year (From - To)	Name/Mailing Address/Telephone Number of Employer Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
		Gambling Related? Yes ___ No ___

Month and Year (From - To)	Name/Mailing Address/Telephone Number of Employer Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
		Gambling Related? Yes ___ No ___

Month and Year (From - To)	Name/Mailing Address/Telephone Number of Employer Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
		Gambling Related? Yes ___ No ___

3. To the best of your knowledge, have you or your spouse served as a trustee or other fiduciary officer in any capacity during the last twelve month period?

Dates		Capacity	Nature of Trust or Other Fund	Income Received	For Whom Held
From	To				

4. Have you or your spouse ever:
- a. sought and been denied a position as a trustee or other fiduciary officer? Yes ___ No ___
 - b. been suspended or removed from a position as a trustee or other fiduciary officer? Yes ___ No ___

If yes to either question, complete the following chart:

Date	Capacity	Nature of Trust or Other Office	Reason for Denial, Suspension or Removal

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Applicant's Initials / Date

5. Have you or your spouse ever:

c. sought and been denied a position as a trustee or other fiduciary officer? Yes____ No____

d. been suspended or removed from a position as a trustee or other fiduciary officer? Yes___ No___

If yes to either question, complete the following chart:

Date	Capacity	Nature of Trust or Other Office	Reason for Denial, Suspension or Removal

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Applicant's Initials / Date

J. CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

1. Have you or your spouse ever been arrested or charged with any crime or offense in any jurisdiction? Yes ___ No ___
 Note: Convictions dismissed under Section 1203.4 of the Penal Code must be disclosed, unless an order sealing records under Section 1203.45 of the Penal Code, relating to persons under 18 years of age, has been issued. If yes, complete the following chart:

Nature of Charge or Offense/Location or Where Incident Occurred	Date of Charge or Offense	Name and Address of Law Enforcement Agency or Court Involved	Disposition (Conviction, Acquitted, Dismissed, Pending, Pardoned, Etc.)	Sentence

2. Have you or your spouse ever:
- engaged in any act involving dishonesty or moral turpitude charged or chargeable as a criminal offense? Yes ___ No ___
 - engaged in bookmaking or other illegal gambling activities? Yes ___ No ___
 - engaged in or committed any act involving dishonesty relating to any previous employment, or the operation of any gamingclub? Yes ___ No ___
 - been held in criminal or civil contempt by a county, state, or federal grand jury, board commission, legislative body, or court? Yes ___ No ___

If yes to any of the above questions is yes, complete the following chart:

Date	Name & Address of Arresting Agency	Original Charge	Final Charge (If Amended or Reduced)	Disposition

- e. Has a criminal indictment, information, or complaint ever been filed or returned against you or your spouse, but for which neither you nor your spouse was not arrested or in which neither you nor your spouse was named as an un-indicted party or un-indicted co-conspirator in any criminal proceeding in any jurisdiction? Yes ___ No ___ If yes, complete the following chart:

Name and Address of Governmental Agency/Organization Involved	Date	Nature of Proceeding

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Applicant's Initials / Date

- f. Have you or your spouse ever been the subject of an investigation conducted by any governmental agency/organization, court, commission, committee, grand jury or investigatory body (local, state, county, federal, etc.) other than in response to a traffic summons? Yes ___ No ___ If yes, complete the following chart:

Name and Address of Court or Other Agency	Nature of Proceeding or Investigation	Was Testimony Given	Date on Which Testimony was Given	Approximate time Period of Investigation

- g. Have you or your spouse ever been:
- called to testify before, or otherwise been questioned, interviewed, deposed, or requested to take a polygraph exam by any governmental agency/organization, court, commission, committee, grand jury or investigatory body (local, state, county, federal, etc.) other than in response to a traffic summons? Yes ___ No ___
 - subpoenaed to appear before or testify before a federal, state, county grand jury, or other criminal investigatory agency or body or any board or commission, or any administrative proceeding or hearing? Yes ___ No ___

If yes to either question, complete the following chart:

Name and Address of Court or Other Agency	Nature of Proceeding or Investigation	Was Testimony Given	Date on Which Testimony was Given	Approximate Time Period of Investigation

3. Have you or your spouse ever received a pardon, or has a governmental agency/organization agreed to dismiss, suspend or defer any criminal investigation or prosecution against you or your spouse for any criminal offense? Yes ___ No ___ If yes, complete the following chart:

Date of Pardon, Dismissal, Suspension, or Deferral	Type of Action Taken	Name and Address of Governmental Agency/organization Granting Pardon, Dismissal, Suspension or Deferral

4. Have you or your spouse ever had a civil or criminal record expunged or sealed by a court order? Yes ___ No ___ If yes, complete the following chart:

Name(s) of Plaintiff(s) & Defendant(s) Name(s) of Claimant(s) & Respondent(s)	Date Filed	Court & Case Number	City, County & State	Disposition Date

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Applicant's Initials / Date

5. Have you or your spouse ever been charged with a violation of any campaign law(s)? Yes ___ No ___

If yes, complete the following chart:

Nature of Charge or Offense/Location or Where Incident Occurred	Date of Charge or Offense	Name and Address of Law Enforcement Agency or Court Involved	Disposition (Conviction, Acquitted, Dismissed, Pending, Pardoned, Etc.)	Sentence

6. In the past five (5) years or since age 18, whichever is less, have you or your spouse, as an individual, member if a partnership, or owner, director, or officer of a corporation, ever been a party to a lawsuit, as either a plaintiff or defendant or an arbitration as either a claimant or defendant? (Include matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, bankruptcy, etc.) Yes ___ No ___

If yes, complete the following chart:

Date Filed	Name & Address of Court	Docket/Case Number	Other Parties to Suit	Nature of Suit	Disposition	Date of Disposition

7. In the past five (5) years or since age 18, has any general partnership, business joint venture, sole proprietorship or closely held corporation, with which you have or your spouse has associated as an owner, officer, director or partner, been a party to a lawsuit, arbitration or bankruptcy? Yes ___ No ___

If yes, complete the following chart:

Name and Address of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy	Where Action Filed (City/town/County)

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Applicant's Initials / Date

8. In the past five (5) years or since age 18, have you or your spouse been cited, or charged with, or formally accused of, any violation of a statute, regulation, or code of any local, state, county, municipal or federal government other than a criminal, disorderly persons, petty disorderly person or motor vehicle violation? Yes ___ No ___

If yes, complete the following chart:

Name & Address of Governmental Agency/Organization	Nature of Charge	Date	Disposition

9. Have you or has your spouse ever been barred or otherwise excluded, for any reason, other than for the denial, suspension, or revocation of a license, registration, from any form or type of casino, cardroom or gaming/gambling related operation in any jurisdiction? (Check "YES" even if the disbarment or exclusion is no longer in effect or has been lifted.) Yes ___ No ___

If yes, complete the following chart:

Name & Address of Gaming/Gambling Entity	Date of Exclusion	Reason for Exclusion

K. VEHICLE OPERATOR DATA

In the chart below, list all current motor vehicle operator licenses (automobiles, motorcycle, airplanes, boats, recreational vehicles, etc.) issued to you and your spouse in any jurisdiction:

Name on License	License Number	Type of License/Date Issued	Jurisdiction Issuing License	Expiration Date of License

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Applicant's Initials / Date

L. CHARACTER REFERENCES

Provide the names and other information requested of five (5) references over the age of 18 who have known you for at least one year and can attest your good character and reputation. No person can be a reference who is a member of your family. (Spouse, parents, grand-parents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship.)

Name	Address/Phone Number	Occupation/Employer	Years Known	Relationship

M. LICENSING

1. Have you or your spouse ever applied for, or held, any non-gaming professional or occupational license, permit, or certification in any jurisdiction, including but not limited to the following: alcoholic beverage, real estate broker or salesman, accountant, medical, boxing promoter, manager or matchmaker, race horse owner, trainer or manager, jockey, race dog owner, securities dealer, contractor, pilot, insurance, or any other type of professional license? Note: Do not include driver's license. You must answer "YES" to this question if you or your spouse ever applied and your application was granted, denied, returned to you by the licensing agency for any reason, withdrawn or is currently pending. Yes ___ No ___

If yes, complete the following chart:

Name on License	Type of License	Dates		Name and Address of Licensing Agency/Organization	Disposition of the Application
		From	To		

2. Has any entity in which you, or your spouse, is/was a director, officer, partner or an owner of a 5% or greater interest ever had any license, permit or certificate issued by a governmental agency in any jurisdiction denied, revoked, or subject to any conditions? Yes ___ No ___

If yes, complete the following chart:

Name of Entity	Position Held by You or Your Spouse	Type of License, Permit or Certificate	Type of Action Taken	Name and Address of Governmental Agency/Organization Taking Action	Date of Action	Reason(s) for Action

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Applicant's Initials / Date

3. Have any of the licenses, permits or certifications applied for, or held by you or your spouse, as identified in the previous question ever been denied, revoked or subject to any conditions in any jurisdiction? Yes ___ No ___

If yes, complete the following chart as to each denial, suspension or revocation:

Type of License, Permit or Certificate	Name & Address of Governmental Agency/Organization	Date of Denial, Suspension, Revocation or Condition	Reason(s) for Denial, Suspension, Revocation or Condition

4. List any group, firm, partnership, corporation or any other businesses in which you have or your spouse has held an ownership interest of 5% or more for the past five (5) years. (Do not include publicly traded corporations in which you own stock.)

Dates		Name(s) and Address(es) of Business(es)	Current Status of Business(es)	% Interest Held by You or Your Spouse	Name(s) of Other Owner(s)	Address(es) of Other Owner(s)	State and County of Organization or Incorporation
From	To						

5. Have you or your spouse ever made application for, or held, a license, permit, registration, finding of suitability, qualification or other authorization to participate in any form or type of casino, cardroom, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutual operation, lottery, sports betting, internet gaming, etc.) or alcoholic beverage operation in any jurisdiction? You must answer "YES" to this question if you ever applied and your application was granted, denied, returned to you or your spouse by the gaming agency for any reason, withdrawn or is currently pending. Yes ___ No ___

If yes, complete the following chart:

Name & Address of Licensing Agency/organization (Including Country, State, County or Municipality/Town)	Type of License, Permit, Approval or Registration	Date of Application	Disposition (Granted, Denied, or Pending, etc.)	License, Permit, Approval or Registration Number

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Applicant's Initials / Date

6. For each casino, cardroom, gaming/gambling related or alcoholic beverage operation application, license, permit, registration, finding of suitability, qualification or other authorization in the previous question, were you or your spouse ever called to appear to testify, or otherwise participate in a hearing or proceeding, before the licensing agency or commission to which you or your spouse were applying? Yes____ No____

If yes, complete the following chart:

Name and Address of Licensing Agency or Commission	Date of Appearance(s)	Nature of Hearing	Was Testimony Given?

7. To the best of your knowledge, in the past five (5) years or since the age of 18, whichever is less, have you or has your spouse held a direct or indirect financial ownership interest in any group, firm, operation, partnership or other business entity that has applied to any licensing agency in any jurisdiction for any license, permit registration, finding of suitability, or qualification in connection with any form or type of a casino, cardroom, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutual operation, lottery, sports betting, internet gaming, etc.) or alcoholic beverage operation? (Do not include publicly traded corporations or entities in which you held less than 1% of the stock). Yes____ No____

If yes, complete the following chart:

Name and Address of Business Entity	Nature of Your Interest	Date of Application	Name & Address of Licensing Agency to Which Application was Made	Type of License Applied for	Disposition of Application

8. (a) Is there anyone in your family (spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship) associated with or employed in any form or type of casino, cardroom or gaming/gambling related operation as defined in the previous question in any jurisdiction? Yes____ No____

- (b) Do you or any member of your family (spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship) have an ownership interest in any alcoholic beverage entity in any jurisdiction? Yes____ No____

If yes to either question, complete the following chart:

Name and Address of Person	Relationship	Name and Address of Gaming/Gambling or Alcoholic Beverage Business	Business Telephone

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Applicant's Initials / Date

PART III. PERSONAL FINANCIAL INFORMATION

A. Do you anticipate active participation in the management and operation of the gambling establishment? Yes ___ No ___
If yes, in what capacity: _____

B. **FUNDS TO BE INVESTED IN THIS BUSINESS**

1. Total amount to be invested in the business \$ _____
2. Percentage of ownership this will represent: _____%
3. Provide the following information relating to the source of funds used to invest in the business:

Name & Address of Financial Institution	Name on Account	Account Number	Date Opened	Account Balance

C. **FINANCIAL DATA**

1. Has any individual, local, city, state, federal or any other governmental liens/debts been filed against you as an individual, sole proprietor, member or a partnership, or owner of a corporation in any jurisdiction? Yes ___ No ___

If yes, complete the following chart:

Nature of Lien/Debt	When Filed	Where Filed	Current Status

2. Have you personally ever been adjudicated bankrupt or filed a petition for any type of bankruptcy, insolvency or liquidation under any bankruptcy or insolvency law in any jurisdiction? Yes ___ No ___

If yes, complete the following chart and provide copies of your bankruptcy petition listing all creditors and the order discharging debts:

Date Filed	Docket/Case Number	Name and Address of Court	Name and Address of Trustee

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Applicant's Initials / Date

3. In the past five (5) years or since age 18, whichever is less, has any business entity in which you held a 5% or greater ownership interest, or in which you served as an officer or director been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law? Yes ___ No ___

If yes, complete the follow chart:

Date Filed	Docket/Case Number	Name and Address of Court	Name and Address of Filing Party	Name and Address of Trustee

4. Have you as an individual, member of a partnership, or owner, director or officer of a corporation ever been in a business entity that has been in liquidation, receivership or been placed under some form of governmental administration or monitoring? Yes ___ No ___

If yes, complete the follow chart:

Name and Address of Business Entity	Your Relationship to the Business Entity	Date Placed Under Liquidation, Receivership, Etc.	Reason Placed Under Liquidation, Receivership, Etc.	Present Status

5. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution or the like during the past five (5) years or since age 18, whichever is less? Yes ___ No ___

If yes, complete the following chart:

Date Filed	Docket/Case Number	Name and Address of Court	Nature of Obligation	Amount of Obligation	Name and Address of Holder of Obligation

6. In the past five (5) years or since age 18, whichever is less, have you ever had any property, real or personal, repossessed by a finance company or debt turned over to collection in any jurisdiction? Yes ___ No ___

If yes to either repossession or debt turned over to collection, complete the following chart:

Type of Property	Date Repossessed or Debt Turned over to Collection	Name and Address of Holder of Company Repossessing Property/Collection Agency	Reason for Repossession/Collection	Disposition

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Applicant's Initials / Date

7. During the last five (5) year period, have you been:
- An executor(trix), administrator or other fiduciary of any estate? Yes___ No___
 - A beneficiary or legatee under a will or received any thing of value under an intestacy statute; or A settler/grantor, beneficiary or trustee of any trust? Yes___ No___

If yes to either question, complete the following chart:

Name and Location of Estate/Trust	Position/Interest Held	Date(s) on which Positions were Held or Interest was Received	Amount of Compensation or Nature and Value of Benefit Granted/Received

8. Do you own, hold, or have an interest in any assets in a trust in any jurisdiction? (You may exclude those assets disclosed in your answer to question 10). Yes___ No___

If yes, complete the following chart:

Description of Trust	Location of Trust	Name of Trustee(s)	Name of Other(s) with Interest in Trust

9. Do you own, manage or control in trust, or otherwise, any assets, liabilities for another person or entity in any jurisdiction? (You may exclude those assets or liabilities disclosed in your answer to question 10). Yes___ No___

If yes, complete the following chart:

Description of Trust	Location of Trust	Name of other(s) with Interest in Trust

10. (a) Please state your country of residence_____
- (b) During the last five (5) year period have you had any right of ownership in, control over or interest in any bank account(s), which are located outside the country of residence identified in (a) above? Yes___ No___ If yes, complete the following chart:

Dates		Name and Address of Institution Holding Account	Account Number	Name and Address of Each Person/Entity Appearing on the Account	Present Amount Held/Amount Held Before Closing
From	To				

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Applicant's Initials / Date

11. Do you own, manage or control any assets, or are you responsible for any liabilities located outside the country of residence identified in 10 (a) above? Yes ___ No ___ If yes, complete the following chart:

Description of Asset/Liability	Location of Asset/Liability

12. During the last five (5) year period, have you or your spouse or any of your dependent children, received a loan in excess of \$25,000USD? Yes ___ No ___ If yes, complete the following chart:

Date Received Loan	Name and Address of Lender	Name of Borrower and All Co-Signers	Original Amount of Loan	Interest Rate (%)	Termination Date of Loan

13. During the last five (5) year period, have you individually exchanged currency in an amount of more than \$10,000USD? Yes ___ No ___ If yes, complete the following chart:

Date and Amount of Exchange	Location Where Exchange Made	Reason for Exchange

14. Do you maintain a brokerage or margin account with any securities or commodities dealer? Yes ___ No ___ If yes, complete the following chart:

Type of Account	Account Number	Name and Address of Securities or Commodities Dealer	Date Account Opened	Amount of Margin

15. Have you or your spouse or any of your dependent children filed any claims in excess of \$100,000USD under any fire, theft, automobile or insurance policy within the past five (5) year period? Yes ___ No ___ If yes, complete the following chart:

Date of Claim	Nature of Claim	Name and Address of Insurance Carrier	Disposition

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Applicant's Initials / Date

16. Have you or has your spouse or any of your dependent children given or received any gifts, whether tangible or intangible, which either individually or in the aggregate exceeded \$10,000USD in value in any one year period? Yes ___ No ___ If yes, complete the following chart:

Name of Donor or Donee	Date Gift Given/Received	Description of Gift	Approximate Value

17. (a) Do you have a safe deposit box(es) in your name in any jurisdiction? Yes ___ No ___
(b) Do you have access to any safe deposit box(es) other than those in your name in any jurisdiction?
Yes ___ No ___

If yes to either question, complete the following chart:

Name and Address of Bank or Other Institution/Business Where Safe Deposit Box(es) Located	Name(s) in which account(s) or Safe Deposit Box(es) Held	Type of Account (i.e., Savings, Checking, Safe Deposit, etc.)	Account Number or Safe Deposit box Number

18. In the past five (5) years, or since the age of 18, whichever is less, have you received any referral or finder's fee in excess of \$10,000USD? Yes ___ No ___ If yes, complete the following chart:

Name and Address of All Parties Involved	Nature of Goods or Services Provided	Amount Received	Date Received

19. In the past five (5) years, or since the age of 18, whichever is less, have you given a guarantee, co-signed or otherwise insured payment of a loan, debt or other financial obligation in any jurisdiction? Yes ___ No ___ If yes, complete the following chart:

Nature of Obligation (Personal Guarantee, etc.)	Date Obligation Made	Name(s) of Person Responsible for Obligation	Status of Underlying Obligation

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Applicant's Initials / Date

20. Has your interest in this cardroom been assigned, pledged or hypothecated to any person, firm, or corporation, or has any agreement been entered into whereby your interest is to be assigned, pledged or sold either in part or in whole? Yes ___ No ___ If yes, complete the following chart:

Name and Address of Person, Firm or Corporation Involved in Transaction	Date of Transaction	Nature of Transaction	Transaction Amount	Final Disposition

21. (a) Has your income tax return ever been audited or adjusted by the Internal Revenue Service? Yes ___ No ___
 (b) Has your income tax return ever been audited or adjusted by a state income tax agency? Yes ___ No ___

If yes to either question, complete the following chart:

Tax Year Audited	Tax Year Adjusted	Name and Address of Agency	Reason for Audit/Adjustment	Final Disposition

22. Last federal income tax return was filed on _____, 20___ for tax year 20___ at _____
 _____ City _____ State
23. Last state income tax return was filed on _____, 20___ for tax year 20___ at _____
 _____ City _____ Stat

D. NET WORTH STATEMENT - ASSETS AND LIABILITIES

Please list all assets, tangible and intangible, in which a direct or indirect interest is held by you, your spouse or your dependent children as of the date of this statement. All assets must be listed and described fully on the corresponding schedule. You must provide financial documentation to support your Net-Worth Statement, including but not limited to, tax returns, bank statements, cancelled checks, brokerage statements, retirement statements, loan agreements, etc., for a minimum of five (5) years for Cardroom Stockowner/Financial Source/Funding Source/Landowner/ applicants; and three (3) years for Cardroom /Funding Source Key Employee applicants.

ASSETS	Cost at Date Acquired or Purchased (A)	Current Market Value (B)	Special Valuation Date, If Any
1. Cash		a)	
a) On Hand		b)	b)
b) In Bank (Schedule A)			
2. Loans, Notes and Other Receivables (Schedule B)			
3. Securities (Schedule C)			
4. Business Investments (Schedule D)			
5. Real Estate Interests (Schedule E)			
6. Cash Value of Life Insurance (Schedule F)			
7. Cash Value Pension/Retirement			

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Applicant's Initials / Date

Funds (Schedule G)			
8. Furniture and Clothing (Reasonable Estimate)			
9. Vehicles (Schedule H)			
10. Other Assets (Schedule I)			
Total Assets			

LIABILITY	Original Amount of Liability (C)	Amount Outstanding (D)
11. Notes Payable (Schedule J)		
12. Loans and Other Payables (Schedule K)		
13. Taxes Payable (Schedule L)		
14. Mortgages or Liens on Real Estate (Schedule M)		
15. Loans Against Insurance/Pension (Schedule N)		
16. Other Liabilities (Schedule O)		
Total Liabilities		

Net Worth = Total Assets (Column B) minus Total Liabilities (Column D)		
17. Contingent Liabilities (Schedule P)		

Date of Statement _____

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Applicant's Initials / Date

STATEMENT OF ASSETS

SCHEDULE "A" – CASH IN BANK

List below all bank accounts (checking, savings, time deposits, certificate of deposit, money market funds, etc.) foreign and domestic, maintained by you, your spouse or your dependent children. Identify with an asterisk (*) any check writing accounts held with brokerage houses, insurance companies, etc.

Name and Address of Institution	Name of Person(s) and Tax Identification Number(s) Appearing on Account	Account Number	Interest Rate (%)	General Nature of Account	Date of Balance	Balance
						Total Current Balance (Enter this figure in item 1b, Column B on page 19)

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Applicant's Initials / Date

SCHEDULE "B" – LOANS, NOTES AND OTHER RECEIVABLES

List below all loans, notes and other receivables held by you. Identify with an asterisk (*) any loans, notes and other receivables held by your spouse or your dependent children.

Name and Address of Debtor	Interest Rate (%)	Original Loan Amount	Original Date of Loan/Notes Receivable	Total Payments	Date Due	Nature of Advance and Nature of Security, if any (Indicate if Unsecured)	Current Balance
		Total Original Loan Amount (Enter this figure in item 2, Column A on page 19)					Total Current Balance (Enter this figure in item 2, Column B on page 19)

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Applicant's Initials / Date

STATEMENT OF ASSETS

SCHEDULE "C" – SECURITIES

Provide in the table below all stocks, bonds, mutual funds, commodity accounts, options, warrants, etc., held or controlled by you. Identify with an asterisk (*) any stocks, bonds, mutual funds, commodity accounts, options, warrants, etc., held by your spouse or dependent children. Whenever an interest exists through a mutual fund or holding company, the individual stocks or bonds held in such mutual fund or holding company need not be listed; whenever such interest exists through a beneficial interest in a trust, the securities held in such trust shall be listed if you, your spouse or your dependent children have knowledge of what securities are so held. Indicate public traded securities by a double asterisk (**).

Number of Securities or Contracts Held	Type of Security	Name of Issuing Company or Government Agency/Organization	Market Value at Time of Purchase	Date of and Price at Purchase	% of Ownership if Greater	Registered Owner	Date of Valuation	Current Market Value
				Total Purchase Price (Enter this figure in item 3, Column A on page 19)				Total Current Market Value (Enter this figure in item 3, Column B on page 19)

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Applicant's Initials / Date

SCHEDULE "D" – BUSINESS INVESTMENTS

List below the information requested regarding any business investments in which any direct, indirect, vested or contingent interest is held by you and with others. Business interests should include, but are not limited to, joint ventures, partnership, sole proprietorships, corporations and LLCs. Identify with an asterisk (*) any business investments in any jurisdiction in which any direct, indirect, vested or contingent interest is held by your spouse or your dependent children.

Entity Name	Type of Equity	No. of Shares or Units	% of Ownership	Individuals or Entities Sharing Interest & % of Ownership	Name in Which Held	Date of Purchase	Purchase Price	Current Market Value
							Total Purchase Price (Enter this figure in item 4, Column A on page 19)	Total Current Market Value (Enter this figure in item 4, Column B on page 19)

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Applicant's Initials / Date

STATEMENT OF ASSETS

SCHEDULE "E" – REAL ESTATE INTERESTS

Indicate below the location, size, general nature, acquisition date and other information requested regarding any real property in any jurisdiction in which any direct, indirect, vested or contingent interest is held by you, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest therein. Identify with an asterisk (*) any real property in any jurisdiction in which any direct, indirect, vested or contingent interest is held by your spouse or your dependent children.

Address/Parcel/Lot Number	Lot Size/Stand No./Square Footage of Building	Type of property	Date Acquired/Down Payment	Individuals or Entities Sharing Interest (Include % of Ownership for Each)	Purchase price of % Owned	Monthly Rental Income, If Any	Estimated Market Value of % Owned
					Total Purchase Price (Enter this figure in item 5, Column A on page 19)		Total Current Market Value (Enter this figure in item 5, Column B on page 19)

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Applicant's Initials / Date

SCHEDULE "F" – CASH VALUE OF LIFE INSURANCE

Indicate below the information requested with regard to the cash value of all life insurance policies held by you. Identify with an asterisk (*) cash value of all life insurance policies held by your spouse or your dependent children.

Date Purchased	Name and Address of Insurance Carrier / Policy Number	Beneficiary(ies)	Face Value	Annual Premium Payments	Cash Surrender Value	Effective Date of Cash Surrender Value
					Total Cash Surrender Value (Enter this figure in item 6, Column B on page 19)	

STATEMENT OF ASSETS

SCHEDULE "G" – CASH VALUE – PENSION/RETIREMENT FUNDS

Indicate below the information requested with regard to the cash value of all pension/retirement/investment funds held by you. Identify with an asterisk (*) cash value of all pension/retirement/investment funds held by your spouse. Note: Funds include IRA, 401K, KEOGH plans, etc.

Type of Fund	Type of Securities Held and Account Number, If Any	Name and Address of Employer/Institution	Cumulative Employee Contribution	Cumulative Employer Contribution	Current Cash Value	Effective Date of Cash Value
			Total Cumulative Employee Contribution (Enter this figure in item 7, Column A on page 19)		Total Current Cash Value (Enter this figure in item 7, Column B on page 19)	

SCHEDULE "H" – VEHICLES

List below the information requested with regard to the cash value of all vehicles (i.e., automobile, motorcycles, airplanes, boats, recreational vehicles, etc.) owned by you. Identify with an asterisk (*) to indicate the cash value of all vehicles owned by you and your spouse and dependent children.

Year/Make/Type & Description of Vehicle	Date of Purchase	Purchase Price	Name/Address of Seller	Name/Address of Lien Holder, If Any	Current Market Value
		Total Purchase Price (Enter this figure in item 9, Column A on page 19)			Total Current Market Value (Enter this figure in item 9, Column B on page 19)

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Applicant's Initials / Date

STATEMENT OF ASSETS

SCHEDULE "T" – OTHER ASSETS

List below the information requested regarding all other assets, including, but not limited to, art collections, coin collections, and antiques. Identify with an asterisk (*) all other assets, including any in which any direct, indirect, vested or contingent interest is held by your spouse or your dependent children.

Nature of Asset	Date of Acquisition	Cost	% of Ownership Interest	Date of Valuation	Current Cash Value
		Total Cost(s) of Other Assets (Enter this figure in item 10, Column A on page 19)			Total Current Cash Value (Enter this figure in item 10, Column B on page 19)

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Applicant's Initials / Date

STATEMENT OF LIABILITIES

SCHEDULE "J" – NOTES PAYABLE

Indicate below the information requested with regard to all notes payable for which you are obligated. Identify with an asterisk (*) all notes payable for which your spouse or your dependent children are obligated.

Name & Address of Creditor	Account #, If Any	Date Incurred	Due Date	Interest Rate (%)	Amount of Periodic Payment/Pay Period	Original Amount of Note	Nature of Security, If Any	Total Paymen	Outstanding Amount of Liability
						Total Original Amount of Notes Payable (Enter this figure in item 11, Column C on Page 19)			Total Amount of Outstanding N/P (Enter this figure in item 11, Column D on Page 19)

SCHEDULE "K" – LOANS AND OTHER PAYABLES

Indicate below the information requested with regard to all accounts payable for which you are obligated. Identify with an asterisk (*) all accounts payable for which your spouse or your dependent children are obligated. (Note: Accounts payables include, but not limited to, lines of credit, installment loans, revolving charge accounts, etc.)

Name & Address of Creditor	Account #, If Any	Date Opened or Incurred	Due Date	Interest Rate (%)	Nature of Account	Original Amount of Liability	Nature of Security, If Any	Total Payments	Current Amount Outstanding
						Total Original Amount of Liability (Enter this figure in item 12, Column C on Page 19)			Total Amount of Outstanding Loans and Other (Enter this figure in item 12, Column D on Page 19)

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Applicant's Initials / Date

STATEMENT OF LIABILITIES

SCHEDULE "L" – TAXES PAYABLE

List below the information requested with regard to all taxes payable for which you are obligated. Identify with an asterisk (*) all taxes payable for which your spouse or your dependent children are obligated. Only real estate and income taxes need to be included.

Name and Address of Taxing Authority	Nature of Tax	Date and Amount of Original Obligation	Fines, Penalties and Interest, If Any	Total Amount Due
Total original Tax Obligation (Enter this figure in item 13, Column C on page 19)				Total Amount of Taxes Obligation (Enter this figure in item 13, Column D on page 19)

SCHEDULE "M" – MORTGAGE OR LIENS PAYABLE ON REAL ESTATE

Indicate below the information requested with regard to all mortgages or liens due and owing on real estate for which you are obligated. Identify with an asterisk (*) all mortgages or liens due and owing on real estate for which your spouse or your dependent children are obligated.

Name and Address of Mortgagee or Lien Holder	Account Number	Date Incurred	Original Amount of Liability	Address and Legal Description of Real Estate	Term of Mortgage/ Interest Rate (%)	Amount of Periodic Payment/ Pay Period	Current Mortgage Balance
Total Original Mortgage or Liens Payable on Real Estate (Enter this figure in item 14, Column C on page 19)				Total Mortgages or Liens Payable on Real Estate (Enter this figure in item 14, Column D on page 19)			

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Applicant's Initials / Date

STATEMENT OF LIABILITIES

SCHEDULE "N" – LOANS AGAINST INSURANCE/PENSION PLAN

Indicate below the information requested with regard to all loans against life insurance policies, pension plans, etc., taken by you. Identify with an asterisk (*) all loans against life insurance policies, pension plans, etc., taken by your spouse or dependent children.

Name and Address of Insurance Carrier/Pension Plan	Purpose of Plan	Original Amount of Loan	Interest Rate (%)	Date of Loan	Periodic Payment Amount/Pay Period	Current Loan Balance
		Total Original Liability Insurance/ Pension Loans (Enter this figure in item 15, Column C on page 19)			Total Amount of Outstanding Insurance/ Pension Loans (Enter this figure in item 15, Column D on page 19)	

SCHEDULE "O" – OTHER LIABILITIES

Indicate below the information requested with regard to any other liabilities for which you are obligated. Identify with an asterisk (*) any other liabilities for which your spouse or your dependent children are obligated.

Name and Address of Creditor	Interest Rate (%)	Description of Liability, Type of Obligation and Nature of Security, If Any	Due Date	Amount of Periodic Payment/Pay Period	Original Amount of Liability	Outstanding Amount of Liability
					Total Original Amount Other Liabilities (Enter this figure in item 16, Column C on page 19)	Total Amount Outstanding Other Liabilities (Enter this figure in item 16, Column D on page 19)

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Applicant's Initials / Date

STATEMENT OF LIABILITIES

SCHEDULE "P" – CONTINGENT LIABILITIES

Indicate below the information requested with regard to all contingent liabilities for which you are obligated. Identify with an asterisk (*) all contingent liabilities for which your spouse or your dependent children are obligated.

Name and Address of Contingent Creditor	Date Occurred	Account Number	Primary Debtor	Description of Obligation Including Nature of Security, If Any	Original Amount of Contingent Liabilities	Outstanding Amount of Contingent Liabilities
					Total Original Contingent Liabilities (Enter this figure in item 17, Column C on page 19)	Total Amount of Outstanding Contingent Liabilities (Enter this figure in item 17, Column D on page 19)

Applicant's Initials / Date

BUSINESS ENTITY APPLYING IN THE POSITION OF A KEY EMPLOYEE

APPLICANT AND CARDROOM INFORMATION

- A. Name of applicant entity: _____
- Trade name to be used: _____
- Mailing address: _____
- Telephone number: (____): _____ Federal Tax I.D. No. _____
- Proposed date of opening: _____

B. Name of Cardroom: _____

C. Indicate whether applicant is a :

2. Corporation Limited Liability Company

3. Partnership Sole Proprietorship

D. Complete the following (if the applicant is a corporation, partnership, LLC or Sole Proprietorship):

a. State of Incorporation/organization _____ Date _____

b. Attached a certified copy of the Articles of Incorporation, Article of Organization, or a true copy of the Partnership Agreement and/or business license.

c. A general description of the nature of the business (attached a separate page if necessary)

E. List below the following information with respect to all shareholders, partners, members directors, officers, or owner (if sole proprietorship). Each of the persons named below may be required to complete and execute a complete gaming license application and other related application documents.

FULL NAME

TITLE

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Applicant's Initials / Date

F. If applicable, the terms, positions, rights and privileges of the different classes of securities outstanding:

SECURITY	TERMS AND POSITIONS	RIGHTS AND PRIVILEGES

G. If options existing or to be created in respect of their securities or other interests:

NAME	ADDRESS	TITLE	OPTIONS (Shares) or OTHER INTERESTS

H. The applicant agrees:

- a. To maintain an office on the permitted cardroom premises and a ledger in the office which shall at all times reflect the ownership of every class of security issued by the corporation, partnership, or limited liability company; and be available for inspection by the Division of Gaming Control and its officers/auditors at all reasonable times without notice.
- b. To provide any further financial data or other information which may be deemed necessary by the Administrator.
- c. To provide the Administrator with an annual profit and loss statement and balance and a copy of its annual federal income tax return within 30 days after such return is filed with the Federal Government.
- d. To report to the Division any change in personnel who have been designated by the Administrator as key employees.
- e. To terminate the employment of any person employed by it found unsuitable to hold a gaming license or work permit by the Administrator.

I. Officers and other key employees of the applicant when requested shall execute an application for a gaming license with the Division of Gaming Control.

J. To pay all or any part of fees or costs of investigation of such applicant as may be deemed necessary by the Administrator.

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Applicant's Initials / Date

SUPPLEMENTAL INFORMATION

As indicated in the instructions on page 1 of this application form, this page is to be used by you for any questions which require additional space to answer. The number of the question must be stated immediately prior to your answer. You may photocopy this page if additional pages are needed. You must use blue ink to personally initial and date at the upper right hand corner in the space provided.

IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS
USE ADDITIONAL PAGES IF NECESSARY

Applicant's Initials / Date

DECLARATION OF TRUTH AND WAIVER AND RELEASE

I, _____, declare that I am the applicant who is submitting this application form; that I personally supplied the information contained in this application form; that I have read the foregoing Application for a City of San Jose Cardroom Gaming License and I know the contents contained herein are true and correct and contain a full and true account of the information requested; that I understand and read the English language or I have had an interpreter read, explain, and record the answer to each and every question on this application form; that any document accompanying this application form that is not an original document is a true copy of the original document; that I executed this declaration with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or an application or revocation of a Cardroom Gaming License. Furthermore, I have familiarized myself with the contents of Title 16 of the San Jose Municipal Code, and all regulations of the Division of Gaming Control as promulgated and agree to abide thereby.

I expressly waive, release and forever discharge the City of San Jose and its officers, employees and agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors, can, shall, or may have against the City of San Jose and its officers, employees and agents relating to this Application for a City of San Jose Cardroom Gaming License.

I declare under penalty of perjury under the laws of the State of California, that the foregoing is true, correct, and complete.

Executed at _____, on the _____ day of _____, 20____.
City State

Applicant Signature

Print Name of Applicant

State of California
County of _____

On _____ before _____ me,
personally

(insert name & title of officer)
appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

Applicant's Initials / Date

**SAN JOSE POLICE DEPARTMENT
DIVISION OF GAMING CONTROL**

**GENERAL AUTHORIZATION OF DISCLOSURE OF INFORMATION
ON CARDROOM LICENSE APPLICANT**

The person whose signature appears below is, either by blood, marriage or by other legal means, related to a person who has filed an application for a cardroom license (hereafter referred to as Applicant, collectively) with the Administrator of Gaming Control for the City of San Jose pursuant to Chapter 16.32 of Title 16 of the San Jose Municipal Code. The Administrator has the authority under Section 16.06.030 of Chapter 16.06 of Title 16 of the San Jose Municipal Code to investigate the applicant's qualifications for the cardroom license and to require the applicant to provide the information the Administrator seeks in order to make a recommendation to the Chief of Police on the license application.

Any information, documents, records, or writings that a person provides pursuant to this authorization shall be used solely for the administration of Title 16 of the San Jose Municipal Code and shall not be disclosed by the Administrator except as required by applicable law.

This authorization is effective as of the date of execution and shall remain in effect for 180 days thereafter or until the Administrator makes a recommendation to the Chief of Police on the license application, whichever event occurs last.

The applicant states as follows:

1. I hereby authorize and request all persons to whom this authorization is presented, having any information, documents, records, or writings of any nature whatsoever relating to or concerning me, to disclose such information, documents, records, or writings as the Administrator of Gaming Control or any authorized designee of the Administrator may request.
2. I hereby authorize and request all persons having information, documents, records, or writings of any nature or kind whatsoever relating to or concerning me, to permit the Administrator of Gaming Control or any authorized designee of the Administrator to review and copy any and all such information, documents, records, or writings as the Administrator or any authorized designee of the Administrator may request to review and copy.
3. I hereby authorize a photocopy of this authorization, duly executed by me, to be treated for all intents and purposes as valid as the original.

Executed at _____, on the _____ day of _____, 20____.
City State

Applicant Signature

Print Name of Applicant

Subscribed and sworn to me this _____ day of _____, 20____

Notary Public

(SEAL)

Applicant's Initials / Date

**SAN JOSE POLICE DEPARTMENT
DIVISION OF GAMING CONTROL**

**CUSTOMER AUTHORIZATION OF DISCLOSURE OF INFORMATION
ON CARDROOM LICENSE APPLICANT**

The person whose signature appears below is, either by blood, marriage or by other legal means, related to a person who has filed an application for a cardroom license (hereafter referred to as Applicant, collectively) with the Administrator of Gaming Control for the City of San Jose pursuant to Chapter 16.32 of Title 16 of the San Jose Municipal Code. The Administrator has the authority under Section 16.06.030 of Chapter 16.06 of Title 16 of the San Jose Municipal Code to investigate the applicant's qualifications for the cardroom license and to require the applicant to provide the information the Administrator seeks in order to make a recommendation to the Chief of Police on the license application.

Any information, documents, records, or writings that a person provides pursuant to this authorization shall be used solely for the administration of Title 16 of the San Jose Municipal Code and shall not be disclosed by the Administrator except as required by applicable law.

This authorization is effective as of the date of execution and shall remain in effect for 180 days thereafter or until the Administrator makes a recommendation to the Chief of Police on the license application, whichever event occurs last.

The applicant states as follows:

1. Pursuant to California Government Code Sections 7470 and 7473, I hereby authorize and request any financial institution at which I am, have been, or will become a customer during the period of time this authorization remains in effect to disclose any and all of my financial records that the Administrator of Gaming Control for the City of San Jose or any authorized designee of the Administrator may request, whether such records relate to accounts that are currently maintained, accounts that have been closed, or accounts that are hereafter established during the period of time this authorization remains in effect.
2. I hereby authorize and request any financial institution referenced in Paragraph 5 above to permit the Administrator of Gaming Control or any authorized designee of the Administrator to review and copy any and all of my financial records or such information derived therefrom as the Administrator or any authorized designee of the Administrator may request to review and copy.
3. I understand and acknowledge that the terms "financial institution", "financial records", "person", and "customer" shall have the definitions given in California Government Code Section 7465.
4. I hereby authorize a photocopy of this authorization, duly executed by me, to be treated for all intents and purposes as valid as the original.

Executed at _____, on the _____ day of _____, 20____.
City State

Applicant Signature

Print Name of Applicant

Subscribed and sworn to me this _____ day of _____, 20____

Notary Public

(SEAL)