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Applicant's Initials / Date



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



## **APPLICATION FOR A CARDROOM GAMING LICENSE FOR PASSIVE INVESTORS**

*For any natural person or entity having less than 5% beneficial ownership interest of any Funding Source*

### **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:
  - General Authorization of Disclosure of Information on Cardroom License form (Attachment A);
  - Customer Authorization of Disclosure of Information on Cardroom License form (Attachment B); and
  - Declaration of Truth and Waiver and Release form (page 8).
2. 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. 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.
5. 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.
6. 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.
7. It is recommended that you retain a completed copy of your application package for your own records.
8. The Administrator retains the authority to subject the natural person or entity of this application to the same licensing procedures set forth under Chapter 16.32 of the San Jose Municipal Code.

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### **PART I – APPLICANT INFORMATION**

- A. Name of Applicant: \_\_\_\_\_
- B. Mailing Address/Home Address: (If Different Than Mailing Address) \_\_\_\_\_
- C. Telephone Number: (\_\_\_\_\_) \_\_\_\_\_
- D. Name and Address of Funding Source: \_\_\_\_\_
- E. Telephone Number: (\_\_\_\_\_) \_\_\_\_\_
- F. Name of Cardroom: \_\_\_\_\_
- G. Social Security Number\* \_\_\_\_\_
- H. Total Amount invested in or proposed to invest in the Funding Source: \$ \_\_\_\_\_
- I. Full Description of Source of Funds invested in or proposed to invest in the Funding Source: \$ \_\_\_\_\_  
\_\_\_\_\_

\*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.

A. **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

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			

B. **MARITAL**

1. Current Marital Status:

Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Engaged \_\_\_

2. Current Spouse Information:

Full Name: \_\_\_\_\_  
Last
First
Middle
Maiden

Date and Place of Birth: \_\_\_\_\_  
City
County
State
Country

Date of Marriage: \_\_\_\_\_

Residence Address (if different from applicant): \_\_\_\_\_

Telephone: Residence: (\_\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

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Address of Employer: \_\_\_\_\_  
Street City State Zip

C. 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)

D. CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

1. Have you or has 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 has your spouse ever engaged in any act involving dishonesty or moral turpitude charged or chargeable as a criminal offense? Yes \_\_\_ No \_\_\_
3. Have you or has your spouse ever engaged in bookmaking or other illegal gambling activities? Yes \_\_\_ No \_\_\_
4. Have you or has your spouse ever engaged in or committed any act involving dishonesty relating to any previous employment, or the operation of any gaming club? Yes \_\_\_ No \_\_\_
5. Have you or has your spouse ever 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

6. 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 \_\_\_

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If yes, complete the following chart:

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

7. Have you or 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

8. (a) 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\_\_\_

(b) have you or your spouse ever been 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

9. 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

10. Have you or has your spouse ever had a civil or criminal record expunged or sealed by a court order? Yes \_\_\_ No \_\_\_

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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

**PART III - PERSONAL FINANCIAL INFORMATION**

**NET-WORTH STATEMENT AS OF DECEMBER 31, 2012**

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.

ASSETS	Cost at Date Acquired or Purchased	Current Market Value	Special Valuation Date, If Any
1. Cash			
a) On Hand		a)	
b) In Bank		b)	b)
Loans, Notes and Other Receivables			
2. Securities			
3. Business Investments			
4. Real Estate Interests			
Cash Value of Life Insurance			
5. Cash Value Pension/Retirement Funds			
6. Furniture and Clothing			
Vehicles			
7. Other Assets			
<b>Total Assets</b>			

LIABILITY	Original Amount of Liability	Amount Outstanding
8. Notes Payable		
9. Loans and Other Payables		
10. Taxes Payable		
11. Mortgages or Liens on Real Estate		

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12. Loans Against Insurance/Pension		
13. Other Liabilities		
Total Liabilities		

Net Worth = Total Assets (Column B) minus Total Liabilities (Column D)		
14. Contingent Liabilities		

### **Net Worth Statement Supporting Documentation**

Note 1: Please provide the following items:

1. Federal and State Tax returns with worksheets, schedules and information returns including W2, 1099, K-1, etc. (Most recent year filed)
2. A copy of bank statements - all pages (To include most recent statement and previous 12 months from date of application).
3. A listing of bank deposit boxes (To include previous 12 months from date of application).
4. Copies of all notes receivables, agreements, contracts, loans, etc. for monies owed to the applicant/spouse including payment schedules (To include previous 12 months from date of application).
5. Copies of statements for all securities accounts - all pages (To include previous 12 months from date of application).
6. A detail listing of all real estate investments, including address, purchase date, purchase price, and current market value as of the application date.
7. Copies of all notes payable, agreements, contracts, loans, etc. for monies owed by the applicant/spouse or guaranteed by the applicant/spouse including payment schedules as of the application date.
8. A detail listing of mortgages or liens on real estate including address, purchase date, purchase price, current market value, and balance owed as of the application date.
9. A detail description of the contingent liabilities along with supporting documentation, if applicable, as of the application date.

Note 2: If Federal and State tax returns for the most recent year have not been filed, please provide a copy of the extension and re-state the net worth statement date as of the most recent year end and provide the above supporting information for the most current year as well as the prior year (two years total). Please be advised that the applicant may be required to provide an updated net worth statement whenever deemed necessary by the Administrator.

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**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 Cardroom License Application 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)