

OAKS CARD CLUB

4097 SAN PABLO AVENUE
EMERYVILLE, CALIFORNIA 94608
TELEPHONE (510) 653-7093

Tuesday, October 23, 2018


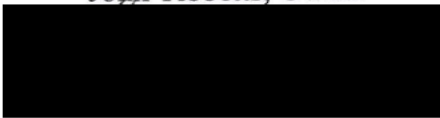
To: City of Emeryville

Re: Annual License Renewal for 2019

Enclosed is our renewal application for 2019 along with a copy of the fees paid.

Our application was hand delivered today.

Sincerely,



John Tibbetts, Owner



CITY OF EMERYVILLE

1333 Park Avenue Emeryville, CA 94608 (510) 596-4325 <http://www.ci.emeryville.ca.us/>

Finance Department Cash Receipt

DUPLICATE RECEIPT

Page 1

Receipt Number: 03000038020

Received By: DESIRI

Payor: OAKS CARD CLUB

Today's Date: 10/23/18

Register Date: 10/23/18 Time: 00:00

| Item | Customer ID | Amount |
|-------------------------|-------------|--------|
| OAKS ANNUAL LICENSE FEE | | |
| TOTAL DUE: | | |

CHECK

:

REF NUM: 61280

TENDERED

CHANGE

\$.00

Cashier Hours (Excluding Holidays): Monday - Friday 9am-5pm.

| | | | |
|------------------------------|--|---|--|
| For City Use Only: | | CARD ROOM APPLICATION (Page One) | |
| [] Fee Collected? By: _____ | | CITY OF EMERYVILLE (TF-22) | |
| Today's Date: _____ | | Name of Card Room: OAKS CARD CLUB | |
| | | Address of Card Room: 4097 SAN PABLO AVE. EMERYVILLE, CA 94608 | |

APPLICANT

| | | | | |
|--|------------------------|--|------------|------------|
| True First Name, Middle Name, and Last Name Below. Sex: [] Male [] Female | | | | |
| JOHN COLEMAN TIBBETTS | | | | |
| Place Where I Live: Number, Street, Apt. No., City, ZIP: Be Complete | | | | |
| [REDACTED] | | | | |
| Birth Date: Month/Day/Year | Height | Weight | Hair Color | Eye Color |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Telephone: [REDACTED] | Office: (510) 653-4456 | Office Address: 4097 SAN PABLO AVE. EMERYVILLE, CA 94608 | | |
| Name of games to be played: Draw, Lowball, 7 Card Stud (High, Low/Razz), Omaha, and Texas Hold'em Poker, Pan, Super Pan9, Pai Gow, Double Hand Poker, Pure 21.5 Blackjack, 21th Century Blackjack, 3 Card Poker, Zoo Bac | | | | |
| Maximum number of tables requested (basis for license fee): 40 TABLES | | | | |

I have read the following admonition carefully:

I solemnly swear, under the penalty of perjury, that the answers I have made to each of the questions contained in this application are full and true to the best of my knowledge.

I understand that any false statements I knowingly made will disqualify my application to operate a card room. I understand that the Chief of Police, or his employee, will investigate all information supplied by me on this application. I give them permission to do so.

I understand that the City Card Room License is subject to withdrawal, suspension or revocation if I violate any provision of the Card Room Ordinance, or violate any applicable State or Federal Law.

I understand that the Chief of Police may report any criminal offense for which I have been convicted to the City Manager and the City Council.

I understand that at all times while working in the card playing area that I am required to wear the City Identification Card. I agree to wear the Card in plain view, at chest height, on my outermost garment.

I understand and agree that the card room established or maintained under any license issued pursuant to this application shall be established, operated, managed, and maintained in full conformity with all the laws of the State of California, and the laws and regulations of the City of Emeryville applicable thereto.

I understand and agree that the Chief of Police, or his agent, shall have access to the proposed card room premises and to the business records of this applicant for the purpose of investigating compliance with the provisions of the Emeryville Municipal Code, Title 5, Chapter 5 and other applicable State and Federal laws and regulations. I consent to any such search based upon probable cause and a reasonable seizure of evidence.

Signature: [REDACTED] Date: 10-23-18

Name of Card Room: OAKS CARD CLUB

CARD ROOM APPLICATION (Page Two)
CITY OF EMERYVILLE (TF-23)

FINANCIAL HISTORY STATEMENT FOR:

Individual (check one only)
☒ Partnership
☐ Corporation

Will you (applicant) be an active participant in the management and operation of the proposed card room? ☒ Yes ☐ No

INDIVIDUAL OWNERSHIP (Use this page for each individual in a partnership.)

Amount Invested in this Business? [REDACTED]

Percent of ownership this represents? 51%

Investment is financed in the following manner: [REDACTED]

Identify all sources of funds used for your investment in the card room: [REDACTED]

Do you control, manage, or hold in trust any assets or liabilities for another person or entity? ☐ Yes ☒ No (If yes, complete below.)

Description of Assets/Liabilities held:

Has your interest in this gaming establishment been assigned, pledged, or hypothecated to any person, firm, or corporation? ☐ Yes ☒ No

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, describe in detail:

Have you ever filed bankruptcy? ☐ Yes ☒ No

If yes, briefly describe circumstances and name of court where filed.

Have you been associated as an officer, director, stockholder, partner or sole proprietor with any business entity that has filed for protection under the Federal Bankruptcy Law? ☐ Yes ☒ No If "Yes," furnish facts on a separate page, and list the Federal District Court where filed.

| | |
|---|---|
| Have you attached the following? Last Federal Income Tax Return (Individual and business) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| List of all Creditors (include amount of liability) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Balance Sheet | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Indicate the annual salary that you receive from your employment or your investment in any gaming establishment (average for last three years):
(State and Federal Income Tax Returns may be required during this investigation to verify all statements.)

\$ [REDACTED]

Name of Card Room OAKS CARD CLUB

CARD ROOM APPLICATION (Page Eight)
CITY OF EMERYVILLE (TF-29)


SECURITY: the following is a description of the measures I have/will take to enhance the safety and wellbeing of persons visiting the premises.

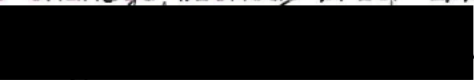
THERE ARE 26 SECURITY OFFICERS ON THE PAYROLL

BOTH THE INSIDE OF THE CLUB AND PARKING LOTS ARE ADEQUATELY PROTECTED

OUTSIDE SECURITY CAMERAS INSTALLED AT THE REQUEST OF THE CHIEF OF POLICE

COMPLIANCE: I have received and read a copy of the Emeryville Municipal Code, Chapter 5 (Ordinance No. 85-09, as amended) and agree to abide by all the provisions contained therein.

The proposed card room for which I am seeking a license ☒ will ☐ will not operate a House Bank. The proposed card room will operate a House Bank, and the following is a complete description of the operating policies and procedures of such bank. I have attached a copy of the required surety bond(s). (Verified by: )

I have provided to the Chief of Police a copy of all rules and procedures applicable to how the approved games shall be played in the proposed card room. I understand that I am subject to prosecution should any part of the rules/procedures be changed without prior approval of the Chief of Police. (Verified by: )

Have any of the persons required to be named in this application ever had any card room permit or license denied, revoked, or suspended? If so, state the type of permit/license, jurisdiction, date of action, reason for action.

AFFIRMATION: State of CALIFORNIA
I, JOHN TIBBETTS

, in the County of ALAMEDA
being duly sworn, depose and say that

I have read the foregoing application, all relevant pages and attachments thereto and know the contents thereof. The statements contained therein are true and correct and contain a full and true account of the information requested. This statement is executed with the knowledge that omissions or misrepresentations may be deemed sufficient cause for refusal to issue a license by the City of Emeryville. Further, I am aware that later discovery of an omission/misrepresentation is grounds for the revocation of the card room license.

Signature: 

Subscribed and sworn to before me this _____ day of _____
Notary Public: (Seal)

, 19-2018

please See Attached
acknowledgement
From Notary Public

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Alameda

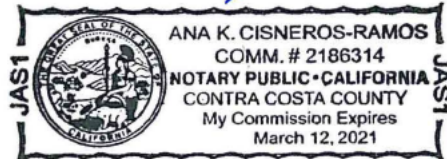
Subscribed and sworn to (or affirmed) before me on this 16th day of October,
2018 by John Coleman Tibbetts

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

[Redacted Signature]

Signature

(Seal)



OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Card Room App.
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

Additional information