

**STAFF ANALYSIS**  
**DISCUSSION AND ACTION BY THE BOARD ON THE APPLICATION FOR LICENSE**  
**TO OPERATE A MINISATELLITE WAGERING FACILITY AT OAKS LOCAL CRAFT**  
**KITCHEN AND BAR IN THOUSAND OAKS, CA FOR A PERIOD OF FIVE YEARS**

Board Meeting  
November 19, 2025

**Application:** Oaks Local Craft Kitchen and Bar, Thousand Oaks, CA

**Licensing Period:** December 1, 2025 – November 30, 2030

<b>Required Information</b>	<b>Status</b>	<b>Comments</b>	<b>CHRB Rule/Law</b>
Additional Satellite Wagering Facilities Within 20-mile Radius	<input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Follow-Up Required <input type="checkbox"/> Outstanding	Oaks Local is an existing minisatellite wagering facility that is undergoing a change of ownership.	<a href="#">BPC 19605 &amp; 19605.25 (a)(1)</a>
Association Agreements	<input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Follow-Up Required <input type="checkbox"/> Outstanding	<ul style="list-style-type: none"> <li>• Del Mar Thoroughbred Club</li> <li>• Los Angeles Turf Club</li> <li>• Los Angeles County Fair Association</li> <li>• Los Alamitos Racing Association</li> <li>• Los Alamitos Quarter Horse Racing Association</li> </ul>	<a href="#">BPC 19605.3</a>
Simulcast Organization Agreement	<input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Follow-Up Required <input type="checkbox"/> Outstanding	SCOTWINC agreement valid upon Board approval until cancelled.	<a href="#">BPC 19605.25 &amp; 19605.3</a>
Fire Clearance	<input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Follow-Up Required <input type="checkbox"/> Outstanding	Fire clearance inspection completed under current ownership on 09/26/25.	<a href="#">Rule 2066</a>
Facility Inspection	<input checked="" type="checkbox"/> Accepted <input checked="" type="checkbox"/> Follow-Up Required <input type="checkbox"/> Outstanding	Inspection under current ownership completed on 08/15/25. Inspection under new ownership to be completed within 30 days of licensure.	<a href="#">Rule 2066</a>
Workers' Compensation Insurance	<input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Follow-Up Required <input type="checkbox"/> Outstanding	Workers' compensation coverage valid 12/01/25 to 12/01/26.	<a href="#">Rule 2066</a>

Required Information	Status	Comments	CHRB Rule/Law
Emergency and Security	<input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Follow-Up Required <input type="checkbox"/> Outstanding	See attached security plan.	<a href="#">Rule 2066</a>
Administrative Information	<input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Follow-Up Required <input type="checkbox"/> Outstanding	Active Licenses \$500 Fee Received Required Signatures	<a href="#">Rule 1481</a> <a href="#">Rule 2066</a> <a href="#">Rule 2066</a>

**RECOMMENDATION:** Staff recommends application to be considered for approval, noting the licensing period start date of December 1, 2025, and facility inspection to be completed within 30 days of licensure.

Application is hereby made to the California Horse Racing Board (CHRB/Board) for a license to operate a minisatellite wagering facility in connection with a horse racing meeting and/or pari-mutuel wagering in accordance with the Business and Professions Code, Chapter 4, Division 8 (Horse Racing Law) and the California Code of Regulations, Title 4, Division 4 (Rules and Regulations of the California Horse Racing Board).

**Part I:** To be completed by applicant seeking to operate a minisatellite wagering facility pursuant to Business and Professions Code section 19605.25.

**Part II:** To be completed by associations that have reached agreements with the applicant to conduct minisatellite wagering.

**Part III:** To be completed by simulcast organization that has reached an agreement to provide services necessary for the conduct of minisatellite wagering pursuant to Business and Professions Code sections 19605.25 and 19605.3.

**PART I  
 MINISATELLITE WAGERING APPLICANT INFORMATION**

APPLICANT INFORMATION		
Name of applicant: <b>OAKS LOCAL CRAFT</b>		<input type="checkbox"/> Card Room/Gambling Establishment <input checked="" type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Other Business Entity
The applicant is: <b>KITCHEN AND BAR</b>		
<input type="checkbox"/> Racing Association		
<input type="checkbox"/> Fair		
<input type="checkbox"/> Federally Recognized Indian Tribe		
Facility street address: <b>1345 E Thousand Oaks Bl.</b>		
Mailing address (if different from above):		
E-mail address: <b>LEATHERMANRESTAURANTS@GMAIL.COM</b>		
City: <b>Thousand Oaks</b>	State: <b>CA</b>	Zip Code: <b>91362</b>
Phone: <b>(805) 777-7418</b>	Fax: <b>n/a</b>	Website:
County: <b>Ventura</b>	Zone Location: <b>WWW.OAKSLOCALCRAFTKITCHENANDBAR.COM</b> North <input type="checkbox"/> South <input type="checkbox"/> Central <input type="checkbox"/> (To be completed by CHRB staff)	

CONTACT PERSON (Authorized Representative)		
Name and title of the contact person: <b>CADE LEATHERMAN</b>		
Business street address: <b>1345 E. THOUSAND OAKS BLVD.</b>		
Mailing address (if different from above): <b>1064 RAMBLING ROAD</b>		
City: <b>SIMI VALLEY</b>	State: <b>CA.</b>	Zip Code: <b>93065</b>
County: <b>VENTURA</b>		
Phone: <b>(818) 645-4849</b>	E-mail: <b>CADE24@GMAIL.COM</b>	Fax:

State of California  
 California Horse Racing Board  
 Application for License to Operate a Minisatellite Wagering Facility  
 CHRB-228 (Rev. 04/22)

Dates during which the applicant proposes to operate as a minisatellite wagering facility:

**For five years commencing on the date of approval by the CHRB.**

**NOTICE TO APPLICANT:** If approved for license, the term of license shall not exceed five years pursuant to Business and Professions Code section 19605.25(h).

Have you previously operated a licensed gaming operation in California or another state? Yes  No

Do you currently operate a licensed gaming operation in California or another state? Yes  No

If yes to either question above, provide the following:

Valid licensure period: Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Facility name and address: \_\_\_\_\_

City: _____	State: _____	Zip Code: _____
County: _____		
		Zone Location: North <input type="checkbox"/> South <input type="checkbox"/> Central <input type="checkbox"/> (To be completed by CHRB staff)

Have you had a gaming operation license that has been revoked or suspended? Yes  No

If yes, provide the following if different from above:

Facility name and address: \_\_\_\_\_

City: _____	State: _____	Zip Code: _____
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Racing Jurisdiction: \_\_\_\_\_

**BUSINESS STRUCTURE**

<input type="checkbox"/> Corporation <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Sub-S <input type="checkbox"/> Sub-C <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership & Joint Venture <input checked="" type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other If you have listed your company as Other, please identify your company structure.
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Registered Business Name: CADE LEATHERMAN, SOLE PROPRIETOR

Fictitious Business Name: OBA OAKS LOCAL

Address: 1064 RAMBLING ROAD, SIMI VALLEY CA. 93065

E-mail Address: CADE24@GMAIL.COM

City: SIMI VALLEY	State: CA.	Zip Code: 93065
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Phone: 818-645-4849	Fax: _____
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State where registered or Articles of Organization are filed: _____	Registry or File number: _____
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State of California  
 California Horse Racing Board  
 Application for License to Operate a Minisatellite Wagering Facility  
 CHRB-228 (Rev. 04/22)

Names of all officers, directors, and managers. For officers, directors, and managers that have no ownership, enter "0%" in the ownership column. For members of a Limited Liability Company, list membership interest in ownership column. For partners, following the individual's name, indicate whether general or limited partner. (true names)

Entity/Individual Name and Title	Entity's Business Address/ Individual's Address of Record	Ownership% (if any)	Compensation Agreement
CADE LEATHERMAN	1064 RAMBLING RD	100%	

Are shares listed for public trade?  
 Yes  No

If yes, on which stock exchange?

If more than 50 percent of the shares are held by a parent corporation or are paired with any other corporation or entity, give the name of the parent and/or paired corporation or entity. All entities that own 5 percent or more must fulfill the instructions for Full Disclosure Statement. Additionally, all officers, directors, or partners or any individual or person who holds 5% or more of the outstanding shares of a minisatellite wagering facility must obtain a CHRB occupational license, pursuant to CHRB Rule 1481(b)(2).

Attach the most recent annual financial statement for the applicant, including balance sheet and profit and loss statement, and a copy of a report made during the preceding 12 months to shareholders in the corporation and/or the Securities and Exchange Commission and/or the California Corporations Commission.

**MANAGEMENT AND STAFF**  
 (Minisatellite Wagering Facility)

Names and titles of the managing officers and/or general managers of the business. Note: All individuals who exercise control over other licensees, horse racing, pari-mutuel wagering, or simulcast operations, or whose duties routinely require access to restricted areas of the inclosure, must obtain a CHRB occupational license, pursuant to CHRB Rule 1481(b)(6).

Name	Title
CADE LEATHERMAN CHRB LICENSE # 412230	OWNER / MANAGER

**ASSOCIATION CONTRACT/AGREEMENT**

Names of racing associations with which you intend to have a contract or agreement:  
 All licensed CA host tracks, per schedule A attached.

Addresses of racing associations:  
 See Schedule A

Racing association phone numbers:  
 See Schedule A

**Minisatellite Wagering Applicant Form - Oaks Local**

**CALIFORNIA HOST TRACKS / ASSOCIATIONS**

<u>Associations/Hosts With Contract/Agreement:</u>	<u>Phone / Fax</u>
<b>Del Mar Thoroughbred Club</b> 2260 Jimmy Durante Bl. Del Mar, CA 92014	P: (858) 755-1141 F: (858) 794-1007
<b>Los Alamitos Racing Assoc. (T)</b> <b>Los Alamitos Quarter Horse Racing Assoc.</b> 4961 Katella Ave. Los Alamitos, CA 90720	P: (714) 820-2760 F: (714) 820-2813
<b>Los Angeles County Fair</b> c/o 4961 Katella Ave. Los Alamitos, CA 90720	P: (714) 820-2760 F: (714) 820-2813
<b>Los Angeles Turf Club</b> 285 W Huntington Drive Arcadia, CA 91007	P: (626) 574-7223 F: (626) 821-1514

State of California  
California Horse Racing Board  
Application for License to Operate a Minisatellite Wagering Facility CHRB-88 (New 11/08)

**PART II – Oaks Local**

**CONTRACTED ASSOCIATION INFORMATION**

One copy of Part II shall be completed by each contracted association

Name and mailing address of association:

**Del Mar Thoroughbred Club  
2260 Jimmy Durante Blvd., Del Mar, CA  
92014**

Telephone:

**(858) 755-1141**

Fax number:

**(858) 794-1007**

Racetrack name:

**Del Mar**

Name and title of the person(s) authorized to receive notices on behalf of the association in conjunction with this applicant application for approval to operate a minisatellite wagering facility:

Name

**Josh Rubinstein**

Signature of association representative

*Josh Rubinstein*


Title

**President**

Date:

**8/27/25**

## PART II – Oaks Local

CONTRACTED ASSOCIATION INFORMATION	
One copy of Part II shall be completed by each contracted association.	
<b>Name and mailing address of association:</b> Los Angeles Turf Club, Inc.	
<b>Telephone:</b> (626) 574-7223	<b>Fax:</b> (626) 821-1514
<b>Racetrack name:</b> Santa Anita Park	
<b>Names and titles of the persons authorized to receive notices on behalf of the association in conjunction with this applicant application for approval to operate a minisatellite wagering facility:</b> Eric Sindler, General Manager	
<b>Name:</b> Eric Sindler	<b>Signature of association representative:</b> 
<b>Title:</b> Assistant Secretary	<b>Date:</b> 9/2/2025


**PART II – OAKS LOCAL**

<b>CONTRACTED ASSOCIATION INFORMATION</b>	
One copy of Part II shall be completed by each contracted association.	
<b>Name and mailing address of association:</b> Los Angeles County Fair Association 1101 W. McKinley Avenue, Pomona CA 91768	
<b>Telephone:</b> (909) 865-4203	<b>Fax:</b> (909) 865-2481
<b>Racetrack name:</b> Los Angeles County Fair, racing at Los Alamitos	
<b>Names and titles of the persons authorized to receive notices on behalf of the association in conjunction with this applicant application for approval to operate a minisatellite wagering facility:</b> Cathy Allred, Manager	
<b>Name:</b> Cathy Allred	<b>Signature of association representative:</b> 
<b>Title:</b> <del>President</del>	<b>Date:</b>

**PART II – Oaks Local**

<b>CONTRACTED ASSOCIATION INFORMATION</b>	
<i>One copy of Part II shall be completed by each contracted association.</i>	
<b>Name and mailing address of association:</b> Los Alamitos Racing Association	
<b>Telephone:</b> (714) 820-2800	<b>Fax:</b> n/a
<b>Racetrack name:</b> Los Alamitos	
<b>Names and titles of the persons authorized to receive notices on behalf of the association in conjunction with this applicant application for approval to operate a minisatellite wagering facility:</b> Cathy Allred, President	
<b>Name:</b> Cathy Allred	<b>Signature of association representative:</b> 
<b>Title:</b> President	<b>Date:</b>

**PART II – Oaks Local**

<b>CONTRACTED ASSOCIATION INFORMATION</b>	
One copy of Part II shall be completed by each contracted association.	
<b>Name and mailing address of association:</b> Los Alamitos Quarter Horse Association 4961 Katella Avenue, Los Alamitos, CA 90720	
<b>Telephone:</b> (714) 820-2800	<b>Fax:</b> n/a
<b>Racetrack name:</b> Los Alamitos	
<b>Names and titles of the persons authorized to receive notices on behalf of the association in conjunction with this applicant application for approval to operate a minisatellite wagering facility:</b> Cathy Allred, President	
<b>Name:</b> Cathy Allred	<b>Signature of association representative:</b> 
<b>Title:</b> President	<b>Date:</b>

**PART III  
 SIMULCAST ORGANIZATION INFORMATION**

To be completed by approved simulcast organization that has executed an agreement approved by the CHRB with the association conducting a racing meeting with the minisatellite wagering facility pursuant to Business and Professions Code sections 19605.25 and 19605.3.

**I. OPERATION OF THE MINISATELLITE WAGERING FACILITY**

Simulcast organization engaged by the association to conduct simulcast wagering: **SCOTWinc.**

Attach the agreement between the association and simulcast organization permitting the minisatellite wagering facility to use the association's live audiovisual signal for wagering purposes and providing access to its totalizator for the purpose of combining on-track and off-track pari-mutuel pools. **SUBMITTED.**

Submit a copy of each horsemen's written approvals. **SUBMITTED.**

Hours for operation of the facility: **Monday and Tuesday 10a-11p; Wed-Sun 10a-12a or as required to accommodate minisatellite wagering.**

Hours for operation of the minisatellite wagering site: **Seven days 10a-12a or as required per racing program provided by CA host tracks.**

Time periods during the calendar year the facility will not be utilized as a minisatellite wagering facility (explain why): **None anticipated.**

If approved, wagering will be offered on live race meetings being held or conducted by the following California racing associations:  
**Wagering will be offered on all cards offered by CA host tracks**


List the host track from which the minisatellite wagering facility proposes to import out-of-state and/or out-of-country races. Include the dates imported races will be held, and indicate whether a full card will be accepted. If the full card will not be imported, state "selected feature and/or stakes races". **All races offered by CA hosts**

Estimated number of pari-mutuel terminals machines available: **12. ELEVEN SELF-SERVE PLUS ONE TELLER.**

Attach a proposed staffing plan for the facility and/or minisatellite wagering site, to include the number of security personnel and the number of pari-mutuel clerks pursuant to Business and Professions Code section 19605.25(b). **Parimutuel clerks assigned as need by SCOTWinc. At least one designated public safety employee and one facility manager during operating hours.**

**II. SUPERVISION, SECURITY AND FIRE PREVENTION**

Changes to management personnel and minisatellite managers must be immediately reported to the Board.

Name of the individuals responsible for the day-to-day operation of the minisatellite facility:

Name and Title	CHRB License No. and Expiration Date
Rick Baedeker	405644; 09/2027



October 21, 2025

Ms. Sandra Shinn  
Licensing Division Chief  
California Horse Racing Board

RE: Oaks Local Minisatellite Facility

Dear Ms. Shinn

The Thoroughbred Owners of California approves the minisatellite licensing by the California Horse Racing Board of the Oaks Local minisatellite in Thousand Oaks.

Sincerely,

DocuSigned by:

*William A. Nader*

20CE9094162E418...

Bill Nader

President & CEO

cc: Rick Baedeker, SCOTWINC General Manager



## Pacific Coast Quarter Horse Racing Association

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October 14, 2025

Sandra Shinn  
Licensing Division Chief  
California Horse Racing Board  
1010 Hurley Way, Suite 300  
Sacramento, CA 95825

RE: Oaks Local

Dear Ms. Shin,

The Pacific Coast Quarter Horse Racing Association approves the licensing by the California Horse Racing Board of the minisatellite referenced above. Please do not hesitate to contact me if you have any concerns.

Sincerely,

Dino Perez  
Executive Director

xc: Rick Baedeker, SCOTWINC

CALIFORNIA HARNESS HORSEMEN'S ASSOCIATION

P.O. Box 254767  
Sacramento, CA. 95865  
Phone (916) 263-7888  
Fax (916) 263-7887  
Website: [www.chhaonline.com](http://www.chhaonline.com)

Oct 15, 2025

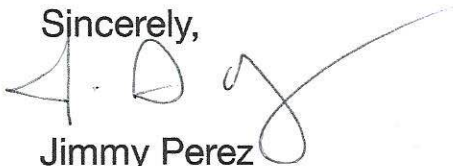
Sandra Shinn  
Licensing Division Chief  
California Horse Racing Board  
1010 Hurley Way, Suite #300  
Sacramento, CA 95825

RE: Oaks Local

Sandra Shinn,

This letter is to acknowledge the approval and support of the California  
Harness Horsemen's Association for Oaks Local minisatellite license in  
Thousand Oaks CA.

Sincerely,



Jimmy Perez  
California Harness Horsemen's Association  
Executive Director

CC: Rick Baedeker, SCOTWinc

Attach a certificate of insurance for workers' compensation coverage, including carrier and the policy number securing the applicant's liability for payment of workers' compensation (if self-insured, provide details).

Attach a fire clearance from the fire authority having jurisdiction.

Attach a security plan that includes the name, title, and phone number of the person having responsibility for security controls, the number of security officers and/or guards, and the police or sheriff's department having jurisdiction for criminal law enforcement over the premises of the facility.

Is there a backup emergency plan for power failure? Yes  No

If yes, describe.

### III. MINISATELLITE WAGERING SITE

Attach a detailed scale plan of the facility indicating all points of access to facility, emergency exits, placement of offices, and food and beverage service location and detailing the location of the proposed minisatellite wagering site. Identify how the designated minisatellite wagering area will be restricted to patrons 21 years and over. Attach photos of the minisatellite wagering site. **On file - no changes from previous application.**

**NOTICE TO APPLICANT.** Pursuant to Business and Professions Code section 19605.25(a)(4) wagers placed at a minisatellite site must be in an area that is restricted to those who are 21 years of age or older.

### IV. FACILITY DESCRIPTION

Describe the food and beverage services to be offered (full meals served; cafeteria-style full meals; short-order counter service; pre-ordered prepared sandwiches and fast foods available; full bar services; or other description as appropriate): **Full service bar with lunch and dinner service.**

The seating capacity in the minisatellite wagering facility is: **194**

The number of tables in the minisatellite wagering area is: **50**

Overall square footage in the minisatellite wagering area is: **5,200sf**

Attach a photograph of the minisatellite wagering area.

Describe occupancy restrictions, if any, imposed by the fire authority having jurisdiction. **None.**

The total number of parking spaces available in the parking areas can accommodate (number of standard-sized automobiles): **294**

Describe any other activities to be scheduled on or near the facility premises that may have a negative impact on available parking. **None.**

### V. EQUIPMENT PROVIDED BY THE MINISATELLITE WAGERING FACILITY

Describe the television equipment (satellite receivers, decoders, controls, monitors, etc.) to be utilized at the facility. **Multiple flat screen TVs; decoders and receivers provided by Roberts Communication Network**

Describe the public address equipment (controls, microphones, speakers, etc.) to be utilized at the facility. **House PA via microphone through TV speakers.**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/5/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> License # 0F06635 <b>Triple Crown Insurance</b> 4901 Morena Blvd., Suite 108 San Diego, CA 92117	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(858) 247-7115</b>	FAX (A/C, No): <b>(858) 247-7117</b>
	<b>E-MAIL ADDRESS:</b> <b>Info@TripleCrownIns.com</b>	
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A : Pie Insurance Company</b>		
<b>INSURER B :</b>		
<b>INSURER C :</b>		
<b>INSURER D :</b>		
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**INSURED**

**Leatherman Restaurants**  
**Oaks Local**  
**1345 E Thousand Oaks Blvd**  
**Thousand Oaks, CA 91362-2820**

### COVERAGES

**CERTIFICATE NUMBER:**

**REVISION NUMBER:**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input checked="" type="checkbox"/> N	N / A	5844508744	12/1/2025	12/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**Proof of Insurance**

### CERTIFICATE HOLDER

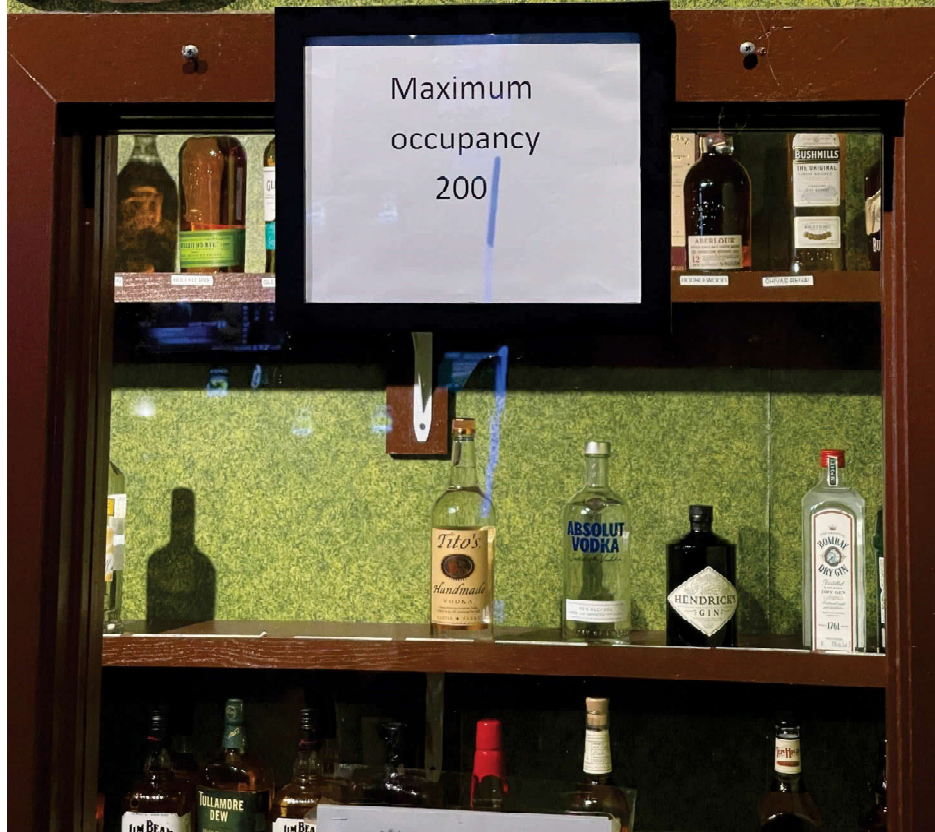
### CANCELLATION

<b>California Horse Racing Board</b> 1010 Hurley Way #300 Sacramento, CA 95825	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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Maximum  
occupancy  
200





Patio  
maximum  
occupancy  
68



### Oaks Local Security Plan and Age Restriction

Cade Leatherman, Owner (818) 645-4849, is responsible for the security plan which includes designation of the manager-on-duty as responsible at all times for security, including supervision of the age restriction in the wagering area. Local law enforcement is provided by Ventura County Sherriff.

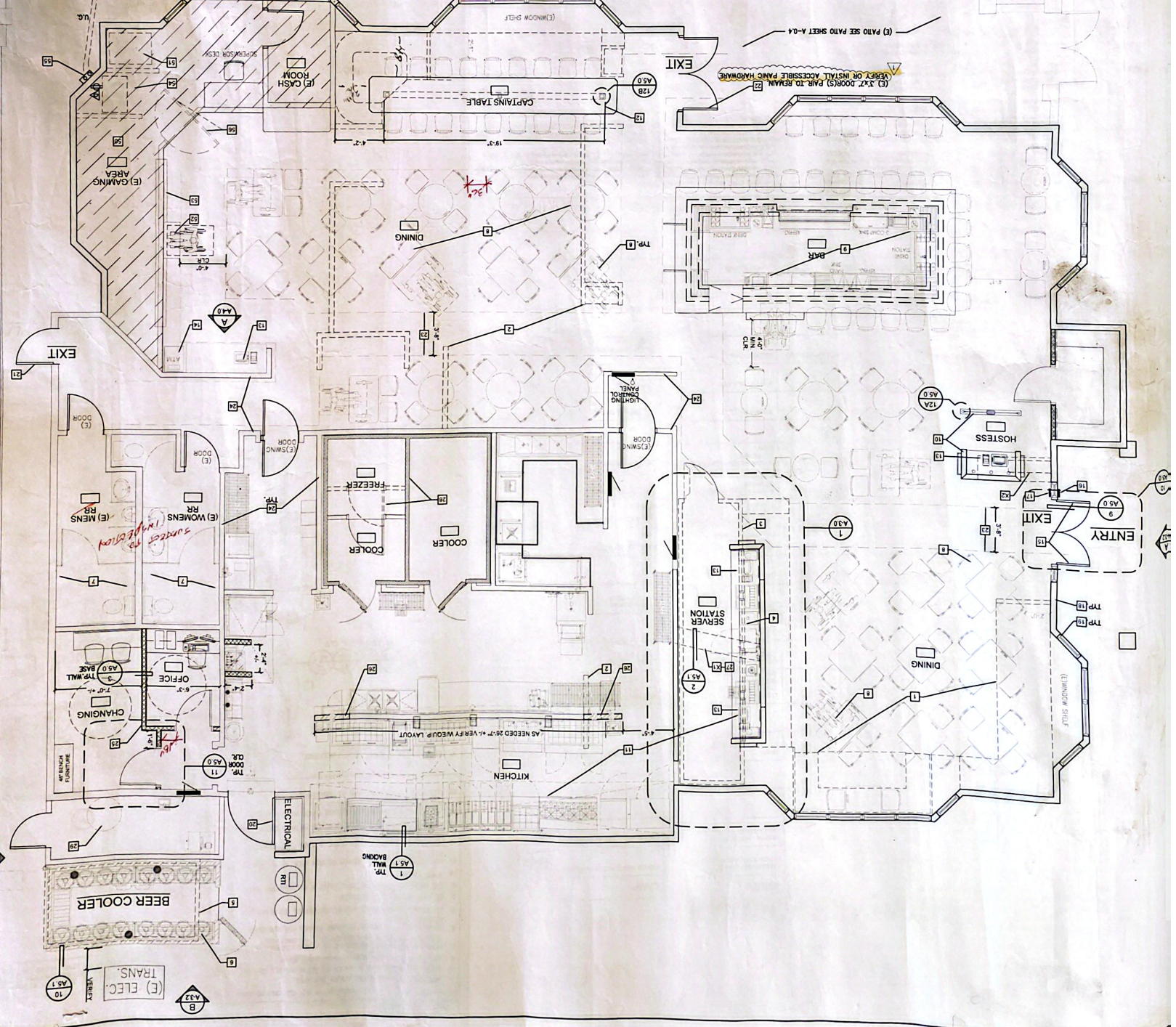
Persons under 21 years of age will not be permitted to make wagers. Multiple signs stating the age restriction will be posted in the area. The parimutuel clerk, manager on duty and all restaurant staff will be counseled to follow the ABC's age enforcement guideline, i.e., all persons that appear to be under the age of 25 are asked for proof of age.

ICR 1/11/11  
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# FLOOR PLAN

SCALE 1/4" = 1'-0"

CITY OF THOUSAND OAKS  
COMMUNITY DEVELOPMENT DIVISION  
PLANNING DIVISION  
APPROVED  
DATE 12/11/11  
FOR EXTENSION & PATIO SEE SHEET A-04



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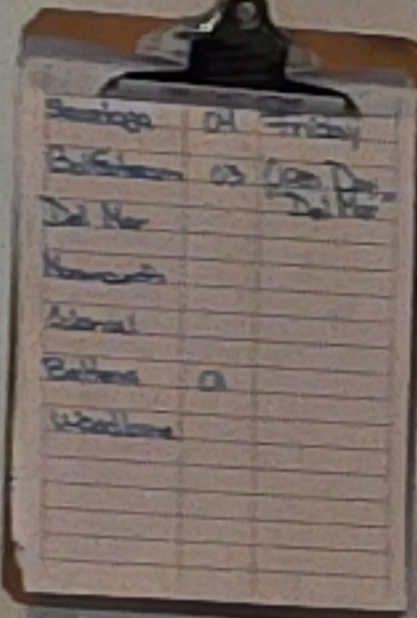
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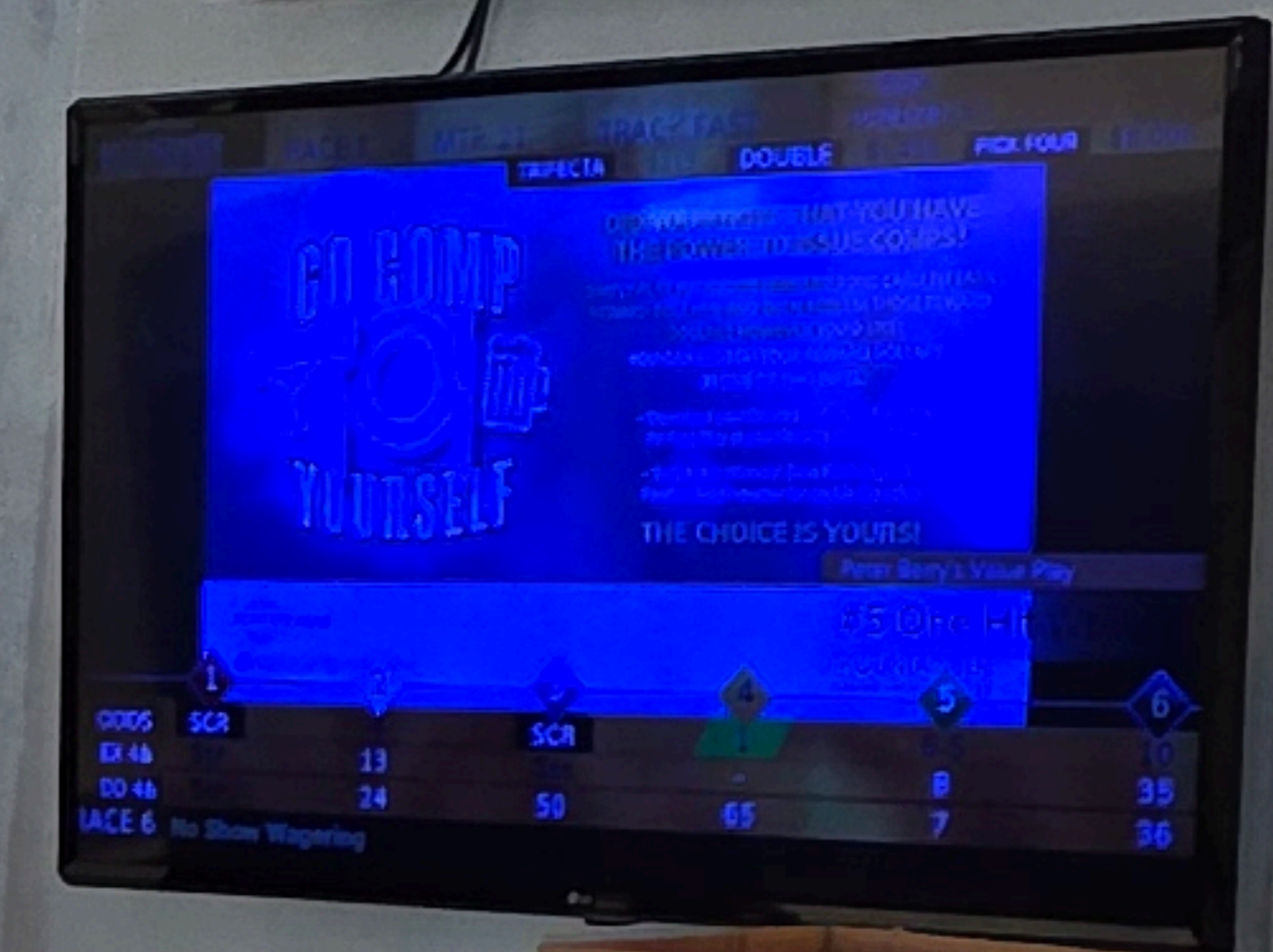
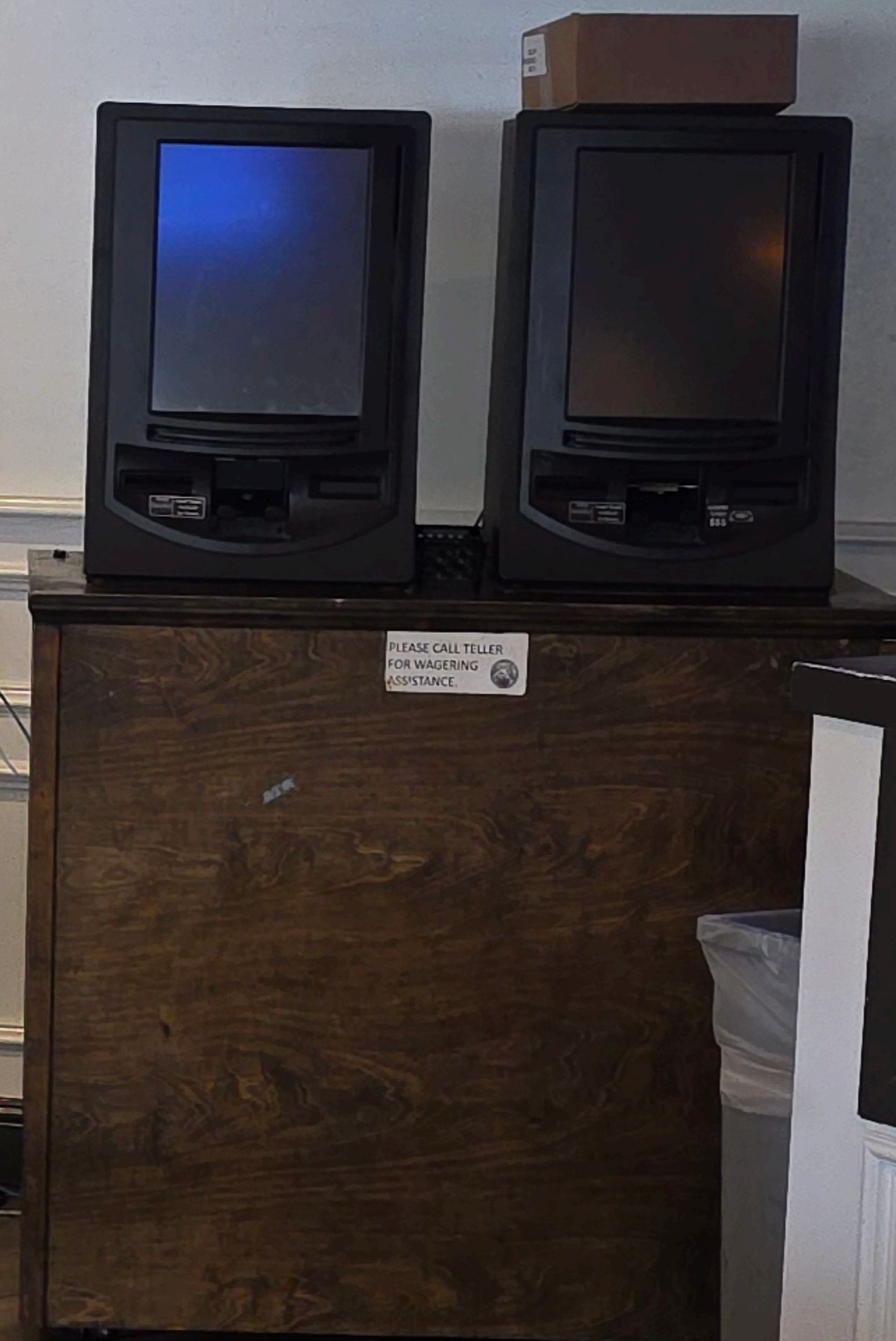
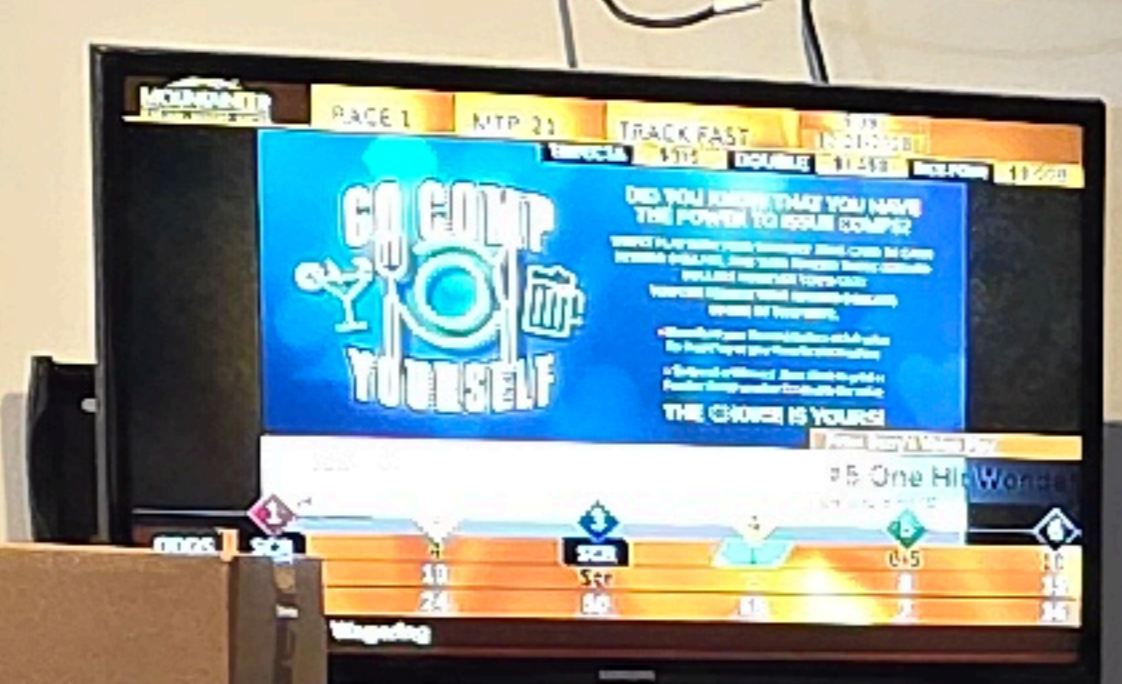
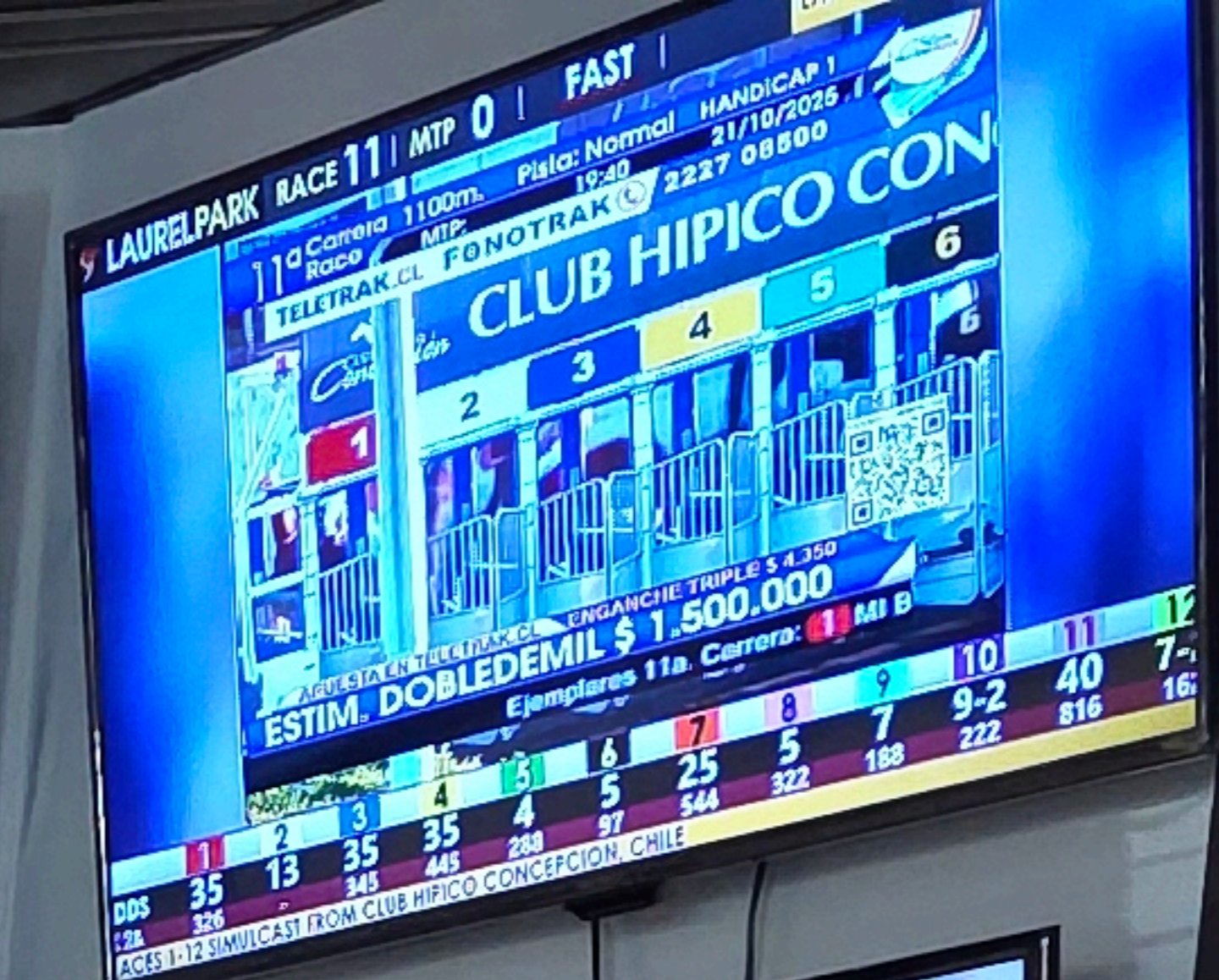


**On Breeders Cup**  
SATURDAY 11/1/25  
YOU CAN RESERVE A  
TABLE FOR \$ 50.00 IN  
ADVANCE  
  
CONTACT: Ernesto  
To reserve you table  
(805-512-4059)

Closed







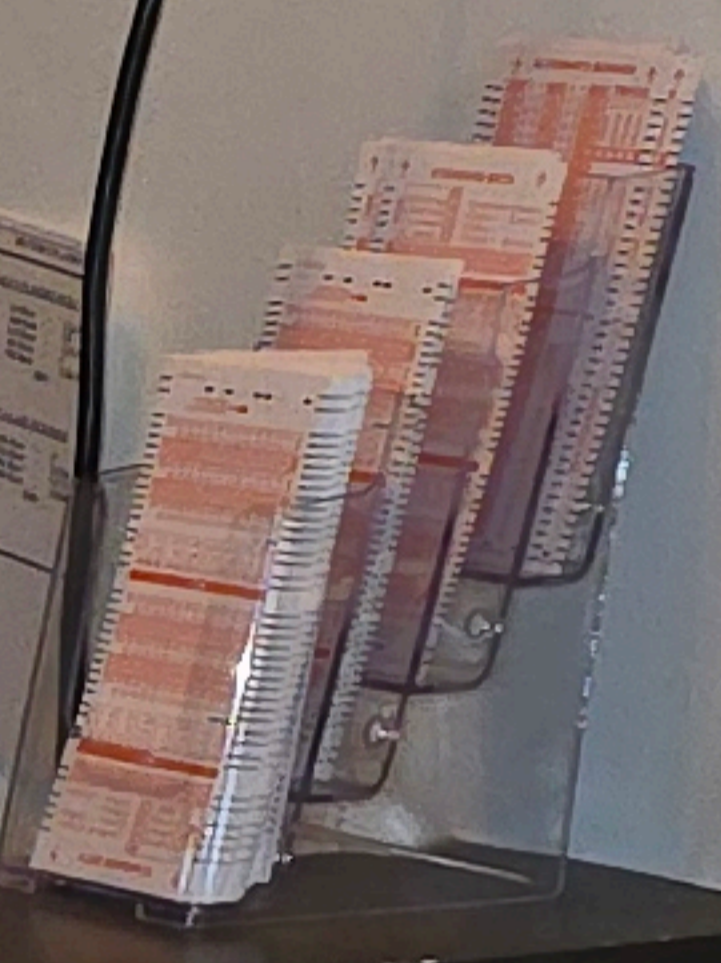


**On Breeders Cup**  
 SATURDAY 11/1/25  
 YOU CAN RESERVE A  
 TABLE FOR \$ 50.00 IN  
 ADVANCE  
 CONTACT: Ernesto  
 To reserve you table  
 (805-512-4059)

Closed

NOTE:  
 SUPERVISOR  
 DOES NOT HAVE  
 ACCESS TO LARGE  
 SUMS  
 OF CASH.  
 LARGE PAYOUTS MAY  
 BE MADE BY CHECK  
 OR VOUCHER.

Various notices and forms posted on the wall, including one with a logo that appears to be 'CASH'.



**VI. ADVERTISING AND PATRON DEVELOPMENT**

Describe any advertising or promotional plans. **Social and local media.**

Describe any improvements to the facility that will directly benefit minisatellite wagering.

**Major remodeling of the entire restaurant completed six months ago.**  
 NOTICE TO APPLICANT: Pursuant to Board Rule 2066, all advertisement shall contain a statement that persons under 21 are not allowed to participate in minisatellite wagering. All advertisement shall contain contact information for a recognized problem-gambling support organization.

**VII. ADMISSIONS, CHARGES AND SERVICE FEES**

Complete if applicable and note N/A if not.

Admissions charges, if any, are:	None
Parking charges, if any, are:	None
Program charges, if any, are:	Price as determined by host track
Seating charges, if any, are:	None

**VIII. RENEWAL**

Complete this section only if renewing your license.

Is this a renewal application? Yes  No

Have there been any changes since the submission of your last application for authorization to operate a minisatellite wagering facility? Yes  No

Have any changes occurred affecting ownership or controlling interest in your business structure or establishment since your last application? Yes  No

If you have answered "Yes" to any of the questions above, please attach a detailed statement describing the change.

How many years have you been an approved minisatellite wagering facility?

**AGREEMENTS**

Attach copies of all applicable county, city, or agency agreements that may affect the minisatellite wagering facility.

**NOTICES TO APPLICANT**

Notice is given to the applicant that its application, if approved by the Board, authorizes the applicant to offer pari-mutuel wagering at its minisatellite wagering facility for a period of five years per Business and Professions Code section 19605.25(h).

Notice is given that retention of and control over all moneys generated from pari-mutuel wagering held or conducted at the facility is the responsibility of the simulcast organization(s) which contract(s) to provide the pari-mutuel equipment and pari-mutuel employees; and that such organization(s) is (are) responsible for its proper distribution in accordance with the law and the rules and regulations of the Board.

Notice is given that CHRB Rules 1870 and 1871 require that the Board be given 15 days' notice in writing of any intention to terminate operations, engagements, or services by any licensee, or approved contractor.

**DECLARATIONS**

All labor agreements, concession contracts, service contracts, horsemen's agreements, lease agreements, agreements with the simulcast organization(s) necessary to conduct and operate the simulcast wagering program at the facility, lease or rental

State of California  
 California Horse Racing Board  
 Application for License to Operate a Minisatellite Wagering Facility  
 CHRB-228 (Rev. 04/22)

agreement with the facility landlord and all applicable county, city or agency agreements that may affect the minisatellite wagering facility have been finalized except as follows (if there are no exceptions, so state): **NONE.**

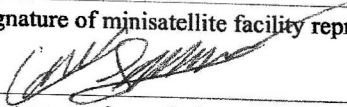
All service contractors and concessionaires have valid state, county, or city licenses authorizing each to engage in the type of service to be provided and have valid labor agreements (when applicable) which remain in effect for the entire term of the license except as follows (if there are no exceptions, so state): **NONE.**

Absent natural disasters or causes beyond the control of the applicant, its service contractors, concessionaires or employees engaged at the facility, no reasons are believed to exist that may result in a stoppage to the conduct of pari-mutuel wagering at the facility or the withholding of any vital service to the applicant except as follows (if there are no exceptions, so state): **NONE.**

By authority of Article 9.2, Chapter 4, of the Business and Professions Code; and the Federal Indian Gaming Act; to allow an evaluation of the competence, integrity, and character of potential simulcast facility operators, any person, corporation, trust association, partnership, joint venture, or management firm who submits an application for such license or who is named in such application and who is not a State or County entity, or has not previously completed such disclosure when filing for a horseracing application pursuant to Article 4, section 19480 of the Business and Professions Code shall be required to complete and submit a full disclosure statement.

**CERTIFICATION BY APPLICANT**

I hereby certify under penalty of perjury that I have examined this application, that all of the foregoing statements in this application are true and correct, and that I am authorized by the applicant to attest to this application on its behalf.

Print name of minisatellite facility applicant representative: CADE Leatherman	Date:
Signature of minisatellite facility representative: 	Date: 8/21/25
Print name of association representative: Josh Rubinstein	Date:
Signature of association representative:	Date:
Print name of simulcast organization representative: Rick Baedeker	Date:
Signature of simulcast organization representative:	Date:

State of California  
 California Horse Racing Board  
 Application for License to Operate a Minisatellite Wagering Facility  
 CHR-228 (Rev. 04/22)

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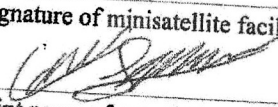
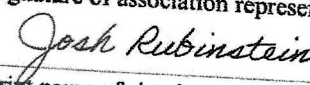
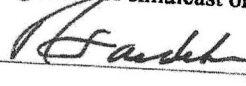
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Print name of minisatellite facility applicant representative: E ADE Leatherman	Date:
Signature of minisatellite facility representative: 	Date: 8/21/25
Print name of association representative: Josh Rubinstein	Date:
Signature of association representative: 	Date: 8/27/25
Print name of simulcast organization representative: Rick Baedeker	Date:
Signature of simulcast organization representative: 	Date: 09/02/2025