

**STAFF ANALYSIS**  
**DISCUSSION AND ACTION BY THE BOARD ON THE RENEWAL APPLICATION**  
**FOR LICENSE TO OPERATE A MINISATELLITE WAGERING FACILITY OF SAHARA**  
**DUNES CASINO, LP DBA LAKE ELSINORE CASINO, IN LAKE ELSINORE, CA, FOR**  
**A PERIOD OF FIVE YEARS**

Board Meeting  
 March 11, 2026

**Application:** Sahara Dunes Casino, LP dba Lake Elsinore Casino, Lake Elsinore, CA

**Licensing Period:** March 24, 2026 – March 23, 2031

<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	Consent valid for a ten-year term through 02/22/36.	<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 Alamitos Quarter Horse Racing Association</li> <li>• Los Alamitos Racing Association</li> <li>• Los Angeles County Fair Association</li> <li>• Los Angeles Turf Club</li> <li>• Watch &amp; Wager</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	<a href="#">BPC 19605.25 &amp; 19605.3</a>
Workers' Compensation Insurance	<input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Follow-Up Required <input type="checkbox"/> Outstanding	Coverage effective 06/15/25; expires 06/15/26.	<a href="#">Rule 2066</a>
Fire Clearance	<input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Follow-Up Required <input type="checkbox"/> Outstanding	Fire inspection completed 02/27/26.	<a href="#">Rule 2066</a>
Facility Inspection	<input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Follow-Up Required <input type="checkbox"/> Outstanding	N/A	<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	Information submitted.	<a href="#">Rule 2066</a>
Administrative Information	<input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Follow-Up Required <input type="checkbox"/> Outstanding	Occupational license obtained. Application fee received. Required signatures obtained.	<a href="#">Rule 1481</a> <a href="#">Rule 2066</a> <a href="#">Rule 2066</a>

**RECOMMENDATION:** Staff recommends approval of the application. The application as presented meets all requirements for 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: Sahara Dunes Casino, LP		<input checked="" type="checkbox"/> Card Room/Gambling Establishment <input checked="" type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Other Business Entity	
The applicant is: <input type="checkbox"/> Racing Association <input type="checkbox"/> Fair <input type="checkbox"/> Federally Recognized Indian Tribe			
Facility street address: <u>20930 Malaga Rd</u>			
Mailing address (if different from above):			
E-mail address: tedk@lercasino.com			
City: <u>Lake Elsinore</u>	State: <u>CA</u>	Zip Code: <u>92530</u>	
Phone: <u>951-674-3101</u>	Fax: 951-674-4071	Website: <u>LERCASINO.COM</u>	
County: <u>Riverside</u>		Zone Location: 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: <u>Ted Kingston</u>		
Business street address: <u>20930 Malaga Rd</u>		
Mailing address (if different from above):		
City: <u>Lake Elsinore</u>	State: <u>CA</u>	Zip Code: <u>92530</u>
County: <u>Riverside</u>		
Phone: <u>951-674-3101</u>	E-mail: <u>Tedk@LerCasino.com</u>	Fax: <u>951-674-4071</u>

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

Duration of License

Dates during which the applicant proposes to operate as a minisatellite wagering facility:  
 03/24/2026 through 03/23/2031

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: Lake Elsinore Casino

Valid licensure period: Begin Date: 1989 End Date: Ongoing

Facility name and address: Lake Elsinore Casino

City: Lake Elsinore State: CA Zip Code: 92530

County: Riverside

Zone Location:  
 North  South  Central   
 (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:

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 checked="" type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership & Joint Venture <input 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: Sahara Dunes Casino LP

Fictitious Business Name: Lake Elsinore Casino

Address: 20930 Malaga Rd

E-mail Address: TylerK@LecCasino.com

City: Lake Elsinore State: CA Zip Code: 92530

Phone: 951-674-3201 Fax: 951-674-4071

State where registered or Articles of Organization are filed: CA Registry or File number: EA55834

**CONSENT TO ESTABLISHMENT OF MINI-SATELLITE WAGERING FACILITY**

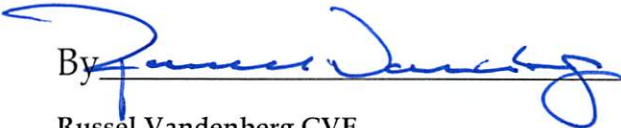
**WHEREAS**, Southern California off Track Wagering, Inc., a California Corporation ("Scotwinc") has entered, or is about to enter, into an agreement with Lake Elsinore Hotel and Casino with respect to the establishment of a Minisatellite Wagering facility at 20930 Malaga Rd., Lake Elsinore, California (the "Lake Elsinore Minisatellite"), and

**WHEREAS**, such facility will be located within twenty (20) statute miles of the Lake Perris Fairgrounds where the Lake Perris -Sports Pavilion at the Farmer's Fair operates as a satellite wagering facility, and

**WHEREAS**, Section 19605.25(a)(1) of the California Business and Professions Code prohibits, absent the consent of the operator of the Satellite Wagering Facility, the location of a Minisatellite within the twenty (20) statute miles of an existing Satellite Wagering Facility.

**NOW THEREFORE**, Lake Perris Fairgrounds gives it consent to the establishment and operation of the Lake Elsinore Minisatellite for a period of ten (10) years commencing on February 23, 2026.

By

  
Russel Vandenberg CVE

Ceo - Souther California Association

Date

2/17/2026

State of California  
 California Horse Racing Board  
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 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
<i>Ted Kingston Partner</i>	<i>20930 Malaga Rd</i>	<i>50</i>	<i>N/A</i>
<i>Doc Kingston Estate</i>	<i>20930 Malaga Rd</i>	<i>50</i>	<i>N/A</i>

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
<i>Ted Kingston</i>	<i>Partner</i>

**ASSOCIATION CONTRACT/AGREEMENT**

Names of racing associations with which you intend to have a contract or agreement:

Racing association information attached.

Addresses of racing associations:

Racing association phone numbers:

**Minisatellite Wagering Applicant Form - Sahara Dunes / Lake Elsinore**

**CALIFORNIA HOST TRACKS / ASSOCIATIONS**

Associations/Hosts With Contract/Agreement:

Phone / Fax

**Del Mar Thoroughbred Club**

2260 Jimmy Durante Bl.

Del Mar, CA 92014

P: (858) 755-1141

F: (858) 794-1007

**Los Alamitos Racing Assoc. (T)**

**Los Alamitos Quarter Horse Racing Assoc.**

**Pacific Coast Quarter Horse Racing Assoc.**

4961 Katella Ave.

Los Alamitos, CA 90720

P: (714) 820-2760

F: (714) 820-2813

**Los Angeles County Fair**

c/o Los Alamitos

4961 Katella Ave.

Los Alamitos, CA 90720

P: (714) 820-2760

F: (714) 820-2813

**Los Angeles Turf Club**

285 W Huntington Drive

Arcadia, CA 91007

P: (626) 574-7223

F: (626) 821-1514

**Watch & Wager LLC**

20 California Street, 7th Floor

San Francisco, CA 94111

P: (916) 263-3000

F: (916) 800-1395

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

Proposed contract dates: From:                      To:                      (inclusive).  
March 24, 2026 through March 23, 2031

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Attach a certified check payable to the Treasurer of the State of California in the amount of \$500 for the nonrefundable minisatellite application fee.

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**CHRB CERTIFICATION**

Application filed on:	30-day Notice Letter:
Fee received by:	Approved on:
Reviewed by:	License number issued:

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**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 contractor to attest to this application on its behalf.

Name <i>Reed Kingston</i>	Signature of Applicant Representative <i>Reed Kingston</i>
Title <i>Partner</i>	Date <i>11-13-25</i>

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

**PART II – Lake Elsinore**

**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




Title

**President**


Date:

**12/9/25**


**PART II – Fairplex Park at Los Alamitos - Lake Elsinore**

<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> Fairplex Park c/o Los Alamitos, 4961 Katella Avenue, Cypress 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> Rick M. English, Chief Financial Officer	
<b>Name:</b> Rick M. English	<b>Signature of association representative:</b> 
<b>Title:</b> Chief Financial Officer	<b>Date:</b> 1/6/26

**PART II – Pacific Coast Quarter Horse Association - Lake Elsinore**

<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> Pacific Coast Quarter Horse Association, 4961 Katella Avenue, Cypress 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> Rick M. English, Chief Financial Officer	
<b>Name:</b> Rick M. English	<b>Signature of association representative:</b> 
<b>Title:</b> Chief Financial Officer	<b>Date:</b> 1/6/26

**PART II – Fairplex Park at Los Alamitos - Lake Elsinore**

<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> Fairplex Park c/o Los Alamitos, 4961 Katella Avenue, Cypress 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> Rick M. English, Chief Financial Officer	
<b>Name:</b> Rick M. English	<b>Signature of association representative:</b> 
<b>Title:</b> Chief Financial Officer	<b>Date:</b> 1/6/26

**PART II – Los Alamitos Racing Association - Lake Elsinore**

**CONTRACTED ASSOCIATION INFORMATION**

**Name and mailing address of association:** Los Alamitos Racing Association, 4961 Katella Avenue, Cypress CA 90720

**Telephone:**

(714) 820-2800

**Fax:** n/a

**Racetrack name:**

Los Alamitos

**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:**

Rick M. English, Chief Financial Officer

**Name:** Rick M. English

**Signature of association representative:**




**Title:**

Chief Financial Officer

**Date:**

1/8/26

## PART II – Lake Elsinore

<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 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> Nate Newby, General Manager	
<b>Name:</b> Eric Sindler	<b>Signature of association representative:</b> 
<b>Title:</b> Assistant Secretary	<b>Date:</b> 12/8/2025

**PART II – Watch & Wager - Lake Elsinore**

**CONTRACTED ASSOCIATION INFORMATION**

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

**Name and mailing address of association:**

Watch&Wager.com, LLC

20 California Street, 7<sup>th</sup> Floor, San Francisco, CA 94111

**Telephone:**

(916) 800-1390

**Fax:** (916) 800-1395

**Racetrack name:**

Cal Expo Harness – California State Fair & Exposition

**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:**

Ben Kenney, CFO

**Name:**

Ben Kenney

**Signature of association representative:**



**Title:**

CFO

**Date:**

2-11-20

**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.

Submit a copy of each horsemen’s written approvals.

Hours for operation of the facility: **24/7**

Hours for operation of the minisatellite wagering site: **10a-11p or according to racing schedule as determined by Host track.**

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: **All CHRB-licensed California Hosts.**


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”.

Estimated number of pari-mutuel terminals machines available: **12**

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).

**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
<b>Ted Kingston - General Partner</b>	324851, exp. 6/30/28

California Harness Horsemen's Association  
P.O. Box 254767  
Sacramento, CA 95865

January 9, 2026

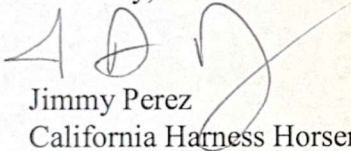
Rick Pimentel  
Associate Governmental Program Analyst  
Industry Licensing Unit  
1010 Hurley Way, Suite 300  
Sacramento, CA 95825

RE: Sahara Dunes Casino, LLP, at Lake Elsinore

Mr. Pimentel,

This letter is to acknowledge the approval and support of the California Harness Horsemen's Association for the Sahara Dunes Casino, LLP, at Lake Elsinore.

Sincerely,

A handwritten signature in black ink, appearing to read 'JP', is written over the printed name and title of Jimmy Perez.

Jimmy Perez  
California Harness Horsemen's Association  
Executive Director

CC: Rick Baedeker, SCOTWinc



## Pacific Coast Quarter Horse Racing Association

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January 7, 2026

Rick Pimentel  
Associate Governmental Program Analyst  
Regulations and Industry Applications  
1010 Hurley Way, Suite 300  
Sacramento, CA 95825

RE: Sahara Dunes Casino, LLP, at Lake Elsinore

Dear Mr. Pimentel,

The Pacific Coast Quarter Horse Racing Association approves the California Horse Racing Board's licensing 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



January 15, 2026

Ms. Sandra Shinn  
Licensing Division Chief  
California Horse Racing Board

RE: Sahara Dunes Casino, LLP @ Lake Elsinore - Minisatellite Facility

Dear Ms. Shinn

The Thoroughbred Owners of California approves the minisatellite licensing by the California Horse Racing Board of the Sahara Dunes Casino in Lake Elsinore.

Sincerely,

A handwritten signature in blue ink that reads "Bill Nader". The signature is written in a cursive, flowing style.

Bill Nader  
President & CEO

cc: Rick Baedeker, SCOTWINC General Manager

### Part III Attachments

**Part III, Sec. I** 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”.

**Minisatellite will accept all races offered by CHRB licensed CA Host Tacks. No exceptions without permission of the Host Track.**

**Part III, Sec I.** 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).

**The minisatellite is a component of the larger operation of the entire card casino and shares security, food and beverage, custodial, etc. At least one and up to three security officers are present according to business volume, and one-to-three clerks are assigned according to projected business.**

**Part III, Sec. II.** 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.

**The facility is staffed according to the needs of the property with nine full-time public safety officers. At least one officer is present 24 hours per day, seven days per week with two or more present on weeknights. Three to five officers are present on weekends depending on occupancy and special events. Local law enforcement is provided by Lake Elsinore Police Department and Riverside County Sheriff’s Department.**

**Part III, Sec. III.** 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.

**The entire gaming area - card room and minisatellite - is restricted to persons 21 years of age or older. Security officers enforce the age restriction and signs are posted in the wagering areas.**

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).

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Attach a fire clearance from the fire authority having jurisdiction.

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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.

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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.

**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 restaurant menu and service.**

The seating capacity in the minisatellite wagering facility is: **118 plus patio.**

The number of tables in the minisatellite wagering area is: **21 plus bar seating.**

Overall square footage in the minisatellite wagering area is: **1800sf**

Attach a photograph of the minisatellite wagering area.

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Describe occupancy restrictions, if any, imposed by the fire authority having jurisdiction.

**None**

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

**250**

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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. **60 TVs plus video wall; communications equipment provided by Roberts Communications; satellite by Dish Network**

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Describe the public address equipment (controls, microphones, speakers, etc.) to be utilized at the facility.

**Microphone and custom programmed TV controller**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/28/2025

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> Bennion-Taylor Insurance 461 W Murray Blvd  Murray UT 84123		<b>CONTACT NAME:</b> Don Taylor <b>PHONE (A/C, No, Ext):</b> (801) 263-9883 <b>E-MAIL ADDRESS:</b> dtaylor@benniontaylor.com <b>FAX (A/C, No):</b> (801) 263-9878	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Hanover	
		<b>INSURER B:</b> AmTrust North America	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** CL25112811614      **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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			L34-J232104-01	12/01/2025	12/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Liquor Liability \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			L34-J232105-01	12/01/2025	12/01/2026	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
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		N/A	QWC1473373	06/15/2025	06/15/2026	PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>  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  



**RIVERSIDE COUNTY FIRE DEPARTMENT**  
OFFICE OF THE FIRE MARSHAL  
CITY OF LAKE ELSINORE



130 S. Main St. • Lake Elsinore, California 92530  
(951) 381-2824 • [LakeElsinoreOFM@lake-elsinore.org](mailto:LakeElsinoreOFM@lake-elsinore.org)

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**Subject: Confirmation of Fire Clearance Inspection Completion**

To whom it may concern,

This letter serves as formal confirmation that a fire clearance inspection was conducted at **Lake Elsinore Casino** on **Friday February 27, 2026**. The inspection has been fully completed in accordance with applicable fire safety standards and regulatory requirements.

Upon review, **no violations, deficiencies, or safety concerns were identified** during the inspection. The property is therefore considered compliant with current fire safety regulations, and no further action is required at this time.

Please retain this letter for your records. Should you need additional documentation or have any questions regarding this inspection, feel free to contact our office.

Sincerely,

**Ben Barron, Fire Systems Inspector**  
**Cal Fire/Riverside County Fire Department Office of the Fire Marshal**  
951-381-2824 [LakeElsinoreOFM@lake-elsinore.org](mailto:LakeElsinoreOFM@lake-elsinore.org)

# Evacuation Plan

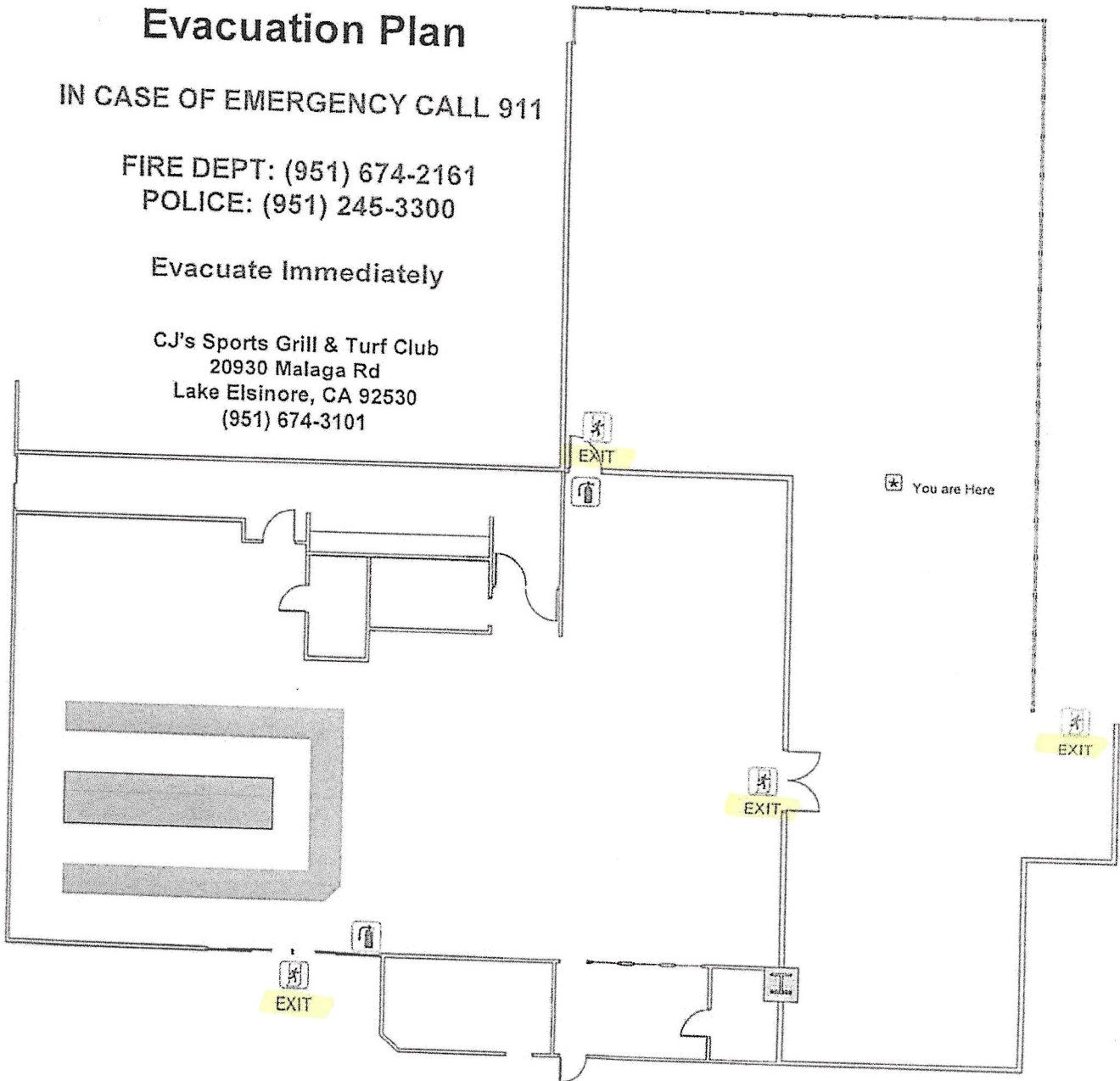
IN CASE OF EMERGENCY CALL 911

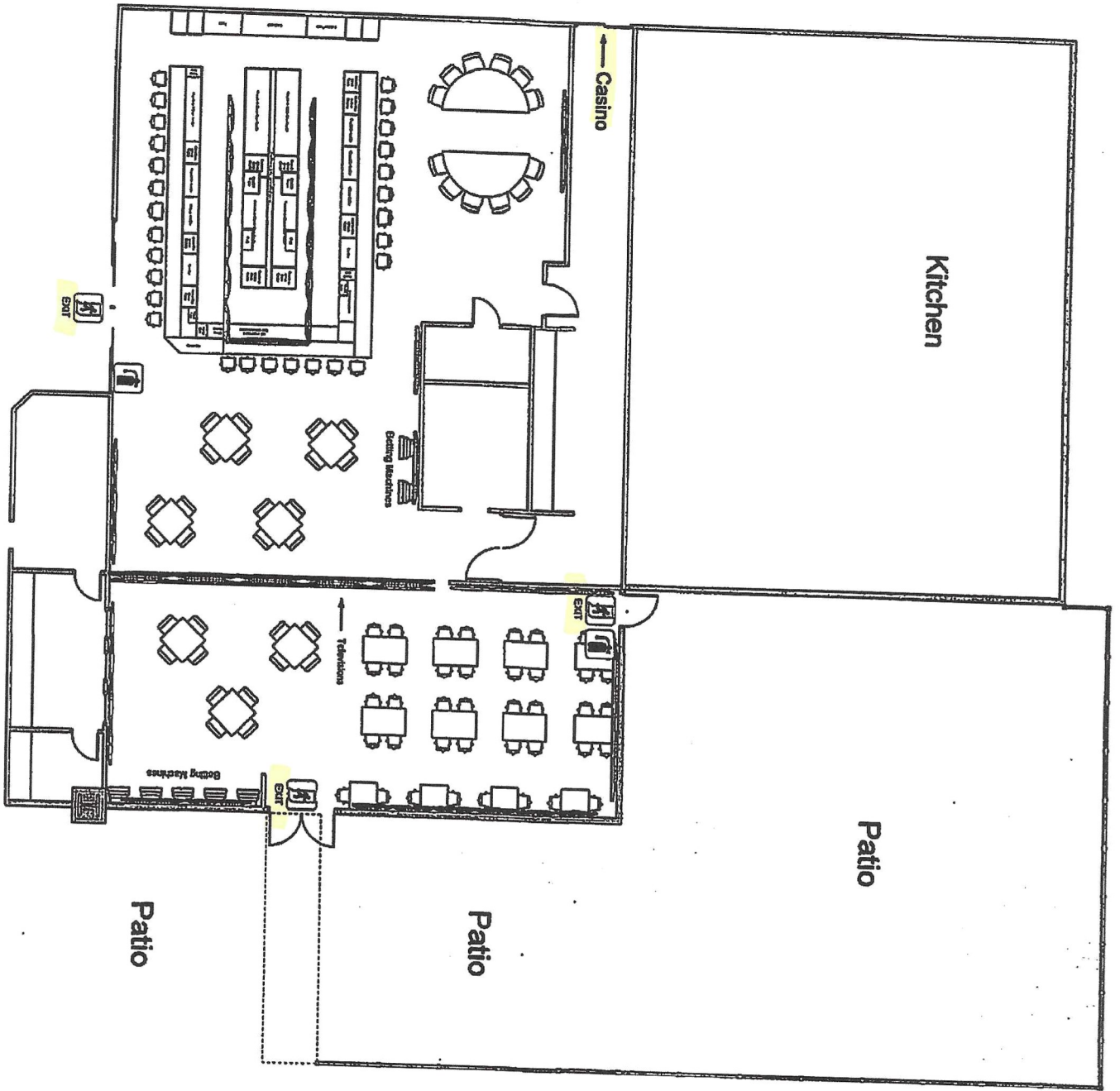
FIRE DEPT: (951) 674-2161

POLICE: (951) 245-3300

Evacuate Immediately

CJ's Sports Grill & Turf Club  
20930 Malaga Rd  
Lake Elsinore, CA 92530  
(951) 674-3101





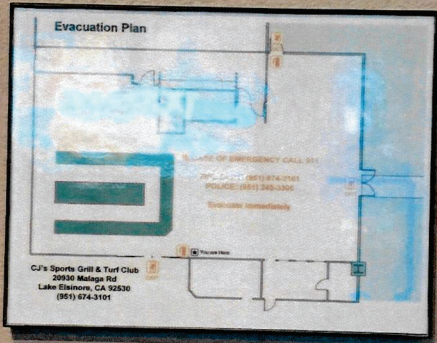








**MAXIMUM  
OCCUPANCY  
NOT TO EXCEED**  
99 **PERSONS**



County of Riverside  
DEPARTMENT OF ENVIRONMENTAL HEALTH

**PUBLIC NOTICE**

THIS FACILITY IS INSPECTED BY THE COUNTY OF RIVERSIDE  
DEPARTMENT OF ENVIRONMENTAL HEALTH.

Per California Health and Safety Code,  
Section 113725.1, a copy of the most  
recent Environmental Health Food  
Inspection Report must be made  
available by this facility for review by  
the public upon request.

THIS NOTICE SHALL REMAIN POSTED AT OR NEAR THE ENTRANCE TO THE FACILITY.

OFFICES IN: RIVERSIDE, BLYTHE, CORONA, HEMET, INDIO, MURRIETA AND PALM SPRINGS  
(951) 722-4234 • [www.rivceah.org](http://www.rivceah.org)

**EXIT  
ROUTE**

THIS ESTABLISHMENT HAS  
COMPLIED WITH SANITARY  
REQUIREMENTS FOR GRADE

**A**

COUNTY OF RIVERSIDE  
DEPARTMENT OF ENVIRONMENTAL HEALTH

Penalty for Removal or Relocation  
Property of Riverside County

For a history of this facility please visit [www.rivceah.org](http://www.rivceah.org)







## VI. ADVERTISING AND PATRON DEVELOPMENT

Describe any advertising or promotional plans. **Digital billboard adjacent to I-15 Fwy; Social Media**

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

**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:	<b>None</b>
Parking charges, if any, are:	<b>None</b>
Program charges, if any, are:	<b>As determined by Host track.</b>
Seating charges, if any, are:	<b>None</b>

## 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. **N/A**

How many years have you been an approved minisatellite wagering facility? **9+ years**

## 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): **No exceptions**

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): **No exceptions**

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): **No exceptions**

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. **No exceptions**

**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: Ted Kingston	Date: 2-15-26
Signature of minisatellite facility representative: <i>Ted Kingston</i>	Date:
Print name of association representative: Josh Rubinstein	Date:
Signature of association representative: <i>Josh Rubinstein</i>	Date: 2/12/26
Print name of simulcast organization representative: Rick Baedeker	Date:
Signature of simulcast organization representative: <i>Rick Baedeker</i>	Date: 02/12/2026