STAFF ANALYSIS
DISCUSSION AND ACTION BY THE BOARD ON THE APPLICATION FOR LICENSE TO OPERATE A MINISATELLITE WAGERING FACILITY OF NORCO RACING AND SPORTS, INC DBA THE DERBY ROOM NORCO IN NORCO, CA, FOR A PERIOD OF FIVE YEARS

Board Meeting
November 18, 2026

ISSUE

Norco Racing and Sports, Inc dba The Derby Room Norco (The Derby Room Norco), is requesting California Horse Racing Board (Board) approval of their application for a license to operate a minisatellite wagering facility in connection with a change of ownership.

BACKGROUND

Business and Professions Code (BPC) §19605.25 provides that the Board may approve up to 15 additional minisatellite wagering sites in each zone, provided specified statutory requirements are met.

BPC §19605.25(a)(1) requires that the site either be located more than 20 miles from any racetrack, satellite wagering facility, or tribal casino operating a satellite wagering facility, or obtain the consent of each facility located within the 20-mile radius.

BPC §19605.25(a)(2) requires that an agreement meeting the requirements of BPC §19605.3(a) be executed and approved by the Board.

BPC §19605.3(a) requires an agreement, approved by the Board, between an organization described in BPC §19608.2, the association conducting a racing meeting, and the satellite wagering facility.

ANALYSIS

The Derby Room Norco has applied to be licensed as a minisatellite wagering facility. The location is an existing facility that is undergoing a change of ownership. Because the ownership transfer has not yet been completed, certain ownership-dependent requirements, including a facility inspection and proof of workers' compensation insurance, remain outstanding and must be satisfied before the license becomes effective.

Required Information	Status	Comments	Board Rule/Law
Additional Satellite Wagering Facilities Within 20-mile Radius	☒ Accepted ☐ Follow-Up Required ☐ Outstanding		BPC 19605 & 19605.25 (a)(1)

Required Information	Status	Comments	Board Rule/Law
Association Agreements	☒ Accepted ☐ Follow-Up Required ☐ Outstanding	• Del Mar Thoroughbred Club • Los Angeles Turf Club • Los Angeles County Fair Association • Los Alamitos Racing Association • Los Alamitos Quarter Horse Racing Association • Watch&Wager.com, LLC	BPC 19605.3
Simulcast Organization Agreement	☒ Accepted ☐ Follow-Up Required ☐ Outstanding		BPC 19605.25 & 19605.3
Fire Clearance	☒ Accepted ☒ Follow-Up Required ☐ Outstanding	Fire clearance inspection completed under current ownership on 10/03/25. Updated clearance to be provided upon change of ownership.	Rule 2066
Facility Inspection	☒ Accepted ☒ Follow-Up Required ☐ Outstanding	Inspection to be completed upon change of ownership.	Rule 2066
Workers' Compensation Insurance	☒ Accepted ☒ Follow-Up Required ☐ Outstanding	Workers' compensation insurance proposal provided. Proof of coverage to be provided upon change of ownership.	Rule 2066
Emergency and Security	☒ Accepted ☐ Follow-Up Required ☐ Outstanding		Rule 2066
Administrative Information	☒ Accepted ☐ Follow-Up Required ☐ Outstanding	Occupational Licenses Application Fee Required Signatures	Rule 1481 Rule 2066 Rule 2066

RECOMMENDATION

Staff recommends the application be considered for approval contingent upon completion of the ownership transfer, passing of a facility inspection, and receipt of proof of workers' compensation insurance prior to the license becoming effective.

CONSENT TO ESTABLISHMENT OF MINI-SATELLITE WAGERING FACILITY

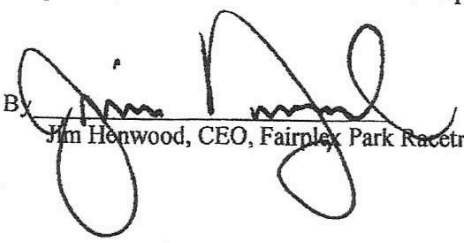
WHEREAS, Southern California Off Track Wagering, Inc., a California Corporation has entered, or is about to enter, into an agreement with Sportech Racing, LLC ("SPORTECH") with respect to the establishment of a Restaurant and Minisatellite Wagering facility at 2895 Hamner Avenue, Norco, California (the "NORCO MINISATELLITE"), and

WHEREAS, the NORCO MINISATELLITE will be located within a twenty (20) mile radius of the FAIRPLEX PARK RACETRACK & FAIRGROUNDS, which operates a racetrack at 1101 W. McKinley Avenue, Pomona, CA 91768, and THE FINISH LINE SPORTS GRILL which operates a satellite wagering facility at Fairplex including Gate 12, 2201 N. White Avenue, Pomona, CA 91768 (collectively "FAIRPLEX") 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 a twenty (20) mile radius of an existing satellite wagering facility.

NOW THEREFORE, FAIRPLEX gives its consent to the establishment and operation of the NORCO MINISATELLITE in perpetuity for such period of time that SPORTECH and/or its affiliates and assigns operates said NORCO MINISATELLITE and is licensed and approved by the California Horse Racing Board.

Fairplex Park Racetrack & The Finish Line Sports Grill



By _____
Jim Henwood, CEO, Fairplex Park Racetrack & The Finish Line Sport Grill

CONSENT TO ESTABLISHMENT OF MINISATELLITE WAGERING FACILITY

WHEREAS, Southern California Off Track Wagering, Inc., a California Corporation has entered, or is about to enter, into an agreement with Sportech Racing, LLC with respect to the establishment of a Restaurant and Minisatellite Wagering facility at 2895 Hamner Avenue, Norco, California (the "Norco Minisatellite"), and

WHEREAS, the Norco Minisatellite will be located within a twenty (20) mile radius of the National Orange Show Events Center which operates a satellite wagering facility at 689 South "E" Street, San Bernardino, California 92408 ("NOS"), 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 a twenty (20) mile radius of an existing satellite wagering facility.

NOW THEREFORE, NOS gives its consent to the establishment and operation of the Norco Minisatellite for such period of time that Sportech Racing LLC and/or its affiliates and assigns actively operates said Norco Minisatellite and is licensed and approved by the California Horse Racing Board.

National Orange Show,
a California non-profit mutual benefit corporation

By: _____
Daniel C. Jimenez
Chief Executive Officer and General Manager

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

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: The applicant is: ☐ Racing Association ☐ Fair ☐ Federally Recognized Indian Tribe		☐ Card Room/Gambling Establishment ☒ Restaurant/Bar ☐ Other Business Entity
Facility street address: 3230 Hamner Ave		
Mailing address (if different from above): 22586 Secret Way, Corona CA 92883		
E-mail address: DanielSweiss@gmail.com		
City: Norco	State: CA	Zip Code: 92860
Phone: 909-227-3646	Fax:	Website:
County: Riverside	Zone Location: North ☐ South ☒ Central ☐ (To be completed by CHRB staff)	

CONTACT PERSON (Authorized Representative)		
Name and title of the contact person: Daniel Sweiss		
Business street address: 22586 Secret Way		
Mailing address (if different from above):		
City: Corona County: Riverside	State: CA	Zip Code: 92883
Phone: 909-227-3646	E-mail: DanielSweiss@gmail.com	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:

November, 2026 - November 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:

Valid licensure period: Begin Date: End Date:

Facility name and address:

City:	State:	Zip Code:

County:

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

☒ Corporation ☐ Public ☐ Private ☒ Sub-S ☐ Sub-C ☐ Limited Partnership ☐ Limited Liability Company	☐ Partnership & Joint Venture ☐ Sole Proprietorship	☐ Other If you have listed your company as Other, please identify your company structure.

Registered Business Name: Norco Racing & Sports Inc.

Fictitious Business Name: The Derby Room Norco

Address: 22586 Secret Way

E-mail Address: DanielSweiss@gmail.com

City: Corona	State: CA	Zip Code: 92883

Phone: 909-227-3646	Fax:
State where registered or Articles of Organization are filed: California	Registry or File number: B20260244716

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
Daniel Sweiss, CEO	22586 Secret Way Corona Ca 92883	100	3%

Are shares listed for public trade?	If yes, on which stock exchange?
Yes☐ No☒	

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
Daniel Sweiss	CEO / President / Secretary

ASSOCIATION CONTRACT/AGREEMENT

Names of racing associations with which you intend to have a contract or agreement:
Southern CA Off-Track Wager, Inc.

Addresses of racing associations:
4961 Katella Ave, Cypress, CA

Racing association phone numbers: 714-761-1660

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: November 2026 - November 2031 To: (inclusive).

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

CHRB CERTIFICATION

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

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 Daniel Sweiss	Signature of Applicant Representative
Title CEO	Date 9-1-2026

PART II

NORCO

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:**
Racetrack name: Del Mar	
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:	
Name: Josh Rubinstein	**Signature of association representative:** Josh Rubinstein
Title: President	**Date:** 10/8/26

PART II

NORCO

CONTRACTED ASSOCIATION INFORMATION One copy of Part II shall be completed by each contracted association.	
Name and mailing address of association: Los Angeles Turf Club	
Telephone: (626) 574-7223	**Fax:**
Racetrack name: Santa Anita Park	
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: Nate Newby, General Manager	
Name: Eric Sindler	**Signature of association representative:** 
Title: Assistant Secretary	**Date:** 9/23/2026

PART II

NORCO

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, 7th Floor, San Francisco, CA 94111	
Telephone: (916) 800-1390	**Fax:** (916) 800-1395
Racetrack name: Fresno- WatachandWager.com,LLC Harness	
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, GM	
Name: Ben Kenney	**Signature of association representative:** 
Title: GM	**Date:** 11-5-26

PART II

NORCO

CONTRACTED ASSOCIATION INFORMATION One copy of Part II shall be completed by each contracted association.	
Name and mailing address of association: Los Alamitos Racing Association 4961 Katella Ave, Los Alamitos, CA 90720	
Telephone: (714) 820-2800	**Fax:**
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 English, Chief Financial Officer	
Name: Rick English	**Signature of association representative:**
Title: Chief Financial Officer	**Date:** 9/21/26

PART II

NORCO

CONTRACTED ASSOCIATION INFORMATION One copy of Part II shall be completed by each contracted association.	
Name and mailing address of association: Los Alamitos Quarter Horse Association 4961 Katella Ave, Los Alamitos, CA 90720	
Telephone: (714) 820-2800	**Fax:**
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 English, Chief Financial Officer	
Name: Rick English	**Signature of association representative:** 
Title: Chief Financial Officer	**Date:** 9/21/21

PART II

NORCO

CONTRACTED ASSOCIATION INFORMATION One copy of Part II shall be completed by each contracted association.	
Name and mailing address of association: Los Angeles County Fair Association 1101 W. McKinley Ave, Pomona, CA 91768	
Telephone: (909) 865-4203	**Fax:**
Racetrack name: Los Angeles County Fair, racing at 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 English, Chief Financial Officer	
Name: Rick English	**Signature of association representative:**
Title: Chief Financial Officer	**Date:** 9/21/21

State of California
California Horse Racing Board
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CHRB–228 (Rev. 04/22)

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:

Hours for operation of the minisatellite wagering site:
7 Days per week - 10am to 12am, or as required per racing program provided by CA host.

Time periods during the calendar year the facility **will not** be utilized as a minisatellite wagering facility (explain why):
Not anticipated

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

Santa Anita	Los Alomitos QH & TB	Del Mar
Fresno Park	CARF	

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". Wager on all CA Host Tracks

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). See Attatched - Exihibit A

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
Ben Kenny, General Manager	413436 Expires 2029

Pacific Coast Quarter Horse Racing Association

September 22, 2026

Rhiannon Nix
Licensing Analyst
California Horse Racing Board
1010 Hurley Way, Suite 300
Sacramento, CA 95825
Email: rrnix@chrb.ca.gov

RE: Norco Racing &Sports, Inc

Rhiannon Nix,

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

cc: Benjamin Kenny, SCOTWINC

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

September 18, 2026

Rhiannon Nix
Licensing Analyst
California Horse Racing Board
1010 Hurley Way, Suite #300
Sacramento, CA 95825

RE: Norco racing & sports, Inc, Norco Mini-Satellite Facility

Ms. Nix

This letter is to acknowledge the approval and support of the California Harness Horsemen's Association for the Norco minisatellite license in Norco CA. If anything else is needed please let me know.

Sincerely,
Jimmy Perez
California Harness Horsemen's Association
Executive Director

CC: Ben Kenney, SCOTWinc



TOC
Thoroughbred Owners of California
Serving the California Thoroughbred Racehorse Owner

September 18, 2026

Rhiannon Nix
Licensing Analyst
California Horse Racing Board

RE: Norco - Minisatellite Facility

Dear Ms. Nix

The Thoroughbred Owners of California approves the minisatellite licensing by the California Horse Racing Board of Norco in Riverside County California.

Sincerely,

Bill Nader
President & CEO

cc: Ben Kenney, SCOTWINC General Manager

TOC
285 W. HUNTINGTON DR., ARCADIA, CA 91007
(626) 574-6620

EXHIBIT A

Part III SIMULCAST ORGANIZATION INFORMATION

I. Proposed Staffing Plan:
   A. At least one public safety employee and one facility manager on duty during operating hours.
   B. The parimutuel manager will assign clerks based on projected handling and attendance.

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 [X] No [ ]

If yes, describe. Backup generator

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 Meals & Full Bar

The seating capacity in the minisatellite wagering facility is: 55	The number of tables in the minisatellite wagering area is: 30 inside / 12 patio / 27 Bar seats

Overall square footage in the minisatellite wagering area is: 5300 sq. ft.

Attach a photograph of the minisatellite wagering area.

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

The total number of parking spaces available in the parking areas can accommodate (number of standard-sized automobiles): 245 spaces plus 50 spaces across street

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

V. EQUIPMENT PROVIDED BY THE MINISATILLITE WAGERING FACILITY

Describe the television equipment (satellite receivers, decoders, controls, monitors, etc.) to be utilized at the facility.
HD TV Equipment w/Roberts Comm Network Recievers for reception & distribution of race signals.

Describe the public address equipment (controls, microphones, speakers, etc.) to be utilized at the facility.
House PA Microphone throughout TV speakers.

London General, Inc.
6301 Beach Blvd., Ste. 224
Buena Park, CA 90621

Commercial Insurance Proposal

Prepared for:
Norco Racing & Sports, Inc.
3230 Hamner Ave
Ste 401
Norco, CA 92860

Presented by:
London General, Inc.
6301 Beach Blvd., Ste. 224
Buena Park CA 90621

Proposal Date: 10/20/2026

This proposal expires the sooner of (30) days after the proposal date or the proposed inception date, coverage may not be bound retroactively. Coverage rate indications reflect currently approved and executed forms and factors and may be subject to change effective policy inception. Only AmTrust policy forms issued at inception provide coverage, terms and conditions.

Presented by:
London General, Inc.
6301 Beach Blvd., Ste. 224
Buena Park, CA 90621

Commercial Insurance Proposal
Proposal Date: 10/20/2026
MAC Account # 36627439

AmTrust FINANCIAL

PREMIUM SUMMARY

Coverage	Premium
Workers Compensation	$10,030.00
Surcharges	$0.00
Proposal Total	$10,030.00*

*Terrorism is included in the proposal total.

Quote	Issuing Carrier	Quote Type	Bill Type	Pay Plan
14595276	Technology Insurance Company, Inc. Term: 10/30/2026 - 10/30/2027 Quote Status: BIND ELIGIBLE	Workers Compensation	Direct Billed	12 Monthly Installment (Direct Debit)

PAYMENT INSTALLMENT SCHEDULE

Quote
14595276 Workers Compensation

Installments	Invoice Date	Due Date	Premium	Surcharge	Amount
Downpayment	10/21/2026	11/5/2026	$789.00	$496.00	$1,285.00
Installment 1 of 11	12/10/2026	12/30/2026	$795.00	$0.00	$795.00
Installment 2 of 11	1/8/2027	1/30/2027	$795.00	$0.00	$795.00
Installment 3 of 11	2/9/2027	3/1/2027	$795.00	$0.00	$795.00
Installment 4 of 11	3/10/2027	3/30/2027	$795.00	$0.00	$795.00
Installment 5 of 11	4/9/2027	4/30/2027	$795.00	$0.00	$795.00
Installment 6 of 11	5/10/2027	5/30/2027	$795.00	$0.00	$795.00
Installment 7 of 11	6/10/2027	6/30/2027	$795.00	$0.00	$795.00
Installment 8 of 11	7/9/2027	7/30/2027	$795.00	$0.00	$795.00
Installment 9 of 11	8/10/2027	8/30/2027	$795.00	$0.00	$795.00
Installment 10 of 11	9/10/2027	9/30/2027	$795.00	$0.00	$795.00
Installment 11 of 11	10/8/2027	10/30/2027	$795.00	$0.00	$795.00

*Installment fees may apply. Please see terms and conditions for fee structure.

WORKERS COMPENSATION 14595276 BIND ELIGIBLE

PREMIUM SCHEDULE

State: CA **Period 1:** 10/30/2026 - 10/30/2027 **Experience Mod:** 0.00

Class Code	Description	Exposure	Rate	Premium
9080	Restaurants - full service	$325,000.00	5.818	$18,909.00
Employers Liability Limits				$1,000,000/$1,000,000/$1,000,000
Total Premium Subject To Experience Modification				$18,909.00
Experience Modification N/A				$18,909.00
9887	Schedule Modifier -50%			-$9,454.00
0063	Premium Discount 1.6%			-$151.00

This proposal expires the sooner of (30) days after the proposal date or the proposed inception date, coverage may not be bound retroactively. Coverage rate indications reflect currently approved and executed forms and factors and may be subject to change effective policy inception. Only AmTrust policy forms issued at inception provide coverage, terms and conditions.

9740	Terrorism 3%	$98.00
9741	Catastrophe (other than Terrorism) 1%	$32.00
0900	Expense Constant	$100.00
Total Premium		$9,534.00
9999	WCARF 1.4958%	$143.00
9999	UEBTF 0.0956%	$9.00
9999	SIBTF 2.0428%	$195.00
9999	OSHAF 0.5678%	$54.00
9999	LECF 0.5301%	$51.00
9999	FRAUD 0.459%	$44.00
Total CA Cost		$10,030.00

Total CA cost:	$10,030.00
Minimum Premium:	$500.00
Total Estimated Annual Premium:	$9,534.00
State Assessment:	$496.00
Total Estimated Cost:	$10,030.00

Initial Deposit/Down Payment Amount required to Bind: $1,285.00

Workers' Compensation - IMPORTANT NOTICE:

This Workers' Compensation quotation is an estimate based upon the underwriting information received including any experience modifications - which may change at the time of binding coverage.

The policy is auditable with the final premium based on actual payroll and job classifications. Current Certificates of Workers' Compensation coverage must be maintained on all subcontracted labor and available to review by a representative of the insurance company. In the event the required certificates are not maintained, the amounts paid to the subcontractors will be included as payroll and a premium change will be made.

Quote not valid if any of the information provided by the Insured or representing Agent is determined to be fraudulent or purposefully misleading in an attempt to alter coverage in any way or premium calculations.

Please note that in addition to the coverages identified in the rating information above, your policy includes terrorism coverage consistent with the Federal Terrorism Risk Insurance Act of 2002.

AmTrust North America
An AmTrust Financial Company

Insured Name: Norco Racing & Sports, Inc.
Policy #:

California Waiver of Workers' Compensation Coverage

I hereby certify the following: (Check the entity type below that applies)

☒**CORPORATION:**
Pursuant to **California Labor Code § 3352(a)(16)(A)(i)**, I am an officer or member of a board of directors of a quasi-public or private corporation who renders actual service for the corporation for pay, and that I either (1) own at least 10% of the issued and outstanding stock of the above-named insured corporation, or (2) own at least 1% of the issued and outstanding stock of the corporation if my parent, grandparent, sibling, spouse, or child owns at least 10% of the issued and outstanding stock of the corporation, and am covered by a health insurance policy or a health service plan. (If you are the 100% sole owner of a corporation, you are automatically excluded from coverage and a waiver form is not required)

☐**PARTNERSHIP/LIMITED LIABILITY COMPANY (LLC):**
Pursuant to **California Labor Code § 3352(a)(17)(A),** I am a working general partner (if the insured is a partnership) or managing member (if the insured is a limited liability company), of the above- named insured.

☐**PROFESSIONAL CORPORATION:**
Pursuant to **California Labor Code § 3352 (a)(18)(A)(i),** I am an owner of a professional corporation, as defined in Section 13401 of the Corporations Code, who is a practitioner rendering the professional services for which the professional corporation is organized and am covered by a health insurance policy or a health care service plan.

☐**COOPERATIVE CORPORATION:**
Pursuant to **California Labor Code § 3352(a)(19)(A)(i)**, I am an officer or member of a board of directors of a cooperative corporation organized pursuant to the Cooperative Corporations Law (Corporations Code, Sections 12200-12704), and am covered by a health care service plan or health insurance policy, and a disability insurance policy that is comparable in scope and coverage, as determined by the Insurance Commissioner, to a workers' compensation policy.

☐**TRUST:**
Pursuant to **California Labor Code § 3352(g),** I am a person who holds the power to revoke a trust, with respect to shares of a private corporation held in trust or general partnership or limited liability company interests held in trust and I otherwise meet the criteria for exclusion from coverage as an officer or member of board of directors of a private corporation or as a general partner of a partnership or a managing member of an limited liability company as described above and in Cal Lab Code § Section 3352.

As a qualifying person, I elect to be excluded from the above-named insured's workers' compensation insurance policy. I understand and agree that this written waiver will be effective upon the date of receipt and acceptance by the above-named insurer, that the insurer may elect to backdate the acceptance of the waiver up to 15 days prior to the date of receipt of the waiver, and that it shall remain in effect until I provide the insurer with a written withdrawal of this waiver. I understand and agree that by signing this waiver, I will not be entitled to coverage under the above-named insured's workers' compensation insurance policy with the above-named insurer if an employment-related injury occurs.

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

SIGN HERE

_____ Daniel Sweiss

SIGNATURE PRINT NAME

DATE: _____

NOTE TO EMPLOYER: The exclusion will be endorsed to the policy upon our receipt and acceptance of a signed and properly completed form. The person electing exclusion must sign this form. Company representatives may not sign on behalf of the individual. One exclusion per form. Submit additional forms if needed.

California Short-Rate Cancellation Disclosure Notice

IMPORTANT INFORMATION REGARDING YOUR POLICY

The policy for which you have applied contains a cancellation provision that permits us to refund premium on a basis other than pro rata when you cancel the policy. Under the policy for which you have applied, if you cancel the policy, your final premium will be calculated based on the time your policy was in force with us, increased by the percentage specified in the short-rate cancellation table listed below.

SHORT RATE CANCELLATION TABLE FOR A TERM OF ONE YEAR

Days Policy In Force	Percent of One Year Premium	Days Policy In Force	Percent of One Year Premium	Days Policy In Force	Percent of One Year Premium
1	5%	95-98	37%	219-223	69%
2	6	99-102	38	224-228	70
3-4	7	103-105	39	229-232	71
5-6	8	106-109	40	233-237	72
7-8	9	110-113	41	238-241	73
9-10	10	114-116	42	242-246 (8mos)	74
11-12	11	117-120	43	247-250	75
13-14	12	121-124 (4mos)	44	251-255	76
15-16	13	125-127	45	256-260	77
17-18	14	128-131	46	261-264	78
19-20	15	132-135	47	265-269	79
21-22	16	136-138	48	270-273 (9mos)	80
23-25	17	139-142	49	274-278	81
26-29	18	143-146	50	279-282	82
30-32 (1mo)	19	147-149	51	283-287	83
33-36	20	150-153 (5mos)	52	288-291	84
37-40	21	154-156	53	292-296	85
41-43	22	157-160	54	297-301	86
44-47	23	161-164	55	302-305 (10mos)	87
48-51	24	165-167	56	306-310	88
52-54	25	168-171	57	311-314	89
55-58	26	172-175	58	315-319	90
59-62 (2mos)	27	176-178	59	320-323	91
63-65	28	179-182 (6mos)	60	324-328	92
66-69	29	183-187	61	329-332	93
70-73	30	188-191	62	333-337 (11mos)	94
74-76	31	192-196	63	338-342	95
77-80	32	197-200	64	343-346	96
81-83	33	201-205	65	347-351	97
84-87	34	206-209	66	352-355	98
88-91 (3mos)	35	210-214 (7mos)	67	356-360	99
92-94	36	215-218	68	361-365 (12mos)	100

PROPOSAL TERMS AND CONDITIONS

- This proposal replaces all previous proposals for this insured.
- The proposal expires the sooner of thirty (30) days from the date of the proposal or proposed policy inception date, and coverage may not be bound retroactively.
- This proposal provides a summary of coverages. For a complete description of coverages and all terms and conditions, please refer to AmTrust's policy forms, which are available upon request. In the event of a conflict, the actual terms, conditions, limitations and exclusions of the policy shall prevail. Insurance specifications and other requests for coverage that are not incorporated in this proposal, confer no rights and do not amend, extend or alter the coverage afforded by AmTrust.

- Whether or not this quote is for more than one line of insurance, it must be accepted or rejected by the recipient in its entirety. Please contact the underwriter in the event that only a portion of the quotation is desired.
- This proposal is subject to the cancellation provisions appliable to each policy.
- Prior to the effective date of coverage AmTrust must be advised of any change in the information provided by, or required to be provided by, the applicant, or any change in the exposure basis, hazard or risk contemplated by this proposal since the original submission date. AmTrust reserves the right to modify or withdraw this proposal in the event of any of the above.
- All of the terms, conditions, and other requirements set forth in this proposal must be included in any quote presentation to the proposed insured.

In an effort to provide AmTrust customers with a variety of billing options, the below fee structure will be applied to your new policy.

This fee structure helps customers to meet payment due dates, ensures that valid and properly funded payments are submitted, and provides an incentive for paid-in-full options.

Our fee structure is as follows:

Fee Title	Fee Amount	Description
Installment Fee	$15	A "paper" billing fee that is assessed for each mailed installment invoice. Excludes down payment and annual payment plans.Fee is billed at the account level.
EFT Fee	$3	An "electronic" billing fee that is assessed for each ACH Direct Debit transaction. Fee is billed at the account level.
Late Fee	$20	Late fee applied if payment not received.
Returned Payment Fee	$25	A returned payment fee applied to any return payment.
Reinstatement Fee	$50	Fee applied upon reinstatement of a non-payment cancellation.

* Fee amount may vary by state and program of business.

* EFT fees do not apply to our PAYO and PSR(PAYO Self Reporting) payment plans.

BINDING REQUEST AUTHORIZATION AND ACCEPTANCE

This proposal is only bindable for Agents with AmTrust Binding Authority or after the approval of an AmTrust Underwriter.

Thank you for the opportunity to quote, your business is valued by us. This quotation is valid for (30) days or the proposed inception date in the policy period noted above. All premiums and policy conditions are subject to final underwriting approval and/or verification of application data submitted to us which has caused us to issue this proposal. While every effort has been made herein to provide a fair description of the coverages afforded by our policies, no coverages are afforded by this proposal. The actual insurance CONTRACT WILL determine coverage in ALL CLAIM situations. If you have any questions or concerns regarding the content of this proposal, you should immediately contact your AmTrust agent noted above for clarification.

Binding Authorization and Acceptance: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and substantial civil penalties[NY]. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied.)

In the District of Columbia, warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

In Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose if misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

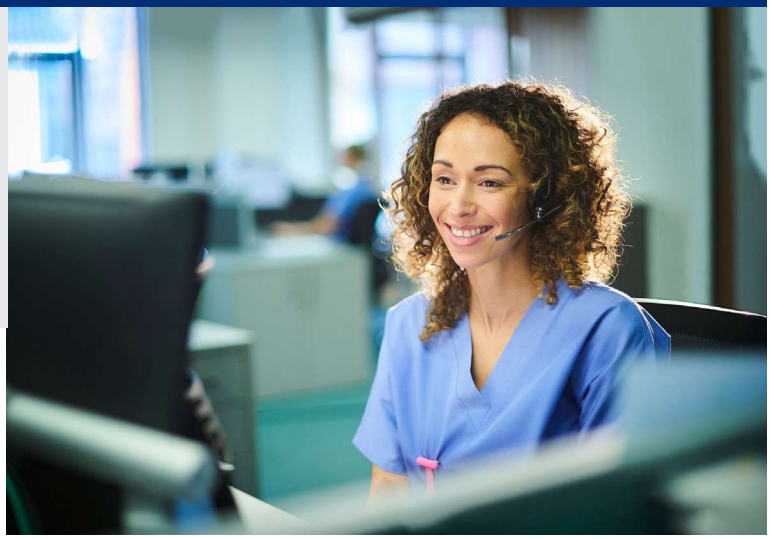
In Washington it is a crime to knowingly provide false incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

Producers Signature: _____ Producers Name: _____ State Producer License No. _____

AmCares

AmCares 24/7 Nurse Line: Your First Step for Injured Employees



AmCares® offers a 24/7 nurse line to all policyholders at no additional cost. Nurses use nationally recognized triage guidelines to identify the appropriate level of care. Make AmCares your first step after a workplace injury, as nurses will assess the situation and recommend care options, including:

- Self-Care
- Telemedicine
- Occupational Clinic
- Urgent Care
- Emergency Room

Key Takeaways

- With a single phone call, AmTrust insureds can report a claim and have their employee speak to a nurse.
- If the injured employee is available by phone and has not already received care, call 888-239-3909 and select the option to speak to a nurse for timely assessment and care recommendations.
- A nurse will inform about in-network providers if treatment is necessary.

Please contact Amcaresnursetriage@amtrustgroup.com with any questions.

Benefits

Immediate access to nurse expertise

Nurse will conduct assessment and provide appropriate care recommendations

Easy claim reporting

One call to create claim & speak to a nurse

Decrease unnecessary ER visits & wait time

Ensure appropriate level of care is selected for the injury

Access to quality network providers

Recommend providers near the injured employee, if needed

AmTrust is AmTrust Financial Services, Inc., located at 59 Maiden Lane, New York, NY 10038. Coverages are provided by its affiliated property and casualty insurance companies. Consult the applicable policy for specific terms, conditions, limits and exclusions to coverage. For full legal disclaimer information, including Texas and Washington writing companies, visit: www.amtrustfinancial.com/about-us/legal-disclaimer. © 2024, AmTrust Financial Services, Inc.

AmTrust Flexible Payment Options
Insurance Payments Made Simple and Convenient

Payment Options

- AmTrust AutoPay – Direct debit / EFT
- Credit Card – Online or by phone, MasterCard®, Discover®, VISA® and American Express® accepted
- Check or Electronic Check – Online or by phone
- PAYO® (Pay-As-You-Owe®) – Applies only to workers' comp policies
- Suite of PAYO Solutions:
  - Traditional PAYO
  - 3rd Party Facilitators
  - PSR - PAYO Self Reporting

AmTrust AutoPay

With this direct debit payment option there's no need to worry about writing a check every month. Once signed up, payments will be automatically withdrawn from the designated bank account.

To sign up, visit www.amtrustfinancial.com, click "LOGIN" in the upper right corner and click "Register." All of the information needed to register can be found on the insured's invoice. Once registered, there is a menu item to sign up for Direct Debit. Complete the needed information and payments will begin being automatically deducted each month.

If changes need to be made to the bank information, simply go back to AmTrust Online and modify the banking information as needed.

Pay-As-You-Owe® (PAYO®)

Workers' comp premium made easy.

Traditional PAYO

$1,000 minimum written Premium required

Automated payment solution – Insured keeps their insurance agent and their affiliated payroll partner. No upfront money needed to bind coverage. Workers' comp premium is calculated automatically as payroll is processed.

3rd Party Facilitator

$1,000 minimum written Premium required

Automated payment solution – Insured keeps their local insurance agent and their non-affiliated payroll company. No upfront money needed to bind coverage. Our 3rd Party Facilitators functions as the intermediary between the insured and their payroll company to calculate and pay the workers' comp premium.

PAYO Self Reporting (PSR)

$5,000 minimum written Premium required

Online self-reporting payment solution – Insured logs into AmTrust Online to register their policy, complete their EFT form and make their premium payments.

Benefits of PAYO include:

- No upfront money to bind coverage
- Enjoy "cash flow" benefits of paying premium based on "actual payroll, not estimates
- No checks to write or invoices to pay
- Simplified audit process – reduces the chance of large audit surprises
- No AmTrust processing fees
- Better control over workers' comp business expense

Payment Plans

For a listing of our flexible payment plans, please contact your sales representative or our Customer Service Department at 877.528.7878.

Online Payment

Easy Pay offers a quick and simple option for paying premiums Online with an electronic check or credit card no login required. Have your policy number and zip code ready for verification. For more information visit the www.amtrustfinancial.com homepage and select Easy Pay.

Insured Online offers a login payment approach. Signing up is simple. Go to AmTrust Online at www.amtrustfinancial.com, click "Login" in the upper right corner and click "Register." All of the information needed to register can be found on the insured's invoice. Once registered, payments can be made by paying the minimum payment or full balance with a credit card or electronic check.

Additional Ways to Pay

If you need another payment option, we also accept checks and offer an easy-to-use IVR automated payment line.

Our Interactive Voice Response (IVR) automated system is available 24-7 at 877.528.7878. Have your policy number and zip code ready.

To pay by phone, call our Customer Service Department at 877.528.7878:
Monday - Thursday: 8am - 8pm EST
Friday: 8am - 7pm EST

To pay Direct Bill invoices by check, submit payment to:
AmTrust North America, P.O. Box 6939, Cleveland, OH 44101-1939

AmTrust is AmTrust Financial Services, Inc., located at 59 Maiden Lane, New York, NY 10038. Coverages are provided by its affiliated property and casualty insurance companies. Consult the applicable policy for specific terms, conditions, limits and exclusions to coverage. For full legal disclaimer information, including Texas and Washington writing companies, visit: www.amtrustfinancial.com/about-us/legal-disclaimer.

MKT5529 02/26

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California Code of Regulations - Title 19
Inspection, Testing, and Maintenance

Semi-Annual Report

Property Information		Contractor or Licensed Owner Information
Building Name The Derby Room		Name Hedrick Fire Protection
Address 3230 Hamner Avenue		Address 13309 Central Avenue
		City Chino St. CA Zip 91710
City Norco	License # 925132	Phone (909) 613-0083
Contact Person	☐ SFM	Job #
Phone	■ CSLB	Misc.

System Information

Cylinder Size	Bfr20	Last Hydrostatic Test Date	2013	Flow Points Capacity Used	20/20
System Location	Left of hood	System Mfr.	Buckeye	Model #	Bfr20
Fuel/Heat Shut Off:					
Gas #	Electrical	Electrical #	Connected	Integral Make Up Air Shut Down	Connected

Items	# of Items	Dimensions	Nozzle Model #	Nozzle Flow Points	Nozzle Qty	Total Flow Points
Hoods	2	10'5"	See	Below	9	14
Plenums	2	10'5"	Blue	1	2	2
Ducts	2	15"×15"	White	2	2	4

Cooking Appliances
Left to Right with Sizes and Coverage Nozzles

Appliance Name	Nozzle Model	Nozzle Flow Points	Total Flow Points	Appliance Name	Nozzle Model	Nozzle Flow Points	Total Flow Points
(2) wok	Blue	1	2	Salamander	Red	1	1
Fryer	Green	2	2	(2) fryers	Green	2	4
Char	Blue	1	1				
Griddle	Yellow	2	2				
4 burner	White	2	2				

Fixed Temperature Sensing Elements
(such as Fusible Links)

Quantity	Temp	Mfr Date	Install Date	Quantity	Temp	Mfr Date	Install Date
6	450ml	2025	10/3/25				

Inspection, Testing and Maintenance

I = Inspection **T** = Test **M** = Maintenance *P = Pass F = Fail N/A = Not Applicable*

Item		Description	NFPA 17A CA ed. Reference	Date	Comments Only	P,F,N/A
1.1	I	Manual Actuators are Unobstructed (i.e. remote pull station)	7.2.2(2)	2025 06:00a		P
1.2	I	Tamper Indicators & Seals Intact	7.2.2(3)	2025 06:00a		P
1.3	I	Maintenance Tag in Place	7.2.2(4) Title 19 §906	2025 06:00a		P
1.4	I	No Obvious Physical Damage	7.2.2(5)	2025 06:00a		P
1.5	I	Gauge Readings within Proper Limits (Stored pressure)	7.2.2(6)	2025 06:00a		P
1.6	I	Blow-off Caps in Place & Undamaged	7.2.2(7)	2025 06:00a	13 rubber	P
1.7	I	Hoods, Ducts, Filters in Place and Clean	CFC 904.11.6.3	2025 06:00a		P
1.8	I	Hood, Ducts & Protected Cooking Appliances Have Not Been Replaced, Modified or Relocated	7.2.2(8)	2025 06:00a		P
2.1	T	Automatic Detection/Manual Actuation Functioned Correctly	7.3.3.4	2025 06:00a		P

Wet Chemical Pre-Engineered Fire Extinguishing System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Semi-Annual Report	1 of 2

Property Information		Contractor or Licensed Owner Information
Building Name The Derby Room		Name Hedrick Fire Protection
Address 3230 Hamner Avenue		Address 13309 Central Avenue
		City Chino St. CA Zip 91710
City Norco	License # 925132	Phone (909) 613-0083
Contact Person	☐ SFM	Job #
Phone	■ CSLB	Misc.

System Information

Cylinder Size	Bfr-10	Last Hydrostatic Test Date	2016	Flow Points Capacity Used	7/10
System Location	Right of hood	System Mfr.	Buckeye	Model #	Bfr-10
Fuel/Heat Shut Off:					
Gas #	Electrical	Electrical #	Connected	Integral Make Up Air Shut Down	Connected

Items	# of Items	Dimensions	Nozzle Model #	Nozzle Flow Points	Nozzle Qty	Total Flow Points
Hoods	1	15'	See	Below	2	3
Plenums	2	15'	Blue	1	2	2
Ducts	2	18"×16"	White	2	1	2

Cooking Appliances
Left to Right with Sizes and Coverage Nozzles

Appliance Name	Nozzle Model	Nozzle Flow Points	Total Flow Points	Appliance Name	Nozzle Model	Nozzle Flow Points	Total Flow Points
6 burner	Yellow	2	2				
Griddle	Red	1	1				

Fixed Temperature Sensing Elements
(such as Fusible Links)

Quantity	Temp	Mfr Date	Install Date	Quantity	Temp	Mfr Date	Install Date
2	450ml	2025	10/3/25				

Inspection, Testing and Maintenance

I = Inspection T = Test M = Maintenance *P = Pass F = Fail N/A = Not Applicable*

Item		Description	NFPA 17A CA ed. Reference	Date	Comments Only	P,F,N/A
1.1	I	Manual Actuators are Unobstructed (i.e. remote pull station)	7.2.2(2)	2025 06:00a		P
1.2	I	Tamper Indicators & Seals Intact	7.2.2(3)	2025 06:00a		P
1.3	I	Maintenance Tag in Place	7.2.2(4) Title 19 §906	2025 06:00a		P
1.4	I	No Obvious Physical Damage	7.2.2(5)	2025 06:00a		P
1.5	I	Gauge Readings within Proper Limits (Stored pressure)	7.2.2(6)	2025 06:00a		P
1.6	I	Blow-off Caps in Place & Undamaged	7.2.2(7)	2025 06:00a	(5) rubber	P
1.7	I	Hoods, Ducts, Filters in Place and Clean	CFC 904.11.6.3	2025 06:00a		P
1.8	I	Hood, Ducts & Protected Cooking Appliances Have Not Been Replaced, Modified or Relocated	7.2.2(8)	2025 06:00a		P
2.1	T	Automatic Detection/Manual Actuation Functioned Correctly	7.3.3.4	2025 06:00a		P

et Chemical Pre-Engineered Fire Extinguishing System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Semi-Annual Report	2 of 2

Property Information		Contractor or Licensed Owner Information
Building Name The Derby Room		Name Hedrick Fire Protection
Address 3230 Hamner Avenue		Job #
City Norco		

Inspection, Testing and Maintenance

I = Inspection T = Test M = Maintenance P = Pass F = Fail N/A = Not Applicable

Item		Description	NFPA 17A CA ed. Reference	Date	Comments Only	P,F,N/A
2.2	T	Fuel Shut-off Operated Correctly	7.3.3.4	2025 06:00a		P
2.3	T	Regulator Tested & is within Acceptable Limits	7.3.3.4	2025 06:00a		P
2.4	T	Manual Reset Relay Functioned Correctly (if applicable)	7.3.3.4	2025 06:00a		N/A
3.1	M	All Agent Containers within Acceptable Hydrostatic Test Dates	7.5.1(1)	2025 06:00a		P
3.2	M	All Auxiliary Pressure Containers and/or Hose Assemblies within Acceptable Hydrostatic Test Dates	7.5.1(2)(3)	2025 06:00a		P
3.3	M	Cartridge Weights within Acceptable Limits	7.3.3.1(2)	2025 06:00a		P
3.4	M	Liquid Level within Acceptable Limits (Non-pressurized)	7.3.3.1(2)	2025 06:00a		N/A
3.5	M	No Signs of Corrosion in Agent Cylinder (Non-pressurized)	7.3.3.1(2)	2025 06:00a		N/A
3.6	M	Distribution Piping Unobstructed and Contiguous	7.3.3.1(3)	2025 06:00a		P
3.7	M	Nozzles are Correct, Clean & Properly Aimed	7.3.3.1(2)	2025 06:00a		P
3.8	M	Fixed Temp Fusible Metal Alloy Type Detectors Replaced	7.3.4	2025 06:00a	(2) 450ml	P
3.9	M	Fixed-Temp (other than fusible metal alloy type) & Heat Detectors Maintained or Replaced	7.3.5	2025 06:00a		N/A
3.10	M	Auxiliary Equipment Such as Water valves Functioned Correctly	7.3.3.1(2)	2025 06:00a		N/A
3.11	M	Internal Maintenance as Required by Manufacturer	Title 19 §904.7	2025 06:00a		P

D = Deficiency C = Comment (*Indicate type*)

Item	Date	Riser	D	C	Deficiencies and Comments Indicate all equipment, devices and parts that were repaired or replaced
				✔	t piping + nozzles wasnt attached to system. Just laying in plenum. Pipes needed to be attached and
				✔	al for drop in plenum is stripped. Reattached and mounted piping for now but quick seal needs to be

☐ Check here if additional Deficiencies and Comments are listed on Form AES9 Number attached:

☐ See Correction Form AES 10 for corrected deficiencies. Number attached:

I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above, in accordance with CCR, Title 19, Sections 901 to 906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.

Print Name	Roy Bitner	
Signature		Date 10/03/2025 06:00am PDT

Property Information		Contractor or Licensed Owner Information
Building Name The Derby Room		Name Hedrick Fire Protection
Address 3230 Hamner Avenue		Job #
City Norco		

Inspection, Testing and Maintenance

I = Inspection T = Test M = Maintenance P = Pass F = Fail N/A = Not Applicable

Item		Description	NFPA 17A CA ed. Reference	Date	Comments Only	P,F,N/A
2.2	T	Fuel Shut-off Operated Correctly	7.3.3.4	2025 06:00a		P
2.3	T	Regulator Tested & is within Acceptable Limits	7.3.3.4	2025 06:00a		P
2.4	T	Manual Reset Relay Functioned Correctly (if applicable)	7.3.3.4	2025 06:00a		N/A
3.1	M	All Agent Containers within Acceptable Hydrostatic Test Dates	7.5.1(1)	2025 06:00a	2013	F
3.2	M	All Auxiliary Pressure Containers and/or Hose Assemblies within Acceptable Hydrostatic Test Dates	7.5.1(2)(3)	2025 06:00a		F
3.3	M	Cartridge Weights within Acceptable Limits	7.3.3.1(2)	2025 06:00a		P
3.4	M	Liquid Level within Acceptable Limits (Non-pressurized)	7.3.3.1(2)	2025 06:00a		N/A
3.5	M	No Signs of Corrosion in Agent Cylinder (Non-pressurized)	7.3.3.1(2)	2025 06:00a		N/A
3.6	M	Distribution Piping Unobstructed and Contiguous	7.3.3.1(3)	2025 06:00a		P
3.7	M	Nozzles are Correct, Clean & Properly Aimed	7.3.3.1(2)	2025 06:00a		P
3.8	M	Fixed Temp Fusible Metal Alloy Type Detectors Replaced	7.3.4	2025 06:00a	(6) 450ml	P
3.9	M	Fixed-Temp (other than fusible metal alloy type) & Heat Detectors Maintained or Replaced	7.3.5	2025 06:00a		N/A
3.10	M	Auxiliary Equipment Such as Water valves Functioned Correctly	7.3.3.1(2)	2025 06:00a		N/A
3.11	M	Internal Maintenance as Required by Manufacturer	Title 19 §904.7	2025 06:00a		P

D = Deficiency C = Comment (*Indicate type*)

Item	Date	Riser	D	C	Deficiencies and Comments *Indicate all equipment, devices and parts that were repaired or replaced*
				✔	
			✔		Bfr-20 (2013) due for 12 year hydrostatic testing

☐ Check here if additional Deficiencies and Comments are listed on Form AES9 Number attached:

☐ See Correction Form AES 10 for corrected deficiencies. Number attached:

I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above, in accordance with CCR, Title 19, Sections 901 to 906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.

Print Name	Roy Bitner	
Signature		Date 10/03/2025 06:00am PDT

AGE RESTRICTIONS AND SECURITY

THE DERBY ROOM NORCO

Mr. Daniel Sweiss is the party responsible for security, including the prevention of underage wagering and consumption of alcohol:

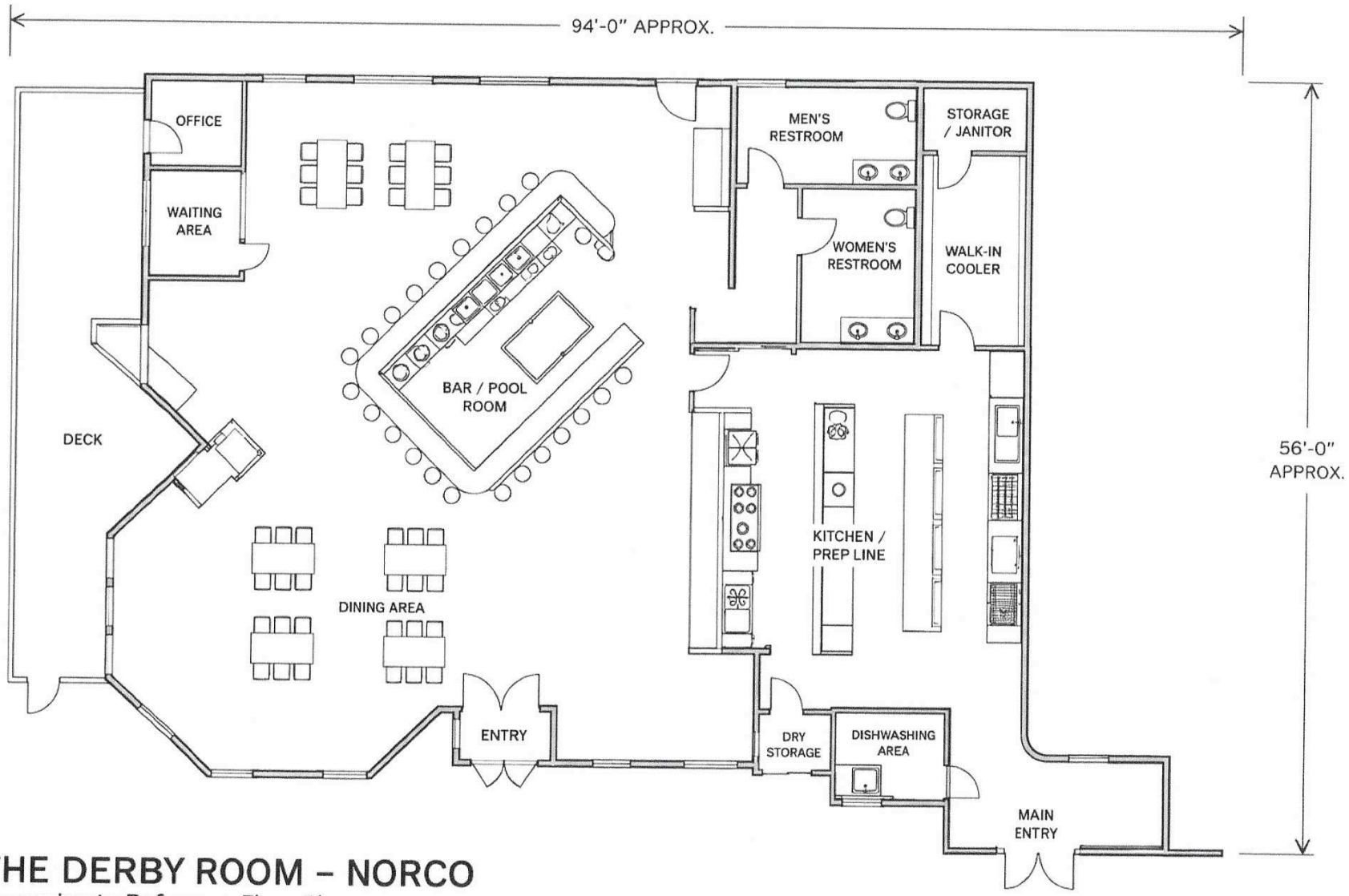
Daniel Sweiss – CEO
22586 Secret Way
Corona CA 92883
909-227-3646

The entire restaurant facility is equipped with video surveillance and a monitored alarm system. The wagering accounting room is protected by an alarmed, reinforced door.

All employees are trained to identify and prevent both underage drinking and wagering. Patrons must present a valid identification when asked to verify they are at least 21 years of age to order alcohol or play the races. Wagering areas have posted signs notifying patrons of the minimum age requirement.

Police services for the city of Norco are contracted from the Norco Sheriff's Department.

Norco Sherriff Department
951-735-3900 or 911
2870 Clark Ave.
Norco, CA 92860

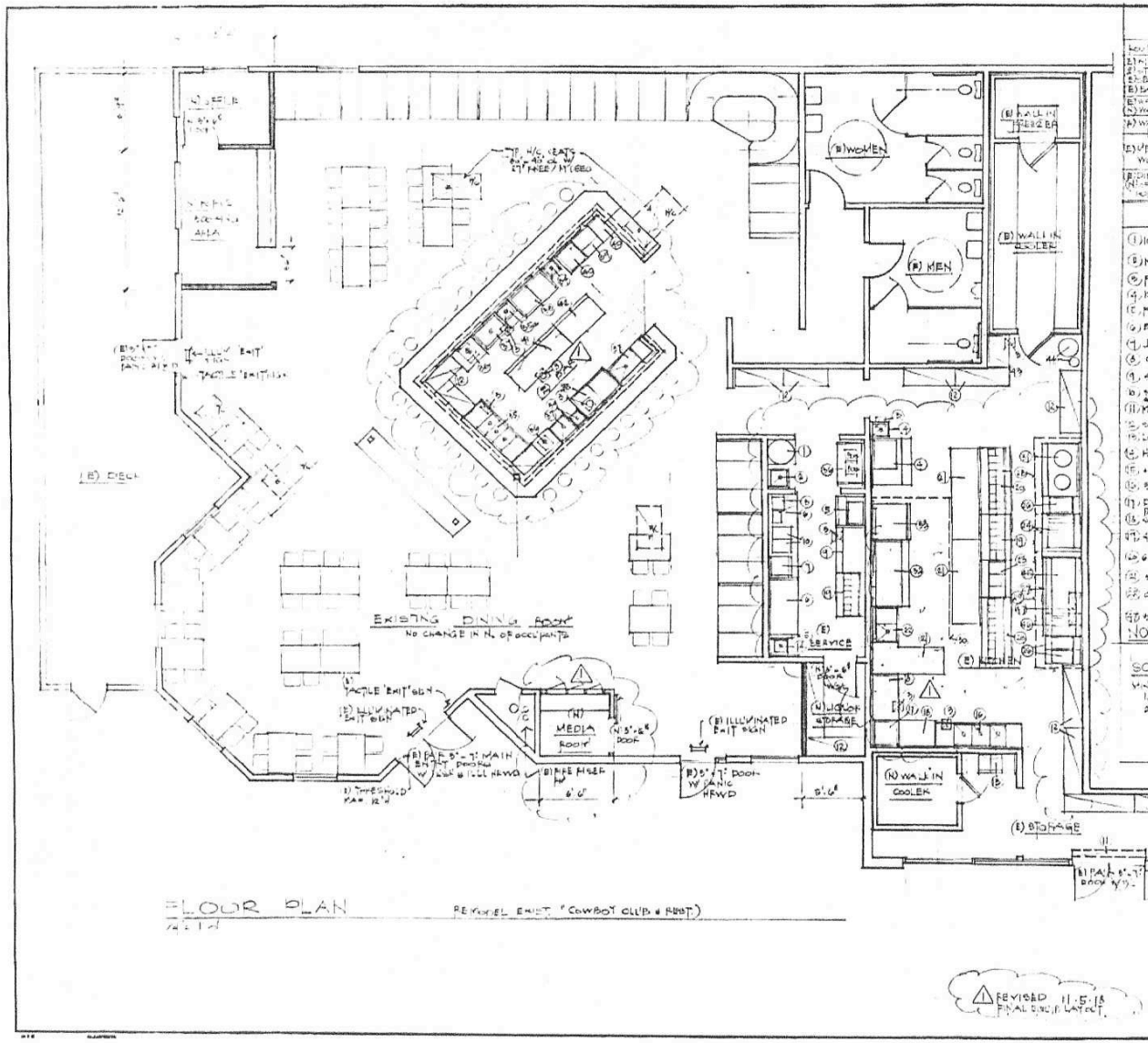


THE DERBY ROOM – NORCO

Approximate Reference Floor Plan

APPROXIMATE AREA: 5,300 SQ FT

Approximate redrawn reference floor plan based on historical scan; dimensions and layout to be field verified.



FLOOR PLAN

REVISED EXIST. "COWBOY CLUB & GRILL"

REVISED 11-5-18 FINAL CHECK LAYOUT

FINISH SCHEDULE

ROOM NAME	FLOOR	BASE	WALL	CEILING HT.	REMARKS
(E) KITCHEN	QUARRY TILE	4" COVED QUARRY TILE	PAINT	9'-0"	
(E) STORAGE	SEALED CONC. FLOOR	4" COVED QUARRY TILE	PAINT	VARIABLE	
(E) SERVICE	QUARRY TILE	4" COVED QUARRY TILE	PAINT	9'-0"	
(E) BAR/LIQUOR STORAGE	CARPET	WOOD	PAINT	9'-0"	
(E) WALK-IN COOLER	"	"	METAL	METAL	
(N) WALK-IN COOLER	METAL	METAL COVED 6" TYP.	METAL	METAL	
(E) MEN & WOMEN	CERAMIC TILE	4" CERAMIC TILE	4'-0" CERAMIC TILE AT SINKS & URINALS	PAINT	
(E) DINING (NEW PAINT)	WOOD	TILE	PAINT	9'-0"	

EQUIPMENT SCHEDULE

(1) 100 GALLON WATER HEATER
(2) MOP SINK
(3) FLOOR DRAIN
(4) REFRIGERATOR / MANITOWOC ICE MAKER
(5) FOUNTAIN SODA MACHINE
(6) BACK BAR SERVICE COUNTER
(7) JUICE MACHINE
(8) COFFEE MACHINE
(9) 4'-0" WORK TOP REFRIGERATOR / FREEZER
(10) BLENDER & LIQUOR DISPENSER
(11) MARC AIR CURTAIN W/ MICROSWITCH
(12) SHELVING
(13) LOCKERS 24"D x 4'-0" H
(14) HAND SINK
(15) 24" WIDE SPLASH GUARD
(16) 3 COMP. UTENSIL SINK W/ 2 DRAIN BOARDS
(17) DISHWASHER MACHINE TYPE BOOSTER W/ BUILT-IN BOOSTER PUMP
(18) SIDE DRAINER TABLE 24"D
(19) 4'-0" COLD TABLE W/ TUPPERWARE
(20) 6'-0" COLD TABLE W/ TUPPERWARE
(21) W/O TABLES
(22) ONE COMP. FOOD PREP SINK
(23) 6'-0" x 4'-0" SALAMANDER "MIRAGE"
(24) 3 COMP. SINK W/ 2 DRAIN BOARDS
(25) 60" OPEN GRILL "DUKE" 60SS
(26) 4'-0" CHARBROILER "AMERICAN RANGE" AEGG-48
(27) 2'-0" GRIDDLE "DUKE" 602-G
(28) 4'-0" RANGE "DUKE" 604-R
(29) 4'-0" x 16'-0" TYPE I HOOD
(30) 4'-0" x 10'-0" TYPE I HOOD
(31) 7'-0" x 16'-0" TYPE I HOOD
(32) 6' SOLID WELL RANGE "ARC-6" ARANSAS
(33) WOK "ARC-6" GRIDDLE
(34) "DUKE" 602-G "DUKE" 604-R CONVECTION OVEN
(35) BAR HAND SINK
(36) 3 COMP. PREP SINK TRAP TO FLOOR
(37) DUMP SINK TRAP TO FLOOR
(38) SS TABLES
(39) ICE BIN TRAP TO FLOOR
(40) GLASS CHILLED "TRUE" T-49 GG
(41) GLASS WASHER - OMEGA 88
(42) BEER WELL SHARP 196
(43) BACK BAR CAB. REFRIGERATED "PERLICK CORP." PTS 84
(44) BACK BAR CAB. REFRIGERATED "PERLICK CORP." PTS 60
(45) TOWER RACK
(46) WATTS SOFTENER STE 75H
(47) 5'-0" GREASE LINE
(48) 24" GAS BROILER / RADIANT

NOTE: ALL EQUIP SHALL BE NSF APPROVED OR EQUAL

SCOPE OF WORK:

MINOR REMODELING EXISTING RESTAURANT
1. REINSTALL MISSING EQUIPMENT IN KITCHEN & BAR
2 NEW ADDITIONS FOR WALK-IN COOLER, STORAGE, OFFICE, HORSE ROOMING AREA

LEGEND

- EXISTING WALL
- NEW PARTITION - 3 5/8" 20GA. MTL STUDS @ 16" O.C. W/ 1/2" GYP. BOARD EACH SIDE
- NEW PARTITION - 2x4 WOOD STUDS @ 16" O.C. W/ 1/2" GYP. WALL BOARD EACH SIDE

BLDG DATA:

1 TYPE OF OCCUPANCY: A-2
2 TYPE OF CONSTRUCTION: V-B SPRINKLED
3. FLOOR AREA: 5265 S.F.
4 CODES COMPLY: 2016 CBC

REVISIONS	BY

Frank Noyes & Associates
1711 Meyer St.
Santa Rosa, CA 95401
(707) 542-2443
Fax (707) 542-2445

PROJECT
THE DERBY ROOM: 8,047 SF. LIFE CLUB
2230 HAYNER AVE #101
NOVATO, CA

Date	8.24.18
Scale	-
Drawn	R.N.
Job	
Sheet	
Of	Sheets

The Derby Room - Bar Area




EXIT
J.P.Morgan
Coors LIGHT

The Derby Room - Seating Area and View of Bar







Derby Room - Wagering Area



Restaurant Seating Area




FARMERS
INSURANCE
Home | Auto | Life | Business
NYY 0 DET 0
KINER-FALEFA .249 6 35 .669
PASSAN: GUARDIANS CLAIM LUCAS GIOLITO, REYNALDO LOPEZ OFF WAIVERS
ERA IN 27 STARTS WITH CHW/LAA THIS SEASON
CLOSED
CLOSED


VHA
SUMMER SPECIALS
ServSafe
CERTIFICATION
DERBY ROOM
EVERY LIVE GAME
EVERY SUNDAY
DIRECTV
MONOGRAM
DINNER
NAPKINS

VI. ADVERTISING AND PATRON DEVELOPMENT

Describe any advertising or promotional plans.

On going Social Media to include Facebook, Instagram, with possible Tic Tok and Snapchat

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:	none
Parking charges, if any, are:	none
Program charges, if any, are:	to be determined by CA Host Track provider.
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

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):

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):

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):

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: Daniel Sweiss	Date: 9-1-2026
Signature of minisatellite facility representative:	Date: 9-1-2026
Print name of association representative:	Date:
Signature of association representative:	Date:
Print name of simulcast organization representative:	Date:
Signature of simulcast organization representative:	Date: