

1 CALIFORNIA CODE OF REGULATIONS
 2 TITLE 4. BUSINESS REGULATIONS.
 3 DIVISION 18. CALIFORNIA GAMBLING CONTROL COMMISSION.
 4 CHAPTER 1. GENERAL PROVISIONS.
 5
 6

7 **Section 12008. Registration Fees; License Fees.**

8 Every application for a registration or license issued pursuant to this division shall be
 9 accompanied by a fee that is authorized by Business and Professions Code section 19951(a).
 10 Every application for a work permit issued pursuant to Chapter 2 of this division shall be
 11 accompanied by a fee that is authorized by Business and Professions Code section 19915. The
 12 fee for the initial application and renewal of registrations, licenses or work permits issued
 13 pursuant to this division is as follows:

14 (a) For an initial and renewal Gambling License issued pursuant to Chapter 6, the fee is one
 15 thousand dollars (\$1000).

16 (b) ~~For an initial and renewal a Gambling Establishment Key Employee License issued~~
 17 ~~pursuant to Chapter 6, the fee is seven hundred and fifty dollars (\$750).~~ as follows:

18 (1) For an interim key employee license, the fee is twenty-five dollars (\$25).

19 (2) For an initial and renewal license, the fee is seven hundred and fifty dollars (\$750).

20 (3) For a replacement license, the fee is twenty-five dollars (\$25).

21 (c) For an initial and renewal Work Permit issued pursuant to Chapter 2, the fee is as follows:

22 (1) For a Regular Work Permit, the fee is two hundred and fifty dollars (\$250).

23 (2) For a Temporary Work Permit, the fee is twenty-five dollars (\$25), in addition to the
 24 regular work permit fee in paragraph (1) of this subsection.

25 (d) For a Third-Party Proposition Player Services registration or license issued pursuant to
 26 Chapter 2.1, the fee is as follows:

27 (1) For an initial and renewal registration of all registration types, the fee is five hundred
 28 dollars (\$500).

29 (2) For a temporary player registration, the fee is twenty-five dollars (\$25), in addition to the
 30 regular player registration fee specified in paragraph (1) of this subsection.

31 (3) For an initial and renewal license as a primary owner or owner, the fee is one thousand
 32 dollars (\$1000).

33 (4) For an initial and renewal license as a supervisor, the fee is seven hundred and fifty
 34 dollars (\$750).

35 (5) For an initial and renewal license as a player or other employee, the fee is five hundred
 36 dollars (\$500).

37 (e) For a Gambling Business registration or license issued pursuant to Chapter 2.2, the fee is
 38 as follows:

39 (1) For an initial and renewal registration for all registration types, the fee is five hundred
 40 dollars (\$500).

41 (2) For an initial and renewal license as a primary owner or owner, the fee is one thousand
 42 dollars (\$1000).

43 (3) For an initial and renewal license as a supervisor, the fee is seven hundred and fifty
 44 dollars (\$750).

45 (4) For an initial and renewal license as a player or other employee, the fee is five hundred
 46 dollars (\$500).

1 (f) For a Gambling Equipment Manufacturer or Distributor Registration issued pursuant to
2 Chapter 4, the fee is as follows:

3 (1) For an initial and renewal registration as a Class A Equipment Manufacturer or
4 Distributor, the fee is five hundred dollars (\$500).

5 (2) For an initial and renewal registration as an "antique collector", within the meaning of
6 Sections 12300(b)(1) and 12301(b)(10)(B), the fee is forty dollars (\$40).

7 (3) For a Class B Equipment Manufacturer or Distributor Registration, no fee is required.
8

9 Note: Authority cited: Sections 19811, 19824, 19840, 19841, 19853(a)(3), ~~19854~~, 19915, 19951(a) and 19984,
10 Business and Professions Code. Reference: Sections 19915, 19841, 19853(a)(3), 19951(a) and 19984(b), Business
11 and Professions Code.
12

13
14 **CHAPTER 6. ~~STATE GAMBLING LICENSES AND APPROVALS FOR GAMBLING~~**
15 **~~ESTABLISHMENTS AND OWNERS;~~ AND PORTABLE PERSONAL KEY**
16 **EMPLOYEES LICENSES.**
17

18 **ARTICLE 1. DEFINITIONS AND GENERAL PROVISIONS.**
19

20 **Section 12335. Definitions.**

21 (a) Except as otherwise provided in section 12002(b) of these regulations, the definitions in
22 Business and Professions Code section 19805 shall govern the construction of this chapter.

23 (b) As used in this chapter:

24 (1) "Table Fee" means the fee established by Business and Professions Code, section
25 19951(b)(2).

26 (2) "Portable Personal Key Employee License" or "Key Employee License" means a license
27 which authorizes the holder to be associated with any gambling enterprise as a key employee,
28 provided the key employee terminates employment with one gambling enterprise before
29 commencing work for another, as provided in Business and Professions Code sections 19805,
30 subdivisions (w) and (x), and 19854, subdivision (c).
31

32 Note: Authority cited: Sections 19811(b), 19823, 19824, 19840 and 19841, Business and Professions Code.
33 Reference: Sections 19800, 19805 (w), 19805 (x), ~~19805(i) and (e)~~, 19811, 19854 and 19951(b)(2), Business and
34 Professions Code.
35

36 **ARTICLE 2. LICENSING GAMBLING LICENSES.**
37

38 **Section 12340. ~~Gambling Licenses and Key Employee License.~~**

39 (a) No person may conduct a gambling operation without a current valid gambling license
40 issued by the Commission.

41 ~~(b) Except as provided in Business and Professions Code Section 19883 and Section 12347,~~
42 ~~no person may be a key employee of a gambling operation without a current valid key employee~~
43 ~~license issued by the Commission.~~

44 ~~(e)~~ (b) A state gambling license and key employee license shall be valid for a period of two (2)
45 years.
46

1 Note: Authority cited: Sections 19811(b), 19823, 19824, 19840, 19841, 19850, 19851, 19852, 19853, ~~19854~~ and
 2 19876(a), Business and Professions Code. Reference: Sections 19850, 19851, ~~19854~~ and 19876(a), Business and
 3 Professions Code.

4
 5 **Section 12342. Initial Gambling License Applications; Required Forms; Processing Times.**

6 (a) Any person applying for a ~~state~~ gambling license ~~or key employee license~~ shall, as
 7 appropriate, complete the following forms, which are hereby incorporated by reference:

8 (1) Application for State Gambling License, CGCC-030 (Rev. 05/08).

9 ~~(2) Application for Gambling Establishment Key Employee License, CGCC-031 (Rev.~~
 10 ~~05/08).~~

11 ~~(3)~~ Gambling Establishment Owner Applicant-Individual Supplemental Background
 12 Investigation Information, BGC-APP-015A (Rev. 04/08).

13 ~~(4)~~ Gambling Establishment Owner Entity Supplemental Information for State Gambling
 14 License, BGC-APP-015B (Rev. 04/08).

15 ~~(5)~~ Gambling Establishment Supplemental Information for State Gambling License, BGC-
 16 APP-015C (Rev. 04/08).

17 ~~(6) Gambling Establishment Key Employee Supplemental Background Investigation~~
 18 ~~Information, BGC-APP-016A (Rev. 04/08).~~

19 ~~(7)~~ Cardroom Applicant's Spouse Supplemental Background Information for State
 20 Gambling License, BGC-APP-009A (Rev. 11-07).

21 ~~(8)~~ Trust Supplemental Background Investigation Information, BGC-APP-143 (Rev.
 22 05/08).

23 ~~(9)~~ Declaration of Full Disclosure, BGC-APP-005 (Rev. 11/07).

24 ~~(10)~~ Authorization to Release Information, BGC-APP-006 (Rev. 04/08).

25 ~~(11)~~ Applicant's Declaration, Acknowledgment and Agreement (Community Property
 26 Interest), BGC-APP-011 (Rev. 11/07).

27 ~~(12)~~ Applicant's Declaration, Acknowledgment and Agreement (Sole and Separate
 28 Property), BGC-APP-012 (Rev. 11/07).

29 ~~(13)~~ Spouse's Declaration, Acknowledgment and Agreement (Community Property
 30 Interest), BGC-APP-013 (Rev. 11/07).

31 ~~(14)~~ Spouse's Declaration, Acknowledgment and Agreement (Sole and Separate Property),
 32 BGC-APP-014 (Rev. 11/07).

33 ~~(15)~~ Appointment of Designated Agent, BGC-APP-008 (Rev. 11/07).

34 ~~(16)~~ Key Employee Report, BGC-LIC-101 (Rev. 11/07).

35 ~~(17)~~ Instructions to Applicant's Spouse, BGC-APP-010 (Rev. 05/08).

36 ~~(18)~~ Notice to Applicants, BGC-APP-001 (Rev. 11/07).

37 ~~(19)~~ Request for Live Scan Service (California Department of Justice Form BCII 8016,
 38 (Rev. ~~4/01~~ 03/07)).

39 ~~(20)~~ Request for Copy of Personal Income Tax or Fiduciary Return, FTB-3516C1 (Rev.
 40 06/03 side 1-PIT).

41 ~~(21)~~ Request for Copy of Corporation, Exempt Organization, Partnership, or Limited
 42 Liability Company Return FTB-3516C1 (Rev. 06/03 side 2-CORP).

43 ~~(22)~~ Request for Transcript of Tax Return IRS 4506-T, (Rev. ~~April 2006~~ 01/08).

44
 45 Note: Authority cited: Sections 19811, 19824, 19840, and 19841, Business and Professions Code. Reference:
 46 Sections 19850, 19851, 19852, 19854, 19855, 19856, 19857, 19864, 19865, 19866, 19867, 19880, 19881, 19883,
 47 19890, 19893, 19951 and 19982, Business and Professions Code.

1
2 ~~Section 12343. Processing Times—Initial Applications.~~

3 (ab) Except as provided in subsection (bc), initial gambling ~~or key employee~~ license
4 applications submitted pursuant to this chapter shall be processed within the following
5 timeframes:

6 (1) The maximum time within which the Commission shall notify the applicant in writing
7 that an application or a resubmitted application is complete and accepted for initial processing by
8 the Commission, or that an application or a resubmitted application is deficient and identifying
9 what specific additional information is required, is 20 days after receipt of the application. For
10 the purposes of this section, "application" means the Application for State Gambling License,
11 CGCC-030 (Rev. 05/08) and the ~~Application for Gambling Establishment Key Employee~~
12 ~~License, CGCC-031 (Rev. 05/08), as referenced~~ referred to in paragraph (1) of subsection (a) of
13 this Section 12342. An application is not complete unless accompanied by the fee specified in
14 subsection (a) of Section 12008 for a gambling license ~~or subsection (b) of Section 12008 for a~~
15 ~~key employee license.~~ In addition, an applicant shall submit with the application, any
16 supplemental information required in paragraph (a) of this section by Section 12342 for review
17 by the Bureau pursuant to paragraph (3) of this subsection. The Commission shall not review the
18 supplemental information for completeness.

19 (2) An application for a gambling license and the supplemental information shall be
20 forwarded by the Commission to the Bureau within 10 days of the date that the Commission
21 determines that the application is complete.

22 (3) The Bureau shall review the supplemental information submitted for completeness and
23 notify the applicant of any deficiencies in the supplemental information, or that the supplemental
24 information is complete, within 30 days of the date that the application and supplemental
25 information are received by the Bureau from the Commission. Notwithstanding this subsection,
26 subsequent to acceptance of the supplemental information as complete, the Bureau may pursuant
27 to Business and Professions Code section 19866 require the applicant to submit additional
28 information.

29 (4) Pursuant to Business and Professions Code section 19868, the Bureau shall, to the extent
30 practicable, submit its recommendation to the Commission within 180 days after the date the
31 Bureau is in receipt of both the completed application pursuant to paragraph (2) of this
32 subsection and the completed supplemental information pursuant to paragraph (3) of this
33 subsection. If the Bureau has not concluded its investigation within 180 days, then it shall
34 inform the applicant and the Commission in writing of the status of the investigation and shall
35 also provide the applicant and the Commission with an estimated date on which the investigation
36 may reasonably be expected to be concluded.

37 (5) The Commission shall grant or deny the application within 120 days after receipt of the
38 final written recommendation of the Bureau concerning the application, except that the
39 Commission may notify the applicant in writing that additional time, not to exceed 30 days, is
40 needed.

41 (bc) The processing times specified in subsection (ab) may be exceeded in any of the
42 following instances:

- 43 (1) The applicant has agreed to extension of the time.
44 (2) The number of licenses to be processed exceeds by 15 percent the number processed in
45 the same calendar quarter the preceding year.

1 (3) The Commission must rely on another public or private entity for all or part of the
2 processing and the delay is caused by that other entity.

3
4 Note: Authority cited: Sections 19811, 19824, 19840 and 19841, Business and Professions Code. Reference:
5 Sections 19841, 19850, 19851, 19852, 19855, 19856, 19857, 19864, 19865, 19866, 19867, and 19868, 19880,
6 19881, 19883, 19890, 19893, 19951, and 19982, Business and Professions Code.

7
8 **Section 12344.5. License Renewals; Processing Times.**

9 (a) Each application for renewal of a state gambling license or for renewal of a key employee
10 license shall be accompanied by all of the following:

11 (1) ~~A completed application;~~

12 (A) Applicants for a state gambling license shall use the form A completed "Application for
13 State Gambling License, CGCC-030 (Rev. 05/08)." as referred to in paragraph (1) of subsection
14 (a) of Section 12342.

15 (B) Applicants for a key employee license shall use the form "Application for Gambling
16 Establishment Key Employee License, CGCC-031 (Rev. 05/08)."

17 (2) A nonrefundable application fee in the amount specified in subsection (a) of Section
18 12008 for a gambling license or subsection (b) of Section 12008 for a key employee license.

19 (b) Each key employee or other person whose name is required to be endorsed upon the
20 license shall submit a separate application for renewal of that person's license, together with the
21 application fee specified in subsection (ba) of Section 12008.

22 (c) All applications for renewal of state gambling licenses and key employee licenses for a
23 particular gambling establishment shall be submitted together as a single package to the
24 California Gambling Control Commission.

25 (d) If, after a review of an application for renewal of a state gambling license or a key
26 employee license, the Bureau determines that further investigation is needed, the applicant shall
27 submit an additional sum of money that, in the judgment of the Chief of the Bureau, will be
28 adequate to pay the anticipated investigation and processing costs, in accordance with Business
29 and Professions Code section 19867.

30
31 Note: Authority cited: Sections 19811, 19824, 19840, 19841, 19851, 19854 and 19951, Business and Professions
32 Code. Reference: Sections 19851, 19876, 19854 and 19951, Business and Professions Code.

33
34 **~~Section 12345. Processing Times—Renewal Applications.~~**

35 (ae) Except as provided in subsection (bf), renewal gambling or key employee license
36 applications submitted pursuant to subsection (a) of this Section ~~12344~~ shall be processed
37 within the following timeframes:

38 (1) An application for renewal of a gambling license or key employee license shall be filed
39 by the owner licensee or the key employee with the Commission no later than 120 days prior to
40 the expiration of the current license.

41 (2) The maximum time within which the Commission shall notify the applicant in writing
42 that an application or a resubmitted application is complete and accepted for initial processing by
43 the Commission, or that an application or a resubmitted application is deficient and identifying
44 what specific additional information is required, is 10 days after receipt of the application. For
45 the purposes of this section, "application" means the Application for State Gambling License,
46 CGCC-030 (Rev. 05/08) and the Application for Gambling Establishment Key Employee
47 License, CGCC-031 (Rev. 05/08), ~~referenced~~ referred to in paragraph (1) of subsection (a) of

1 Section 12342. An application is not complete unless accompanied by the fee specified in
 2 subsection (a) of Section 12008 for a gambling license ~~or subsection (b) of Section 12008 for a~~
 3 ~~key employee license.~~

4 (3) An application for a gambling license shall be forwarded by the Commission to the
 5 Bureau for processing within five days of the date that the Commission determines that the
 6 application is complete.

7 (4) The Bureau shall submit its written ~~recommendation~~ report concerning the renewal
 8 application, which may include a recommendation pursuant to Business and Professions Code
 9 section 19826, subdivision (a), to the Commission no later than 45 days prior to the expiration of
 10 the current license.

11 (b) The processing times specified in paragraphs (2) through and including (4) of subsection
 12 (a) may be exceeded in any of the following instances:

13 (1) The applicant has agreed to extension of the time.

14 (2) The number of licenses to be processed exceeds by 15 percent the number processed in
 15 the same calendar quarter the preceding year.

16 (3) The Commission must rely on another public or private entity for all or part of the
 17 processing and the delay is caused by that other entity.

18
 19 Note: Authority cited: Sections 19811, 19824, 19840, ~~and~~ 19841, and 19951, Business and Professions Code.
 20 Reference: Sections 19826, 19851, 19868, ~~and~~ 19876, and 19951, Business and Professions Code.

21
 22 **Section 123486. Mandatory and Discretionary Grounds for Denial of Application for a**
 23 **State Gambling License ~~or Key Employee License.~~**

24 (a) An application for a ~~state~~ gambling license ~~or key employee license~~ shall be denied by the
 25 Commission if any of the following apply:

26 (1) The Commission finds that the applicant is ineligible, unqualified, disqualified, or
 27 unsuitable pursuant to the criteria set forth in the Act or other applicable law or that granting the
 28 license would be inimical to public health, safety, welfare, or would undermine the public trust
 29 that gambling operations are free from criminal or dishonest elements.

30 (2) The Commission finds that the local ordinance does not conform to the requirements of
 31 Business and Professions Code section 19860.

32 (b) An application for a ~~state~~ gambling license may be denied if:

33 (1) The Commission finds that the applicant meets any of the criteria for license denial set
 34 forth in Business and Professions Code section 19862, subdivision (a).

35 (2) The Commission finds that an applicant has attempted to communicate or has
 36 communicated ex parte, as that term is defined in Business and Professions Code section 19872,
 37 subdivision (e), with one or more Commissioners, through direct or indirect means, regarding the
 38 merits of the application while the application is pending disposition at the Bureau or the
 39 Commission.

40 (3) The Commission finds that the applicant's past behavior calls into question the
 41 applicant's qualification requirements and considerations outlined in Business and Professions
 42 Code section 19856. Examples of past behavior that may be considered include, but are not
 43 limited to:

44 (A) Convictions which demonstrate a pattern of disregard for the law,

45 (B) A conviction involving gambling or gambling-related activities,

46 (C) A final administrative decision concluding that there was a violation of law involving
 47 gambling or gambling-related activities, or

1 (D) A conviction regarding or final administrative decision concluding that there was a
 2 violation of campaign finance disclosure or contribution limitations applicable to an election
 3 conducted pursuant to Business and Professions Code section 19960.

4 (4) The Commission finds that the applicant has, within ten years immediately preceding the
 5 submission of the application, willfully or persistently violated any of the following:

6 (A) Any regulation adopted by the Commission or Bureau.

7 (B) Any condition, limitation, or directive imposed on a previously held ~~state gambling or~~
 8 ~~key employee~~ license.

9 (c) The grounds for denial set forth in this section apply in addition to any grounds prescribed
 10 by statute or any grounds that would support revocation under chapter 10 of these regulations.

11
 12 Note: Authority cited: Sections 19811, 19823, 19824, 19840, 19841, 19850, ~~19854~~, 19861, 19870, 19872, 19880,
 13 19890 and 19982, Business and Professions Code. Reference: Sections 19850, 19851, 19852, 19857, 19858,
 14 19859, 19860, 19862, 19863 and 19960, Business and Professions Code.

17 ARTICLE 3. PORTABLE PERSONAL KEY EMPLOYEE LICENSE.

18 19 Section 12350. Initial Licenses; Required Forms; Processing Times.

20 (a) Except as provided in Business and Professions Code section 19883 and Section 12354,
 21 no person may be associated with a gambling enterprise as a key employee without a valid key
 22 employee license issued by the Commission.

23 (b) A key employee license, including an interim key employee license, shall be valid for a
 24 period of two (2) years. If an interim key employee license is issued pursuant to Section 12354,
 25 the term of the subsequently issued initial key employee license shall be for the remaining
 26 unexpired term of the interim license.

27 (c) Any person applying for a key employee license shall submit the following:

28 (1) A completed "Application for Gambling Establishment Key Employee License CGCC-
 29 031 (Rev. 08/09)," which is attached in Appendix A to this chapter.

30 (2) A nonrefundable application fee in the amount specified in subsection (b) of Section
 31 12008 for a key employee license.

32 (3) A two by two inch color passport-style photograph taken no more than 30 days before
 33 submission to the Commission of the key employee application.

34 (4) Key Employee Supplemental Background Investigation Information, BGC-APP-016A
 35 (Rev. 08/09), which is hereby incorporated by reference.

36 (5) Authorization to Release Information, BCG-APP-006, as referred to in paragraph (8),
 37 subsection (a) of Section 12342.

38 (6) Request for Live Scan Service, BCII 8016, as referred to in paragraph (17), subsection (a)
 39 of section 12342.

40 (d) Except as provided in subsection (e), initial key employee license applications submitted
 41 pursuant to this chapter shall be processed within the following timeframes:

42 (1) The maximum time within which the Commission shall notify the applicant in writing
 43 that an application or a resubmitted application is complete and accepted for initial processing by
 44 the Commission, or that an application or a resubmitted application is deficient and identifying
 45 what specific additional information is required, is five working days after receipt of the
 46 application. For the purposes of this section, "application" means the Application for Gambling
 47 Establishment Key Employee License, CGCC-031, referred to in paragraph (1) of subsection (c)

1 of Section 12350. An application is not complete unless accompanied by the fee specified in
 2 subsection (b) of Section 12008. In addition, an applicant shall submit with the application, any
 3 supplemental information required by subsection (c) of this section for review by the Bureau
 4 pursuant to paragraph (3) of this subsection. The Commission shall not review the supplemental
 5 information for completeness.

6 (2) An application for a key employee license and the supplemental information shall be
 7 forwarded by the Commission to the Bureau within five working days of the date that the
 8 Commission determines that the application is complete.

9 (3) The Bureau shall review the supplemental information submitted for completeness and
 10 notify the applicant of any deficiencies in the supplemental information, or that the supplemental
 11 information is complete, within 30 days of the date that the application and supplemental
 12 information are received by the Bureau from the Commission. Notwithstanding this subsection,
 13 subsequent to acceptance of the supplemental information as complete, the Bureau may pursuant
 14 to Business and Professions Code section 19866 require the applicant to submit additional
 15 information.

16 (4) Pursuant to Business and Professions Code section 19868, the Bureau shall, to the extent
 17 practicable, submit its recommendation to the Commission within 180 days after the date the
 18 Bureau is in receipt of both the completed application pursuant to paragraph (2) of this
 19 subsection and the completed supplemental information pursuant to paragraph (3) of this
 20 subsection. If the Bureau has not concluded its investigation within 180 days, then it shall
 21 inform the applicant and the Commission in writing of the status of the investigation and shall
 22 also provide the applicant and the Commission with an estimated date on which the investigation
 23 may reasonably be expected to be concluded.

24 (5) The Commission shall grant or deny the application within 120 days after receipt of the
 25 final recommendation of the Bureau concerning the application, except that the Commission may
 26 notify the applicant in writing that additional time, not to exceed 30 days, is needed.

27 (e) The processing times specified in subsection (d) may be exceeded in any of the following
 28 instances:

29 (1) The applicant has agreed to the extension of the time.

30 (2) The Commission must rely on another public or private entity for all or part of the
 31 processing and the delay is caused by that other entity.

32
 33 Note: Authority cited: Sections 19811, 19823, 19824, 19840, 19841 and 19876(a), Business and Professions Code.
 34 Reference: Sections 19850, 19851, 19852, 19854, 19855, 19856, 19857, 19864, 19865, 19866, 19867, 19876(a),
 35 19880, 19881, 19883, 19890, 19893, 19951 and 19982, Business and Professions Code.

36 37 **Section 12351. License Renewals; Required Forms; Processing Times.**

38 (a) Each application for renewal of a portable personal key employee license shall be
 39 accompanied by all of the following:

40 (1) A completed "Application for Gambling Establishment Key Employee License, CGCC-
 41 031," as referred to in paragraph (1) of subsection (c) of Section 12350.

42 (2) A nonrefundable application fee in the amount specified in subsection (b) of Section
 43 12008 for a key employee license.

44 (3) A two inch by two inch color passport-style photograph taken no more than 30 days
 45 before submission to the Commission of the key employee renewal application.

46 (b) If, after a review of an application for renewal of a key employee license, the Bureau
 47 determines that further investigation is needed, the applicant shall submit a sum of money that, in

1 the judgment of the Chief of the Bureau, will be adequate to pay the anticipated investigation and
 2 processing costs, in accordance with Business and Professions Code section 19867.

3 (c) Except as provided in subsection (d), key employee renewal license applications shall be
 4 processed within the following timeframes:

5 (1) An application for renewal of a key employee license shall be filed by the key employee
 6 with the Commission no later than 120 days prior to the expiration of the current license.

7 (2) The maximum time within which the Commission shall notify the applicant in writing
 8 that an application or a resubmitted application is complete and accepted for initial processing by
 9 the Commission, or that an application or a resubmitted application is deficient and identifying
 10 what specific additional information is required, is five working days after receipt of the
 11 application. For the purposes of this section, "application" means the Application for Gambling
 12 Establishment Key Employee License, CGCC-031, as referred to in paragraph (1) of subsection
 13 (c) of Section 12350. An application is not complete unless accompanied by the fee as specified
 14 in subsection (b) of Section 12008 for a key employee license.

15 (3) A renewal application for a key employee license shall be forwarded by the Commission
 16 to the Bureau for processing within five days of the date that the Commission determines that the
 17 application is complete.

18 (4) If the Bureau conducts an investigation, it shall submit a written report concerning the
 19 renewal application to the Commission no later than 45 days prior to the expiration of the current
 20 license, unless that application is filed with the Commission less than 120 days prior to the
 21 expiration of the current license.

22 (d) The processing times specified in subsection (c) may be exceeded in any of the following
 23 instances:

24 (1) The applicant has agreed to the extension of the time.

25 (2) The Commission must rely on another public or private entity for all or part of the
 26 processing and the delay is caused by that other entity.

27
 28 Note: Authority cited: Sections 19811, 19823, 19824, 19840, 19841, 19851, 19854 and 19951, Business and
 29 Professions Code. Reference: Sections 19850, 19851, 19852, 19854, 19855, 19856, 19857, 19864, 19865, 19866
 30 and 19867, Business and Professions Code.

31
 32 **Section 12352. Employment Status Notification; Replacement License; Required Forms;**
 33 **Processing Times.**

34 (a) The holder of a valid key employee license shall notify the Commission within 10 days of
 35 acceptance or termination of employment at a gambling establishment by submitting a completed
 36 Notification of Change in Employment Status, CGCC-033 (New 08/09), which is attached in
 37 Appendix A to this chapter.

38 (b) The holder of a valid key employee license may request a replacement license in the
 39 event the license has been lost, stolen, damaged, or as needed to reflect a change of name by
 40 submitting the following:

41 (1) A completed Request for Replacement Key Employee License, CGCC-034 (New 08/09)
 42 which is attached in Appendix A to this chapter.

43 (2) A two inch by two inch color passport-style photograph taken no more than 30 days
 44 before submission to the Commission of the key employee license replacement request.

45 (3) A nonrefundable fee payable to the Commission as specified in subsection (b) of Section
 46 12008.

1 (c) The Executive Director shall issue a replacement portable personal key employee license
 2 to the holder as long as there is not any cause for revocation of the key employee license.

3 (d) A replacement key employee license issued pursuant to this section shall be valid during
 4 the unexpired term of the replaced key employee license.

5 (e) Upon issuance of the replacement key employee license, the previously issued key
 6 employee license shall become invalid and shall not be used thereafter.

7 (f) Applications submitted pursuant to subsection (b) of this section shall be processed within
 8 the following time frames:

9 (1) The maximum time within which the Executive Director shall notify the applicant in
 10 writing that an application or a resubmitted application is complete and accepted for filing, or
 11 that an application or a resubmitted application is deficient and identifying what specific
 12 additional information is required, is five working days after receipt of the application.

13 (2) A replacement key employee license shall be either issued or denied within 15 working
 14 days after the filing of a complete application.

15
 16 Note: Authority cited: Sections 19811, 19823, 19824, 19840 19841, and 19854, Business and Professions Code.
 17 Reference: Sections 19850, 19851, 19852, 19854, 19855, 19856, 19857, 19864, 19865, 19866 and 19867, Business
 18 and Professions Code.

19
 20 **Section 12353. License Content; License Display and Presentation.**

21 (a) A key employee license issued by the Commission shall contain all of the following on
 22 the front of the license:

23 (1) A photograph of the licensee.

24 (2) The first name of the licensee;

25 (3) The license number; and

26 (4) The expiration date of the license.

27 (b) A key employee license issued by the Commission shall contain the full name of the
 28 licensee on the reverse side of the license.

29 (c) A key employee must wear in a visible and conspicuous manner, their key employee
 30 license at all times while on duty in the gambling establishment.

31 (d) A key employee license shall be presented upon request without delay or interference, to
 32 the employee's gambling establishment employer or supervisor, a representative of the
 33 Commission or Bureau, or anyone requesting to verify the key employee has a valid license.

34 (e) A key employee license shall not be altered in any manner nor shall the content contained
 35 on the license be obstructed from view.

36 (f) A key employee license that has expired or is determined to be invalid pursuant to any
 37 applicable provision of the Act or this division, shall not be used to gain employment or perform
 38 any duties which require a valid key employee license. Any expired or invalid license shall be
 39 surrendered to the Commission or Bureau upon request.

40
 41 **Section 1234754. Interim Key Employee Status While Application Pending Licenses;**
 42 **Processing Times.**

43 (a) Unless given 30 days after hiring to file an application for key employee licensure pursuant to
 44 Business and Professions Code section 19883 (corporate owner licensee exemption for key
 45 employees), gambling establishment employees holding a valid work permit or license for any
 46 gambling establishment may begin work as an interim key employee provided that written notice is
 47 given to the Commission and Bureau within ten days of the employee's assumption of key employee

1 ~~duties, accompanied by a description of the key employee duties the employee will perform and a~~
 2 ~~copy of the employee's current work permit or license for any licensed gambling establishment.~~

3 (a) An individual, if holding a valid work permit for any gambling establishment, may
 4 immediately begin to work as an interim key employee provided that the individual submit the
 5 following to the Commission within 10 days of hiring:

6 (1) An Application for Interim Key Employee License, CGCC-035 (New 08/09), which is
 7 attached in Appendix A to this chapter.

8 (2) A nonrefundable application fee pursuant to subsection (b) of Section 12008.

9 (3) A copy of the employee's valid work permit issued pursuant to section 19912 of Business
 10 and Professions Code for any gambling establishment.

11 (4) A two inch by two inch color passport-style photograph taken no more than 30 days before
 12 submission to the Commission of the interim key employee application, which shall be in addition to
 13 the photograph submitted for the initial portable personal key employee license.

14 ~~(b) An interim key employee shall, within 30 days of assuming a key employee position,~~
 15 ~~submit the following:~~

16 ~~(1) The Commission's key employee license application, CGCC 031, as referenced in~~
 17 ~~Section 12342,~~

18 ~~(2) The Bureau's key employee supplemental application, BGC APP 016A, as referenced in~~
 19 ~~Section 12342, and~~

20 ~~(3) All applicable fees and deposits due for a key employee license.~~

21 (b) Applications for issuance of an interim key employee license by the Executive Director
 22 shall be processed within the following timeframes:

23 (1) The maximum time within which the Executive Director shall notify the applicant in
 24 writing that an application or a resubmitted application is complete and accepted for filing, or
 25 that an application or a resubmitted application is deficient and identifying what specific
 26 additional information is required, is five working days after receipt of the application.

27 (2) An interim key employee license shall be either granted or denied within 15 working days
 28 after the filing of a complete application.

29 ~~(c) An applicant for key employee licensure currently working as an interim key employee~~
 30 ~~shall cease working in a key employee position if the application for key employee licensure is~~
 31 ~~abandoned or denied, if the employee's work permit is revoked or cancelled before the key~~
 32 ~~employee license is approved, or if the Executive Director notifies the applicant and gambling~~
 33 ~~establishment that the interim status is cancelled pursuant to subsection (d), below.~~

34 (c) Interim key employee license approvals are subject to the following conditions:

35 (1) An application package for an initial portable personal key employee license as required
 36 in subsection (c) of Section 12350 must be submitted to the Commission within 30 days of
 37 assuming a key employee position.

38 (2) An interim license shall be valid for a period of two years from the date it is issued.

39 (3) Issuance of an interim license does not obligate the Commission to issue a regular key
 40 employee license.

41 (4) Issuance of an interim license has no bearing on the question of whether the holder will
 42 qualify for issuance of any Commission permit, registration, or license.

43 (5) If, during the term of the interim license any of the following occurs the interim key
 44 employee shall cease working in a key employee position:

45 (A) The application for key employee license is abandoned or denied.

46 (B) The interim key employee's work permit expires, is revoked, or is cancelled before the
 47 key employee license is approved.

1 (C) The Executive Director notifies the applicant and gambling establishment that the interim
 2 status is cancelled pursuant to subsection (e), of this section.

3 (d) Upon issuance or denial of a regular key employee license by the Commission, the
 4 interim license previously issued shall become invalid and shall not be used thereafter.

5 ~~(de)~~ With ten day's advance written notice to the interim key employee and to the gambling
 6 establishment, the Executive Director shall cancel the interim key employee-status license based
 7 upon the following:

8 (1) Evidence showing that the applicant has sustained any disqualifying criminal convictions;

9 (2) Evidence showing that the applicant is statutorily ineligible for a key employee license
 10 under the Act;

11 (3) Evidence which discloses that having the applicant serve as an interim key employee
 12 pending determination of their application may in the judgment of the Executive Director present
 13 a danger to the public or to the reputation of controlled gambling in this state;

14 (4) A determination by the Executive Director that the applicant has failed to reveal any fact
 15 that is material to, or supplied materially untrue or misleading information on, the applicant's
 16 key employee license application;

17 (5) A Bureau recommendation of denial of the applicant's key employee application;

18 (6) Referral by the Commission of the applicant to an evidentiary hearing with direction to
 19 the Executive Director to cancel the interim key employee status; or

20 (7) A determination by the Executive Director that the gambling establishment using the
 21 interim key employee procedure has shown a pattern or practice of hiring or promoting persons
 22 to key employee positions in violation of subsection (a) above or that the gambling establishment
 23 has acted in bad faith, with actual knowledge that the persons hired or promoted would be
 24 ineligible for licensure.

25 ~~(ef)~~ Within ten days of the date of notice of a cancellation of interim status pursuant to this
 26 section, the gambling establishment shall notify the Commission in writing of the effective date
 27 of the position change for or suspension of the employee, and shall describe the employee's
 28 revised job duties, if any.

29 ~~(fg)~~ Judicial review of a cancellation of interim status shall be by petition pursuant to section
 30 1085 of the Code of Civil Procedure.

31 (h) This section shall apply to any individual employed in the capacity of a key employee,
 32 whether employed in a gambling establishment owned by a non-corporate licensee or by a
 33 corporate licensee, as provided in Business and Professions Code section 19883.

34
 35 Note: Authority cited: Sections 19823, 19824, 19840, ~~and~~ 19841 and 19883, Business and Professions Code.

36 Reference: Sections 19805(w), 19805(x), 19850, 19855, 19856, 19857, 19859, 19866, 19870 and 19883, Business
 37 and Professions Code.

38
 39 **Section 12355. Mandatory and Discretionary Grounds for Denial of Application for a Key**
 40 **Employee License.**

41 (a) An application for a portable personal key employee license shall be denied by the
 42 Commission if any of the following applies:

43 (1) The Commission finds that the applicant is ineligible, unqualified, disqualified, or
 44 unsuitable pursuant to the criteria set forth in the Act or other applicable law or that granting the
 45 license would be inimical to public health, safety, welfare, or would undermine the public trust
 46 that gambling operations are free from criminal or dishonest elements.

47 (b) An application for a key employee license may be denied if:

**APPLICATION FOR GAMBLING ESTABLISHMENT
KEY EMPLOYEE LICENSE**

CGCC-031 (Rev. 05/08)



State of California
California Gambling Control Commission
2399 Gateway Oaks Drive, Suite 220
Sacramento, CA 95833-4231
(916) 263-0700; Fax: (916) 263-0452
www.cgcc.ca.gov

**APPLICATION FOR GAMBLING ESTABLISHMENT KEY EMPLOYEE LICENSE
CGCC-031 (Rev. 08/09)**

Pursuant to Business and Professions Code section 19854 of the Gambling Control Act, every key employee shall apply for and obtain a key employee license issued by the California Gambling Control Commission. ~~Licenses issued to key employees shall be for specified positions only, and shall be detailed on the endorsement described in Business and Professions Code section 19851(b).~~ A key employee license entitles the holder to work as a key employee in any key employee position at any gambling establishment, provided the key employee terminates employment with one gambling establishment before commencing work for another.

Instructions:

Type or print legibly, in ink, all information requested on this application. If a question does not apply, write "N/A" (Not Applicable). Applications not fully and accurately completed will be returned.

You must provide truthful information in all your responses in this application. All information provided and all answers to questions will be subject to verification. Any misrepresentation or failure to disclose information required on this application may constitute sufficient cause for denial or revocation.

Send the completed application package with required fees/deposits (listed below) to: California Gambling Control Commission, 2399 Gateway Oaks Drive, Suite 220, Sacramento, CA 95833-4231. Please make all checks payable to the California Gambling Control Commission.

Applicant's Last Name	First Name	Middle Initial
Gambling Establishment (Cardroom) Name <input type="checkbox"/> <u>Not currently employed by a gambling establishment</u>		
Please check one box indicating if you are applying for an <i>initial</i> or <i>renewal</i> license.		
<input type="checkbox"/> INITIAL		
Application Fee:	\$ 750 Non-refundable	
Background Deposit:	\$ 1,200 <i>Unused portion of background deposit will be refunded.</i>	
Attach the following to the application:		
✓ <u>Initial applicants must also submit a completed Gambling Establishment Key Employee Supplemental Background Investigation Information, BGC-APP-016A (Rev. 04/0808/09) form.</u>		
✓ <u>One 2 X 2 inch color passport-style photograph taken no more than 30 days prior to the date of this application.</u>		
<input type="checkbox"/> RENEWAL		
Application Fee:	\$ 750 Non-refundable	
Background Deposit:	No background deposit is required at time of application submission; however, you may be required to submit a background deposit upon notification by the Bureau of Gambling Control. <i>Unused portion of background deposit will be refunded.</i>	
Attach the following to the application:		
✓ <u>One 2 X 2 inch color passport-style photograph taken no more than 30 days before submission to the Commission.</u>		

SECTION 1 – APPLICANT INFORMATION

Other names you have used or been known by (aliases, maiden name, nicknames, other name changes, legal or otherwise)

*Residence Address – Number/Street (See below for note) Apt. / Unit Number

City County State Zip Code

*Mailing Address, if different than above

Contact Numbers Cell
 Fax

Home: () Work: () Ext: Other:

Birthdate (mm/dd/yyyy) Gender Male Female **Social Security Number (See below for note)

SECTION 2 – JOB TITLE / DESCRIPTION

Job Title

Description of Job Duties

SECTION 3 - RENEWAL INFORMATION

Complete this section only if renewing your key employee license. If you answer "Yes" to any of the questions below, please provide an explanation on a separate sheet of paper and attach to the application.

1. Have you been a party to any civil litigation, named in any administrative action affecting any license or certification, or convicted of any crime since you last filed an application for a Key Employee License?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you acquired or increased a financial interest in a business that conducts lawful gambling outside the state since last filing a Key Employee License application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been named in any administrative action affecting any license certification since you last filed an application for a Key Employee License?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been convicted of any crime (misdemeanor or felony) since you last filed an application for a Key Employee License?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4 – AUTHORIZED REPRESENTATIVE/DESIGNATED AGENT INFORMATION (if any)

Complete this section only if you choose to designate someone to represent you concerning your application or other matters regarding licensure.

Last Name	First Name	Middle Initial
Relationship to Applicant: <input type="checkbox"/> Self <input type="checkbox"/> Attorney <input type="checkbox"/> Other: _____		Business Name, if applicable
Mailing Address		
Telephone Number ()	Fax Number ()	E-mail Address (if any)

SECTION 5 –DECLARATION/SIGNATURE

I declare under penalty of perjury under the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate, and complete.

Signature of Applicant in Full (no initials)	Date
--	------

*You must provide your residence address to the Commission. Unless a separate mailing address is provided, the Commission will mail all correspondence to your residence address. Your residence address will not be displayed on the Commission's website and will not be provided to the public as a result of a request pursuant to the Public Records Act (Government Code section 6250 et seq.) or Business and Professions Code section 19821(b).

**Disclosure of your U.S. social security number is mandatory. Business and Professions Code section 30 and Public Law 94-455 (42 USC § 405(c)(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code section 17520 or for verification of licensure. If you fail to disclose your social security number, your application will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.



**APPLICATION FOR GAMBLING ESTABLISHMENT KEY EMPLOYEE LICENSE
 CGCC-031 (Rev. 08/09)**

Pursuant to Business and Professions Code section 19854 of the Gambling Control Act, every key employee shall apply for and obtain a key employee license issued by the California Gambling Control Commission. A key employee license entitles the holder to work as a key employee in any key employee position at any gambling establishment, provided the key employee terminates employment with one gambling establishment before commencing work for another.

Instructions:

Type or print legibly, in ink, all information requested on this application. If a question does not apply, write "N/A" (Not Applicable). Applications not fully and accurately completed will be returned.

You must provide truthful information in all your responses in this application. All information provided and all answers to questions will be subject to verification. Any misrepresentation or failure to disclose information required on this application may constitute sufficient cause for denial or revocation.

Send the completed application package with required fees/deposits (listed below) to: California Gambling Control Commission, 2399 Gateway Oaks Drive, Suite 220, Sacramento, CA 95833-4231. Please make all checks payable to the California Gambling Control Commission.

Applicant's Last Name	First Name	Middle Initial
Gambling Establishment (Cardroom) Name <input type="checkbox"/> Not currently employed by a gambling establishment		
Please check one box indicating if you are applying for an <i>initial</i> or <i>renewal</i> license.		
<input type="checkbox"/> <u>INITIAL</u> Application Fee: \$ 750 Non-refundable Background Deposit: \$ 1,200 <i>Unused portion of background deposit will be refunded.</i> <u>Attach the following to the application:</u> <input checked="" type="checkbox"/> A completed <i>Key Employee Supplemental Background Investigation Information, BGC-APP. 016A (Rev. 08/09)</i> form. <input checked="" type="checkbox"/> One 2 X 2 inch color passport-style photograph taken no more than 30 days prior to the date of this application.		
<input type="checkbox"/> <u>RENEWAL</u> Application Fee: \$ 750 Non-refundable Background Deposit: No background deposit is required at time of application submission; however, you may be required to submit a background deposit upon notification by the Bureau of Gambling Control. <i>Unused portion of background deposit will be refunded.</i> <u>Attach the following to the application:</u> <input checked="" type="checkbox"/> One 2 X 2 inch color passport-style photograph taken no more than 30 days before submission to the Commission.		

SECTION 1 – APPLICANT INFORMATION

Other names you have used or been known by (aliases, maiden name, nicknames, other name changes, legal or otherwise)

*Residence Address – Number/Street (See below for note)

Apt. / Unit Number

City

County

State

Zip Code

*Mailing Address, if different than above

Contact Numbers

 Cell

Home: ()

Work: ()

Ext:

Other:

 Fax

Birthdate (mm/dd/yyyy)

Gender

 Male Female

**Social Security Number (See below for note)

SECTION 2 – JOB TITLE / DESCRIPTION

Job Title

Description of Job Duties

SECTION 3 - RENEWAL INFORMATION

Complete this section only if renewing your key employee license. If you answer "Yes" to any of the questions below, please provide an explanation on a separate sheet of paper and attach to the application.

- | | |
|--|--|
| 1. Have you been a party to any civil litigation since you last filed an application for a Key Employee License? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you acquired or increased a financial interest in a business that conducts lawful gambling outside the state since last filing a Key Employee License application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you been named in any administrative action affecting any license certification since you last filed an application for a Key Employee License? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you been convicted of any crime (misdemeanor or felony) since you last filed an application for a Key Employee License? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION 4 – AUTHORIZED REPRESENTATIVE / DESIGNATED AGENT INFORMATIONComplete this section *only* if you choose to designate someone to represent you concerning your application or other matters regarding licensure.

Last Name

First Name

Middle Initial

Relationship to Applicant:

 Attorney Other: _____

Business Name, if applicable

Mailing Address

Telephone Number

()

Fax Number

()

E-mail Address (if any)

SECTION 5 –DECLARATION / SIGNATURE*I declare under penalty of perjury under the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate, and complete.*

Signature of Applicant in Full (no initials)

Date

*You must provide your residence address to the Commission. Unless a separate mailing address is provided, the Commission will mail all correspondence to your residence address. Your residence address will not be displayed on the Commission's website and will not be provided to the public as a result of a request pursuant to the Public Records Act (Government Code section 6250 et seq.) or Business and Professions Code section 19821(b).

**Disclosure of your U.S. social security number is mandatory. Business and Professions Code section 30 and Public Law 94-455 (42 USC § 405(c)(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code section 17520 or for verification of licensure. If you fail to disclose your social security number, your application will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Gambling Establishment Key Employee Supplemental Background Investigation Information

BGC-APP-016A (Rev. 04/0808/09)



BUREAU OF GAMBLING CONTROL
P.O. Box 168024
Sacramento, CA 95816-8024
(916) 263-3408; Fax (916) 263-3403

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE YOU COMPLETE THIS FORM

Business and Professions Code section 19854 requires every ~~gambling establishment~~ key employee to apply for and obtain a key employee license issued by the California Gambling Control Commission. ~~Licenses issued to key employees shall be for specified positions only, and shall be detailed on the endorsement described in Business and Professions Code section 19854(b).~~ The purpose of this ~~Gambling Establishment Key Employee Supplemental Background Investigation Information~~ form is to obtain information from you that is necessary to determine whether you meet the requirements for licensure under state law. By completing this form you are providing information that will be used to make that determination.

You must provide truthful information in all your responses in this application. All answers to questions in this application, and all supplemental documentation provided by you, will be subject to verification. Any misrepresentation or failure to disclose information required on this application may constitute sufficient cause for denial or revocation.

Type, or print legibly in blue or black ink, all information requested on this application. If a question does not apply to you, write "N/A" (Not Applicable). If the space available is insufficient, use a separate sheet of paper and precede each answer with the applicable section number. ~~Applications not fully and accurately completed will be returned to the sender for completion.~~

Please send your completed Application for Gambling Establishment Key Employee License (CGCC-031) and the Gambling Establishment Key Employee Supplemental Background Investigation Information form and Application (CGCC-034), along with the items listed on Page 8 to:

~~the~~ **California Gambling Control Commission**
at **2399 Gateway Oaks Drive, Suite 100220**
Sacramento, CA 95833-4231

~~Include a background deposit fee as required in Title 11, California Code of Regulations, section 2037.~~

Applicant's Your Full Name

Name of Employer

Job Title of Key Employee Position

Date of Photograph

**Affix a passport quality photograph
taken within the last 30 days here.**

PLEASE PRINT NAME
ON BACK OF
PHOTOGRAPH

Gambling Establishment Key Employee Supplemental Background Investigation Information

Instructions: Type or print legibly (in blue or black ink) an answer to every question. If a question does not apply to you, write "N/A" (Not Applicable). If more space is needed to answer a question, please use page 9 of the form and precede each answer with the applicable section.

SECTION 1: PERSONAL INFORMATION											
YOUR FULL NAME											
LAST			FIRST				MIDDLE				
ALIAS(ES), NICKNAME, MAIDEN NAME, OTHER NAME CHANGES, LEGAL OR OTHERWISE											
CURRENT ADDRESS (NUMBER/STREET/APT)						CITY		STATE		ZIP	
MAILING ADDRESS (NUMBER/STREET/APT) (IF DIFFERENT THAN CURRENT RESIDENCE)						CITY		STATE		ZIP	
HOME PHONE NUMBER			WORK PHONE NUMBER			E-MAIL ADDRESS					
BIRTH PLACE (CITY, COUNTY, STATE, COUNTRY)						DRIVER'S LICENSE/IDENTIFICATION CARD NUMBER					
						NO _____ STATE		EXPIRATION DATE			
DATE OF BIRTH			SOCIAL SECURITY NUMBER*				GENDER				
							<input type="checkbox"/> MALE		<input type="checkbox"/> FEMALE		
PHYSICAL DESCRIPTION		HEIGHT		WEIGHT		HAIR COLOR		EYE COLOR			
DISTINGUISHING MARKS (SCARS, TATTOOS, ETC.) DESCRIBE AND INDICATE LOCATION											
ARE YOU A UNITED STATES U.S. CITIZEN..... <input type="checkbox"/> YES <input type="checkbox"/> NO						IF NO, OF WHAT COUNTRY ARE YOU A CITIZEN? _____					
IF RESIDENT ALIEN OR NATURALIZED CITIZEN, PROVIDE I.N.S. REGISTRATION NUMBER, I.N.S. A-NUMBER OR USCIS A-NUMBER						IF NATURALIZED, CERTIFICATE NUMBER					
DATE NATURALIZED (MM/DD/YYYY)						PLACE					
* Your Social Security Number (SSN) will be used by the Bureau of Gambling Control (Bureau) pursuant to Business and Professions Code section 19865 for purposes of confirming your identity. If you fail to disclose your SSN, the Bureau will be unable to complete your background investigation.											
DO YOU HAVE ANY FAMILY MEMBERS CURRENTLY WORKING IN ANY POSITION IN ANY GAMING FACILITY IN CALIFORNIA?..... <input type="checkbox"/> YES <input type="checkbox"/> NO											
IF YES, COMPLETE INFORMATION BELOW:											
NAME OF FAMILY MEMBER			HOME ADDRESS (NUMBER / STREET / APT)			CITY		STATE		ZIP	
RELATIONSHIP			POSITION HELD				SUPERVISOR'S NAME				
NAME OF FAMILY MEMBER			HOME ADDRESS (NUMBER / STREET / APT)			CITY		STATE		ZIP	
RELATIONSHIP			POSITION HELD				SUPERVISOR'S NAME				
SECTION 2: MARITAL/FAMILY/COHABITANTS INFORMATION											
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED											
CURRENT SPOUSE											

Gambling Establishment Key Employee Supplemental Background Investigation Information

<u>FULL NAME</u> <u>LAST</u>	<u>FIRST</u>	<u>MIDDLE</u>	<u>MAIDEN</u>
------------------------------	--------------	---------------	---------------

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>YEARS</u> <u>DATE OF MARRIAGE</u>
-------------	----------------------	--------------------------------------

N/A **FORMER SPOUSE**

<u>FULL NAME</u> <u>LAST</u>	<u>FIRST</u>	<u>MIDDLE</u>	<u>MAIDEN</u>
------------------------------	--------------	---------------	---------------

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>YEARS</u> <u>DATES OF MARRIAGE (FROM AND TO)</u>	<u>STATE</u> <u>DIVORCE FILED</u>
-------------	----------------------	---	-----------------------------------

DO YOU HAVE ANY IMMEDIATE FAMILY MEMBERS, COHABITANTS OR ROOMMATES WHO CURRENTLY HAVE A FINANCIAL INTEREST IN, OR ARE EMPLOYED BY, A GAMING RELATED BUSINESS? IF YES, PROVIDE THE FOLLOWING DETAILS.	<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

A) <u>FULL NAME</u> <u>LAST</u>	<u>FIRST</u>	<u>MIDDLE</u>	<u>RELATIONSHIP</u>
---------------------------------	--------------	---------------	---------------------

<u>PERCENTAGE OWNED AND/OR POSITION HELD</u>	<u>NAME OF BUSINESS</u>
--	-------------------------

B) <u>FULL NAME</u> <u>LAST</u>	<u>FIRST</u>	<u>MIDDLE</u>	<u>RELATIONSHIP</u>
---------------------------------	--------------	---------------	---------------------

<u>PERCENTAGE OWNED AND/OR POSITION HELD</u>	<u>NAME OF BUSINESS</u>
--	-------------------------

C) <u>FULL NAME</u> <u>LAST</u>	<u>FIRST</u>	<u>MIDDLE</u>	<u>RELATIONSHIP</u>
---------------------------------	--------------	---------------	---------------------

<u>PERCENTAGE OWNED AND/OR POSITION HELD</u>	<u>NAME OF BUSINESS</u>
--	-------------------------

CHILDREN AND DEPENDENTS
 PROVIDE THE FOLLOWING INFORMATION FOR EACH OF YOUR CHILDREN (INCLUDING BIRTH, STEP, ADOPTED, AND FOSTER CHILDREN) AND OTHER DEPENDENTS.

<u>NAME (LAST, FIRST, MIDDLE, MAIDEN)</u>	<u>DATE OF BIRTH</u>	<u>RESIDENCE ADDRESS</u>	<u>RELATIONSHIP</u>

SECTION 3: RESIDENCES

LIST ALL RESIDENCES DURING THE LAST FIVE 10 YEARS (MOST RECENT FIRST, EXCLUDING YOUR CURRENT RESIDENCE). PROVIDE COMPLETE ADDRESSES AND (INCLUDE MARKERS SUCH AS STREET, DRIVE, ROAD, EAST, WEST, ETC., AND UNIT OR APARTMENT NUMBER). DO NOT USE P.O. BOXES.

A) FORMER ADDRESS (NUMBER / STREET / APT)	FROM (MM/YYYY)	TO (MM/YYYY)								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><u>CITY</u></td> <td style="width:10%;"><u>COUNTY</u></td> <td style="width:10%;"><u>STATE</u></td> <td style="width:55%;"><u>COUNTRY, IF OUTSIDE OF U.S.</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	<u>CITY</u>	<u>COUNTY</u>	<u>STATE</u>	<u>COUNTRY, IF OUTSIDE OF U.S.</u>					ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
<u>CITY</u>	<u>COUNTY</u>	<u>STATE</u>	<u>COUNTRY, IF OUTSIDE OF U.S.</u>							

B) FORMER ADDRESS (NUMBER / STREET / APT)	FROM (MM/YYYY)	TO (MM/YYYY)								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><u>CITY</u></td> <td style="width:10%;"><u>COUNTY</u></td> <td style="width:10%;"><u>STATE</u></td> <td style="width:55%;"><u>COUNTRY, IF OUTSIDE OF U.S.</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	<u>CITY</u>	<u>COUNTY</u>	<u>STATE</u>	<u>COUNTRY, IF OUTSIDE OF U.S.</u>					ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
<u>CITY</u>	<u>COUNTY</u>	<u>STATE</u>	<u>COUNTRY, IF OUTSIDE OF U.S.</u>							

C) FORMER ADDRESS (NUMBER / STREET / APT)	FROM (MM/YYYY)	TO (MM/YYYY)								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><u>CITY</u></td> <td style="width:10%;"><u>COUNTY</u></td> <td style="width:10%;"><u>STATE</u></td> <td style="width:55%;"><u>COUNTRY, IF OUTSIDE OF U.S.</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	<u>CITY</u>	<u>COUNTY</u>	<u>STATE</u>	<u>COUNTRY, IF OUTSIDE OF U.S.</u>					ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
<u>CITY</u>	<u>COUNTY</u>	<u>STATE</u>	<u>COUNTRY, IF OUTSIDE OF U.S.</u>							

Gambling Establishment Key Employee Supplemental Background Investigation Information

D) FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
_____			_____	_____
CITY	COUNTY	STATE	ZIP	
_____	_____	_____	_____	

SECTION 4: EXPERIENCE AND EMPLOYMENT
 BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT, LIST ALL YOUR WORK HISTORY AND PERIODS OF UNEMPLOYMENT (INCLUDING EDUCATION) FOR THE PAST 10 YEARS. LIST ALL JOBS YOU HAVE HAD, INCLUDING PART-TIME, TEMPORARY, AND SELF-EMPLOYMENT, AND VOLUNTEER ACTIVITIES, DURING THE PREVIOUS 10 YEARS. FOR UNEMPLOYED PERIODS, INCLUDE PERIODS OF UNEMPLOYMENT AND IN THE DUTIES/ASSIGNMENTS SECTION, EXPLAIN HOW YOU SUPPORTED YOURSELF WHILE UNEMPLOYED.

A) NAME OF EMPLOYER			FROM (MM/YYYY)	TO (MM/YYYY)
_____			_____	_____
JOB TITLE / DUTIES			GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
_____			_____	
ADDRESS (NUMBER / STREET)			SUPERVISOR	
_____			_____	
CITY	STATE	ZIP	CONTACT NUMBER	EXT
_____	_____	_____	()	_____
JOB TITLE	REASON FOR LEAVING		GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
_____	_____		_____	
DUTIES / ASSIGNMENTS				

B) NAME OF EMPLOYER			FROM (MM/YYYY)	TO (MM/YYYY)
_____			_____	_____
JOB TITLE / DUTIES			GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
_____			_____	
ADDRESS (NUMBER / STREET)			SUPERVISOR	
_____			_____	
CITY	STATE	ZIP	CONTACT NUMBER	EXT
_____	_____	_____	()	_____
JOB TITLE	REASON FOR LEAVING, IF TERMINATED, EXPLAIN THE CIRCUMSTANCES		GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
_____	_____		_____	
DUTIES / ASSIGNMENTS				

C) NAME OF EMPLOYER			FROM (MM/YYYY)	TO (MM/YYYY)
_____			_____	_____
JOB TITLE / DUTIES			GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
_____			_____	
ADDRESS (NUMBER / STREET)			SUPERVISOR	
_____			_____	
CITY	STATE	ZIP	CONTACT NUMBER	EXT
_____	_____	_____	()	_____
JOB TITLE	REASON FOR LEAVING, IF TERMINATED, EXPLAIN THE CIRCUMSTANCES		GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
_____	_____		_____	
DUTIES / ASSIGNMENTS				

Gambling Establishment Key Employee Supplemental Background Investigation Information

D) NAME OF EMPLOYER			FROM (MM/YYYY)	TO (MM/YYYY)
JOB TITLE / DUTIES			GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS (NUMBER / STREET)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE	REASON FOR LEAVING, IF TERMINATED, EXPLAIN THE CIRCUMSTANCES		GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES / ASSIGNMENTS				

E) NAME OF EMPLOYER			FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS (NUMBER / STREET)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE	REASON FOR LEAVING		GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES / ASSIGNMENTS				

SECTION 5: MILITARY EXPERIENCE

HAVE YOU EVER SERVED IN ANY BRANCH OF THE U.S. ARMED FORCES? YES NO
IF YES, PROVIDE DETAILS BELOW AND ATTACH A COPY OF YOUR "UNDELETED" MILITARY FORM DD-214 (i.e. a complete copy of the form with no information blacked out)

BRANCH OF SERVICE		DATES OF SERVICE (MM/YYYY)	
		FROM	TO
COUNTRY OF SERVICE	RANK AT SEPARATION	SSN / SERVICE NUMBER	
TYPE OF DISCHARGE: <input type="checkbox"/> ENTRY LEVEL <input type="checkbox"/> HONORABLE <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER THAN HONORABLE <input type="checkbox"/> BAD CONDUCT <input type="checkbox"/> DISHONORABLE <input type="checkbox"/> OTHER: _____			
HAVE YOU EVER BEEN DISCIPLINED WHILE IN THE MILITARY?			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED/DID THIS RESULT IN A COURT-MARTIAL?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PROVIDE DETAILS BELOW:			
DATE (MM/YYYY)	FINAL CHARGE	COURT LOCATION (CITY & STATE)	
_____	_____	_____	
_____	_____	_____	

SECTION 6: CRIMINAL CONVICTIONS HISTORY INFORMATION (CIVILIAN AND ARBITER OR)

HAVE YOU EVER BEEN **CONVICTED** OF A CRIME, PLED GUILTY, OR PLED NOLO CONTENDERE (NO CONTEST) TO A CRIME-OFFENSE? (OTHER THAN A VEHICLE CODE INFRACTION)? INCLUDE ANY CONVICTIONS REDUCED OR EXPUNGED, UNLESS THE RECORDS HAVE BEEN SEALED PURSUANT TO A COURT ORDER. (DO NOT INCLUDE VEHICLE CODE INFRACTIONS) YES NO

IF YES, PROVIDE DETAILS FOR EXPLAIN EACH INCIDENT BELOW:

A) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY)	COURT LOCATION (CITY & STATE) AND ARRESTING AGENCY (CITY & STATE)	COURT LOCATION (CITY AND STATE)
_____	_____	_____

Gambling Establishment Key Employee Supplemental Background Investigation Information

WHAT CRIME(S) WERE YOU CONVICTED OF? OFFENSE(S) (INDICATE FELONY OR MISDEMEANOR.)

B) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY)	COURT LOCATION (CITY & STATE) AND ARRESTING AGENCY (CITY & STATE)	COURT LOCATION (CITY AND STATE)
---	--	--

WHAT CRIME(S) WERE YOU CONVICTED OF? OFFENSE(S) (INDICATE FELONY OR MISDEMEANOR.)

C) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY)	COURT LOCATION (CITY & STATE) AND ARRESTING AGENCY (CITY & STATE)	COURT LOCATION (CITY AND STATE) *
---	--	--

WHAT CRIME(S) WERE YOU CONVICTED OF? OFFENSE(S) (INDICATE FELONY OR MISDEMEANOR.)

D) APPROXIMATE DATE (MM/DD/YYYY)	COURT LOCATION (CITY & STATE) AND ARRESTING AGENCY (CITY & STATE)
---	--

WHAT CRIME(S) WERE YOU CONVICTED OF?

HAVE YOU EVER BEEN REMOVED FROM OR PROHIBITED FROM ENTERING THE PREMISES OF ANY GAMING OR PARI-MUTUEL WAGERING ESTABLISHMENT BY ANY GOVERNMENT REPRESENTATIVE, AGENCY, OR GAMBLING ESTABLISHMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

HAVE YOU EVER ENGAGED IN BOOKMAKING OR OTHER ILLEGAL GAMBLING ACTIVITIES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

HAVE YOU EVER BEEN FOUND IN VIOLATION OF ANY CAMPAIGN LAWS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

IF YES TO ANY OF THE ABOVE, PROVIDE DETAILS BELOW.

HAVE YOU EVER BEEN A PARTY TO ANY LITIGATION OR ARBITRATION? IF YES, PROVIDE THE FOLLOWING DETAILS. YOU ARE NOT OBLIGATED TO REVEAL DETAIL OF ANY CONFIDENTIAL ARBITRATION.	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

A) APPROXIMATE DATE FILED (MM/DD/YYYY)	PARTIES INVOLVED	COURT LOCATION (CITY AND STATE)
---	-------------------------	--

CASE NUMBER

DISPOSITION DATE (MM/DD/YYYY)

B) APPROXIMATE DATE FILED (MM/DD/YYYY)	PARTIES INVOLVED	COURT LOCATION (CITY AND STATE)
---	-------------------------	--

CASE NUMBER

DISPOSITION DATE (MM/DD/YYYY)

SECTION 7: OTHER LICENSING INFORMATION

HAVE YOU EVER HELD OR APPLIED FOR A PERMIT, LICENSE, OR CERTIFICATE, REGISTRATION OR FINDING OF SUITABILITY RELATED TO GAMING? INCLUDE ANY ACTIONS BY THE CALIFORNIA GAMBLING CONTROL COMMISSION.	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

IF YES, PROVIDE THE FOLLOWING DETAILS.

IF YES, LIST BELOW ANY LICENSING OR REGULATORY AGENCY (TRIBAL, STATE, OR LOCAL) TO WHICH YOU HAVE APPLIED FOR A LICENSE, PERMIT OR CERTIFICATE RELATED TO GAMING ACTIVITIES OR LOTTERY, WHETHER OR NOT SUCH LICENSE, PERMIT, OR CERTIFICATE WAS GRANTED (INCLUDE ANY APPLICATIONS DENIED, WITHDRAWN, AND/OR PENDING).

A) LICENSE/PERMIT/CERTIFICATE # NUMBER	TYPE OF APPLICATION	DATES HELD FROM (MM/YYYY) TO (MM/YYYY)	ISSUING AGENCY
--	---------------------	--	----------------

FROM: _____ TO: _____

CITY, COUNTY, STATE, COUNTRY

ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)

GAMING ESTABLISHMENT/TRIBE/THIRD PARTY PROVIDER

IF DENIED, SUSPENDED, WITHDRAWN, OR REVOKED, EXPLAIN THE CIRCUMSTANCES.

B) LICENSE/PERMIT/CERTIFICATE # NUMBER	TYPE OF APPLICATION	DATES HELD FROM (MM/YYYY) TO (MM/YYYY)	ISSUING AGENCY
--	---------------------	--	----------------

FROM: _____ TO: _____

CITY, COUNTY, STATE, COUNTRY

ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)

GAMING ESTABLISHMENT/TRIBE/THIRD PARTY PROVIDER

IF DENIED, SUSPENDED, WITHDRAWN, OR REVOKED, EXPLAIN THE CIRCUMSTANCES.

Gambling Establishment Key Employee Supplemental Background Investigation Information

HAVE YOU EVER HELD OR APPLIED FOR A PRIVILEGED REGISTRATION, PROFESSIONAL LICENSE, PERMIT, CERTIFICATE, REGISTRATION OR CREDENTIAL AUTHORIZATION NOT RELATED TO GAMING?... YES NO
 IF YES, PROVIDE THE FOLLOWING DETAILS.

IF YES, LIST BELOW ANY LICENSING OR REGULATORY AGENCY TO WHICH YOU HAVE APPLIED FOR A LICENSE, REGISTRATION, CERTIFICATE OR CREDENTIAL NOT RELATED TO GAMING ACTIVITIES OR LOTTERY, WHETHER OR NOT SUCH LICENSE, REGISTRATION, CERTIFICATE OR CREDENTIAL WAS ISSUED (INCLUDE ANY APPLICATIONS DENIED, WITHDRAWN, AND/OR PENDING).

TYPE OF LICENSE #	LICENSING AGENCY/JURISDICTION	LICENSE NUMBER	APPROVED/DENIED/SURRENDERED	DATES HELD OR DATE AND REASON FOR DENIAL OR SURRENDER
_____	_____	_____	_____	FROM: _____ TO: _____
TYPE OF LICENSE #	LICENSING AGENCY/JURISDICTION	LICENSE NUMBER	APPROVED/DENIED/SURRENDERED	DATES HELD OR DATE AND REASON FOR DENIAL OR SURRENDER
_____	_____	_____	_____	FROM: _____ TO: _____

A) LICENSE/PERMIT/CERTIFICATION/AUTHORIZATION NO.	TYPE OF APPLICATION	DATES HELD FROM (MM/YYYY) TO (MM/YYYY)	ISSUING AGENCY
_____	_____	_____	_____
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	
IF DENIED, SUSPENDED, WITHDRAWN, OR REVOKED, EXPLAIN THE CIRCUMSTANCES			

B) LICENSE/PERMIT/CERTIFICATION/AUTHORIZATION NO.	TYPE OF APPLICATION	DATES HELD FROM (MM/YYYY) TO (MM/YYYY)	ISSUING AGENCY
_____	_____	_____	_____
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	
IF DENIED, SUSPENDED, WITHDRAWN, OR REVOKED, EXPLAIN THE CIRCUMSTANCES			

SECTION 8: BUSINESS INTEREST

HAVE YOU HELD A FINANCIAL INTEREST OR STOCK IN ANY GAMING RELATED VENTURE OR BUSINESS WITHIN THE LAST 10 YEARS? YES NO
 IF YES, PROVIDE THE FOLLOWING DETAILS AND ATTACH A SEPARATE SHEET OF PAPER IDENTIFYING THE INDIVIDUALS SHARING INTEREST IN THE BUSINESS/VENTURE AND THEIR RESPECTIVE PERCENT OF OWNERSHIP.

A) NAME OF BUSINESS ENTITY	DATES INVOLVED FROM (MM/YYYY) TO (MM/YYYY)	BUSINESS ENTITY MAILING ADDRESS
_____	_____	_____
BUSINESS TELEPHONE NUMBER	AMOUNT OF MONEY INVESTED	IDENTIFY SOURCE OF MONIES FOR YOUR INITIAL AND SUBSEQUENT INVESTMENTS (IF LOANS, PROVIDE COPIES OF AGREEMENTS. IF CHECKING OR SAVINGS, IDENTIFY SOURCE (I.E. WAGES, INHERITANCE, ETC.))
_____	_____	_____
YOUR CAPACITY/TITLE	PRIMARY PURPOSE OF BUSINESS	% OF OWNERSHIP/NUMBER OF SHARES OWNED
_____	_____	_____

B) NAME OF BUSINESS ENTITY	DATES INVOLVED FROM (MM/YYYY) TO (MM/YYYY)	BUSINESS ENTITY MAILING ADDRESS
_____	_____	_____
BUSINESS TELEPHONE NUMBER	AMOUNT OF MONEY INVESTED	IDENTIFY SOURCE OF MONIES FOR YOUR INITIAL AND SUBSEQUENT INVESTMENTS (IF LOANS, PROVIDE COPIES OF AGREEMENTS. IF CHECKING OR SAVINGS, IDENTIFY SOURCE (I.E. WAGES, INHERITANCE, ETC.))
_____	_____	_____
YOUR CAPACITY/TITLE	PRIMARY PURPOSE OF BUSINESS	% OF OWNERSHIP/NUMBER OF SHARES OWNED
_____	_____	_____

LIST ALL BUSINESSES, SUCH AS CORPORATIONS, AND PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES WITH WHICH YOU ARE CURRENTLY ASSOCIATED AS HAVE HAD A FINANCIAL INTEREST AS AN OWNER, OFFICER, DIRECTOR, ACTIVE SHAREHOLDER, PARTNER, MEMBER, OR OTHER SIMILAR CAPACITY WITHIN THE LAST 10 YEARS.
 LIST ALL GAMBLING RELATED BUSINESSES WITH WHICH YOU ARE OR HAVE BEEN ASSOCIATED AS AN OWNER, OFFICER, DIRECTOR, ACTIVE SHAREHOLDER, PARTNER OR OTHER SIMILAR CAPACITY WITHIN THE LAST 10 YEARS. ATTACH ADDITIONAL SHEETS AS NECESSARY.

A) NAME OF BUSINESS ENTITY/CORPORATION/PARTNERSHIP	DATES OF INVOLVEMENT FROM (MM/YYYY) TO (MM/YYYY)	BUSINESS ENTITY/CORPORATION/PARTNERSHIP MAILING ADDRESS
_____	_____	_____
BUSINESS TELEPHONE NUMBER ()	AMOUNT OF MONEY INVESTED	IDENTIFY SOURCE OF MONIES FOR YOUR INITIAL AND SUBSEQUENT INVESTMENTS (IF LOANS, PROVIDE COPIES OF AGREEMENTS. IF CHECKING OR SAVINGS, IDENTIFY SOURCE (I.E. WAGES, INHERITANCE, ETC.))
_____	_____	_____
YOUR CAPACITY/TITLE	PRIMARY PURPOSE OF BUSINESS	AMOUNT OF INVESTMENT
_____	_____	_____
% OF OWNERSHIP/# NUMBER OF SHARES OWNED	GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
_____	_____	
B) NAME OF BUSINESS ENTITY/CORPORATION/PARTNERSHIP	DATES OF INVOLVEMENT FROM (MM/YYYY) TO (MM/YYYY)	BUSINESS ENTITY/CORPORATION/PARTNERSHIP MAILING ADDRESS
_____	_____	_____
BUSINESS TELEPHONE NUMBER ()	AMOUNT OF MONEY INVESTED	IDENTIFY SOURCE OF MONIES FOR YOUR INITIAL AND SUBSEQUENT INVESTMENTS (IF LOANS, PROVIDE COPIES OF AGREEMENTS. IF CHECKING OR SAVINGS, IDENTIFY SOURCE (I.E. WAGES, INHERITANCE, ETC.))
_____	_____	_____
YOUR CAPACITY/TITLE	PRIMARY PURPOSE OF BUSINESS	AMOUNT OF INVESTMENT
_____	_____	_____
% OF OWNERSHIP/# NUMBER OF SHARES OWNED	GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
_____	_____	

Gambling Establishment Key Employee Supplemental Background Investigation Information

EXPLAIN THE REASON FOR THIS ACTION. ATTACH A COPY OF THE PAYMENT PLAN OR OTHER DOCUMENTATION SHOWING HOW THE DEBT WILL BE SATISFIED. IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YOU PLAN ON REPAYING THE DEBT(S).

DO YOU OWN, OR CONTROL, OR MANAGE ANY ASSETS OR LIABILITIES OUTSIDE THE UNITED STATES? YES NO

IF YES, PROVIDE COMPLETE THE FOLLOWING DETAILS BELOW.

A) DESCRIPTION OF ASSET/LIABILITY	
DATE ACQUIRED (MM/YYYY)	LOCATION
B) DESCRIPTION OF ASSET/LIABILITY	
DATE ACQUIRED (MM/YYYY)	LOCATION

SECTION 10: GROSS ANNUAL INCOME

CURRENT GROSS ANNUAL INCOME	\$ _____
BUSINESS INCOME (EXPLAIN TYPE OF BUSINESS)	\$ _____
INTEREST INCOME	\$ _____
DIVIDEND INCOME	\$ _____
RENTAL INCOME	\$ _____
CHILD SUPPORT	\$ _____
GIFTS	\$ _____
SPOUSAL SUPPORT/ALIMONY	\$ _____
OTHER (SPECIFY, I.E. SPOUSAL INCOME)	\$ _____
OTHER (SPECIFY)	\$ _____
TOTAL GROSS INCOME	\$ _____

DO YOU RECEIVE BONUSES OR PROFIT SHARING FROM YOUR CURRENT EMPLOYER WHICH ARE BASED ON A PERCENTAGE OF THE GAMBLING ESTABLISHMENT REVENUE?
 YES NO

THE ASSET AND LIABILITY FIGURES SHOWN BELOW ARE AS OF _____, 20_____

SECTION 11: STATEMENT OF ASSETS

LIST THE VALUE OF ALL ASSETS, BOTH TANGIBLE AND INTANGIBLE. ALL ASSETS MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES.

ASSETS	*PURCHASE PRICE	CURRENT MARKET VALUE
CASH (TOTAL FROM SCHEDULE A)		\$ _____
STOCKS AND BONDS (TOTAL FROM SCHEDULE B)		\$ _____
ACCOUNTS AND NOTES RECEIVABLE (TOTAL FROM SCHEDULE C)		\$ _____
BUSINESS INVESTMENTS* (TOTAL FROM SCHEDULE D)	\$ _____	\$ _____
REAL ESTATE* (TOTAL FROM SCHEDULE E)	\$ _____	\$ _____
OTHER ASSETS (TOTAL FROM SCHEDULE F)		\$ _____
TOTAL ASSETS		\$ _____

SECTION 12 - STATEMENT OF LIABILITIES

LIST THE VALUE OF ALL YOUR LIABILITIES. ALL LIABILITIES MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES. IF APPLICABLE, ANY DEBT INCURRED TO FINANCE THE TOTAL INVESTED IN THE GAMBLING ESTABLISHMENT SHOULD BE REFLECTED ON ONE OF THE SCHEDULES LISTED BELOW.

LIABILITIES	INITIAL AMOUNT	PRESENT BALANCE
ACCOUNTS PAYABLE (TOTAL FROM SCHEDULE G)		\$ _____
TAXES PAYABLE (TOTAL FROM SCHEDULE H)		\$ _____
NOTES PAYABLE* (TOTAL FROM SCHEDULE I)	\$ _____	\$ _____
MORTGAGE PAYABLE* (TOTAL FROM SCHEDULE J)	\$ _____	\$ _____
CONTINGENT AND OTHER LIABILITIES (TOTAL FROM SCHEDULE K)		\$ _____
TOTAL LIABILITIES		\$ _____

NOTE: - ADDITIONAL FINANCIAL INFORMATION MAY BE REQUIRED BY THE BUREAU OF GAMBLING CONTROL.

SECTION 13 : SUPPORTING DOCUMENTATION CHECKLIST

KEY EMPLOYEE APPLICANTS MUST INCLUDE THE FOLLOWING ADDITIONAL DOCUMENTS WITH THIS APPLICATION. ONLY DOCUMENTS THAT ARE DATED AND SIGNED BY ALL PARTIES WILL BE ACCEPTED. FAILURE TO PROVIDE COMPLETED DOCUMENTS MAY RESULT IN A DENIAL OF YOUR LICENSE REQUEST.

The following items must be submitted with this completed form, as applicable. Original documents are required unless otherwise stated. Only documents that are dated and signed by all parties will be accepted. Failure to provide required items may result in denial of your application. This application will not be deemed complete until all required items have been received.

Mark the box next to each enclosed item.

- Authorization to Release Information form (BGC-APP_006, [Rev. 04/08])
- Request for Live Scan Service (BCII 8016, Rev. 03/07)
- MILITARY FORM DD-214 (A complete "undeleted" copy with no information blacked out)
- Resident Card, Employment Authorization Card (front and back copy) or Certificate of Naturalization (front copy)
- Any active cardroom Key Employee License, Work Permit, Badge, etc., issued by a California city or county (front and back copy)
- Employment Agreement or Duty Statement for the position for which you are applying (copy)
- Federal Individual and Business Tax Returns - signed copies of state and federal, both individual and business for the past three years, including all statements/schedules and attachments for the last three years (copy)
- Monthly Bank Statements copies of for all personal and business accounts corresponding only to the most recent tax return for the last 12 months (copy)
- Monthly/Quarterly Investment account Statements - copies for all personal and business accounts corresponding only to the most recent tax return for the last 12 months (copy)
- Loan Agreements (copy)
- Naturalization certificate - if a naturalized citizen, a copy of your naturalization certificate
- Request for Live Scan Service (BCII 8016, Rev. 04/04)
- Employment contract - copy
- Local cardroom employee license, permit, badge, etc. - copy
- Military form DD214, if applicable - copy
- Alien registration, if applicable - copy
- Bankruptcy Court Petition and Order records, if applicable (copy)

Additional documentation may be required by the Bureau of Gambling Control.

Gambling Establishment Key Employee Supplemental Background Investigation Information

Pursuant to Business and Professions Code section 19867, you are responsible for all costs incurred by the Bureau related to its background investigation. At the conclusion of the investigation, an itemized accounting of all such costs will be provided. Monies received in excess of the actual costs incurred will be refunded. A license will not be issued until the required background investigation deposit(s) and application fee are received.

SECTION 14.1.2: DECLARATION

I declare under penalty of perjury of the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate and complete, and that this declaration is executed by me at _____ on _____
City and State *Date*

PRINT FULL NAME SIGNATURE

SIGNATURE PRINT FULL NAME

DATE

ADDITIONAL SPACE

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., residences, employers, explanations to questions, etc.).
- Identify the corresponding question and specific item being referenced.

A large rectangular area with horizontal lines, intended for additional information. A large 'X' is drawn across the entire area, indicating that this page is to be duplicated as needed for additional information.

Key Employee Supplemental Background Investigation Information

SCHEDULE A – ASSETS
Gross Annual Household Income

<u>Type of Income</u>	<u>Applicant</u>	<u>Spouse/Other</u>
<u>Current Gross Annual Income</u>	\$	\$
<u>Business Income (Explain Type of Business)</u>	\$	\$
<u>Interest Income</u>	\$	\$
<u>Dividend Income</u>	\$	\$
<u>Rental Income</u>	\$	\$
<u>Child Support</u>	\$	\$
<u>Gifts</u>	\$	\$
<u>Spousal Support/Alimony</u>	\$	\$
<u>Other (Specify)</u>	\$	\$
<u>Total Gross Income</u>	\$	\$
DO YOU RECEIVE BONUSES OR PROFIT SHARING BASED ON A PERCENTAGE OF REVENUE GENERATED FROM A GAMING ACTIVITY?		<input type="checkbox"/> YES <input type="checkbox"/> NO

Signature of Preparer _____

Date _____

SCHEDULE AB - ASSETS

Cash

List all cash and where it is located, (e.g., financial institutions (foreign and domestic), safe deposit boxes, house/office safe, etc.).

Name & Address of Bank or Investment Account Where the Funds are Held	Type of Account	Last 6 Digits of Account Number	Date Opened	Names of Persons Who Have Signature Authority on Account	Balance
					\$
					\$
					\$
					\$
					\$
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
TOTAL*:					\$

*This total should match the corresponding total reported on page 7.

Signature of Preparer _____

Date _____

SCHEDULE BC - ASSETS
Stocks and Bonds

List all stocks, bonds, mutual funds, or other similar investments held or controlled.

Issuer	Registered Owner	Last 6 Digits of Account Number	Type (Note if stocks, bonds, mutual funds, etc.)	Number of Shares or Units	Current Market Value
					\$
					\$
					\$
					\$
					\$
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
				TOTAL*:	\$

*This total should match the corresponding total reported on page 7.

Signature of Preparer _____ Date _____

SCHEDULE CD - ASSETS
Accounts and Notes Receivable

List all loans, accounts, and notes receivable (monies owed to you). Please submit copies of loan agreements for any loans between private parties not secured through a financial institution.

Name and Address of Debtor	Date Acquired	Maturity Date (Notes Receivable)	Payment Amount and Payment Period (e.g. Weekly, Monthly)	Interest Rate	Original Amount	Unpaid Balance
					\$	\$ AS OF DATE
					\$	\$ AS OF DATE
					\$	\$ AS OF DATE
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
					TOTAL*:	\$

*This total should match the corresponding total reported on page 7.

Signature of Preparer _____ Date _____

SCHEDULE D - ASSETS
Business Investments

List any business investments in which any direct, indirect, or vested interest is held, along with the names of all individuals or entities who share a direct, indirect, or vested interest. This should include, but not be limited to, joint ventures, partnerships, limited liabilities companies, and corporations.

Entity Name	Type of Entity	Number of Shares or Units	Name in which held	Percent of Ownership	Individuals or Entities Sharing Interest & Percentage Ownership	Date of Purchase	Purchase Price	Current Market Value
_____	_____	_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____	\$ _____
							TOTAL*:	\$ _____

*This total should match the corresponding total reported on page 7.

Signature of Preparer _____ Date _____

SCHEDULE E - ASSETS

Real Estate

List any direct or indirect interest held in real property by yourself, your spouse, or your dependent children.

Address or Parcel Number & Location	Type (Residential/ or Commercial)	Percentage of Ownership	Date of Purchase	Current Income (Rent/Lease) (indicate per month, year, etc.)	Down Payment	Purchase Price	Current Market Value
					\$	\$	\$
Identify the source of funds for the down payment:							
					\$	\$	\$
Identify the source of funds for the down payment:							
					\$	\$	\$
Identify the source of funds for the down payment:							
_____	_____	_____	_____	_____		\$ _____	\$ _____
_____	_____	_____	_____	_____		\$ _____	\$ _____
						TOTAL:	\$ _____

*This total should match the corresponding total reported on page 7.

Signature of Preparer _____ Date _____

SCHEDULE I - LIABILITIES

Notes Payable

List all loans, leases, accounts, and notes payable (loans owed by you).

Name and Address of Creditor	Date Incurred	Collateral	Maturity Date	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Original Note Amount	Interest Rate	Unpaid Balance
		_____			\$		\$
		_____			\$		\$
		_____			\$		\$
		_____			\$		\$
		_____			\$		\$
		_____			\$		\$
		_____			\$		\$
		_____			\$		\$
		_____			\$		\$
TOTAL*:							\$

*This total should match the corresponding total reported on page 7.

Signature of Preparer _____ Date _____

SCHEDULE J - LIABILITIES

Mortgages Payable

List all mortgages or liens on real estate.

Name and Address of Creditor Account Number	Address or Parcel Number and Location of Real Estate	Date Incurred	Interest Rate	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Original Loan Amount	Unpaid Balance
			_____		\$	\$
			_____		\$	\$
			_____		\$	\$
			_____		\$	\$
			_____		\$	\$
			_____		\$	\$
			_____		\$	\$
			_____		\$	\$
					TOTAL*:	\$

*This total should match the corresponding total reported on page 7.

Signature of Preparer _____

Date _____

**Key Employee
Supplemental Background Investigation Information**

BGC-APP, 016A (Rev. 08/09)



BUREAU OF GAMBLING CONTROL
P.O. Box 168024
Sacramento, CA 95816-8024
(916) 263-3408; Fax (916) 263-3403

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE YOU COMPLETE THIS FORM

Business and Professions Code section 19854 requires every key employee to apply for and obtain a key employee license issued by the California Gambling Control Commission. The purpose of this Key Employee Supplemental Background Investigation Information form is to obtain information from you that is necessary to determine whether you meet the requirements for licensure under state law. By completing this form you are providing information that will be used to make that determination.

You must provide truthful information in all your responses in this application. All answers to questions in this application, and all supplemental documentation provided by you, will be subject to verification. Any misrepresentation or failure to disclose information required on this application may constitute sufficient cause for denial or revocation.

Type, or print legibly in blue or black ink, all information requested on this application. If a question does not apply to you, write "N/A" (Not Applicable). If the space available is insufficient, use a separate sheet of paper and precede each answer with the applicable section number.

Please send your completed Application for Gambling Establishment Key Employee License (CGCC-031) and the Key Employee Supplemental Background Investigation Information form, along with the items listed on Page 8 to:

**California Gambling Control Commission
2399 Gateway Oaks Drive, Suite 220
Sacramento, CA 95833-4231**

**Affix a passport
quality photograph
taken within the
last 30 days here**

**PLEASE PRINT NAME
ON BACK OF
PHOTOGRAPH**

Your Full Name

Name of Employer

Job Title of Key Employee Position

Date of Photograph

Key Employee Supplemental Background Investigation Information

SECTION 1: PERSONAL INFORMATION

FULL NAME LAST		FIRST		MIDDLE	
ALIAS(ES), NICKNAME, MAIDEN NAME, OTHER NAME CHANGES, LEGAL OR OTHERWISE					
CURRENT ADDRESS (NUMBER/STREET/APT)			CITY	STATE	ZIP
MAILING ADDRESS (NUMBER/STREET/APT) (IF DIFFERENT THAN CURRENT RESIDENCE)			CITY	STATE	ZIP
HOME PHONE NUMBER	WORK PHONE NUMBER	E-MAIL ADDRESS			
BIRTH PLACE (CITY, COUNTY, STATE, AND COUNTRY)		DRIVER'S LICENSE/DENTIFICATION CARD NUMBER	STATE	EXPIRATION DATE	
DATE OF BIRTH	SOCIAL SECURITY NUMBER *		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR		
DISTINGUISHING MARKS (SCARS, TATTOOS, ETC.) DESCRIBE AND INDICATE LOCATION					
ARE YOU A U.S. CITIZEN?		IF RESIDENT ALIEN OR NATURALIZED CITIZEN, PROVIDE I.N.S. REGISTRATION NUMBER, I.N.S. A-NUMBER OR USCIS A- NUMBER			
<input type="checkbox"/> YES <input type="checkbox"/> NO					
*Your Social Security Number (SSN) will be used by the Bureau of Gambling Control (Bureau) pursuant to Business and Professions Code section 19865 for purposes of confirming your identity. If you fail to disclose your SSN, the Bureau will be unable to complete your background investigation.					

SECTION 2: FAMILY/COHABITANTS INFORMATION

<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED					
CURRENT SPOUSE					
FULL NAME LAST		FIRST		MIDDLE MAIDEN	
DATE OF BIRTH		DATE OF MARRIAGE			
FORMER SPOUSE					
FULL NAME LAST		FIRST		MIDDLE MAIDEN	
DATE OF BIRTH		DATES OF MARRIAGE (FROM AND TO)		STATE DIVORCE FILED	
DO YOU HAVE ANY IMMEDIATE FAMILY MEMBERS, COHABITANTS, OR ROOMMATES WHO CURRENTLY HAVE A FINANCIAL INTEREST IN, OR ARE EMPLOYED BY, A GAMING RELATED BUSINESS?					<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PROVIDE THE FOLLOWING DETAILS.					
A) FULL NAME LAST		FIRST		MIDDLE RELATIONSHIP	
PERCENTAGE OWNED AND/OR POSITION HELD			NAME OF BUSINESS		
B) FULL NAME LAST		FIRST		MIDDLE RELATIONSHIP	
PERCENTAGE OWNED AND/OR POSITION HELD			NAME OF BUSINESS		
C) FULL NAME LAST		FIRST		MIDDLE RELATIONSHIP	
PERCENTAGE OWNED AND/OR POSITION HELD			NAME OF BUSINESS		

Key Employee Supplemental Background Investigation Information

CHILDREN AND DEPENDENTS			
PROVIDE THE FOLLOWING INFORMATION FOR EACH OF YOUR CHILDREN (INCLUDING BIRTH, STEP, ADOPTED, AND FOSTER CHILDREN) AND OTHER DEPENDENTS.			
NAME (LAST, FIRST, MIDDLE, MAIDEN)	DATE OF BIRTH	RESIDENCE ADDRESS	RELATIONSHIP

SECTION 3: RESIDENCES					
LIST ALL RESIDENCES DURING THE LAST 10 YEARS (MOST RECENT FIRST, EXCLUDING YOUR CURRENT RESIDENCE). PROVIDE COMPLETE ADDRESSES AND MARKERS SUCH AS STREET, DRIVE, ETC., AND UNIT OR APARTMENT NUMBER. DO NOT USE P.O. BOXES.					
A) FORMER ADDRESS (NUMBER/STREET/APT)			FROM (MM/YYYY)	TO (MM/YYYY)	
CITY	STATE	COUNTRY IF OUTSIDE U.S.	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
B) FORMER ADDRESS (NUMBER/STREET/APT)			FROM (MM/YYYY)	TO (MM/YYYY)	
CITY	STATE	COUNTRY IF OUTSIDE U.S.	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
C) FORMER ADDRESS (NUMBER/STREET/APT)			FROM (MM/YYYY)	TO (MM/YYYY)	
CITY	STATE	COUNTRY IF OUTSIDE U.S.	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	

SECTION 4: EXPERIENCE AND EMPLOYMENT						
BEGINNING WITH YOUR CURRENT EMPLOYMENT, LIST YOUR WORK HISTORY AND PERIODS OF UNEMPLOYMENT (INCLUDING EDUCATION) FOR THE PAST 10 YEARS. LIST ALL JOBS, INCLUDING PART-TIME, TEMPORARY AND SELF-EMPLOYMENT. FOR UNEMPLOYED PERIODS, IN THE DUTIES/ASSIGNMENTS SECTION, EXPLAIN HOW YOU SUPPORTED YOURSELF.						
A) NAME OF EMPLOYER			FROM (MM/YYYY)	TO (MM/YYYY)		
JOB TITLE / DUTIES			GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ADDRESS			SUPERVISOR			
CITY	STATE	ZIP	CONTACT NUMBER	EXT		
B) NAME OF EMPLOYER			FROM (MM/YYYY)	TO (MM/YYYY)		
JOB TITLE / DUTIES			GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ADDRESS			SUPERVISOR			
CITY	STATE	ZIP	CONTACT NUMBER	EXT		
REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES.						

Key Employee Supplemental Background Investigation Information

C) NAME OF EMPLOYER				FROM (MM/YYYY)	TO (MM/YYYY)
JOB TITLE / DUTIES				GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS				SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER		EXT
REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES.					

D) NAME OF EMPLOYER				FROM (MM/YYYY)	TO (MM/YYYY)
JOB TITLE / DUTIES				GAMING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS				SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER		EXT
REASON FOR LEAVING. IF TERMINATED, EXPLAIN THE CIRCUMSTANCES.					

SECTION 5: MILITARY EXPERIENCE

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? IF YES, PROVIDE DETAILS BELOW AND ATTACH A COPY OF YOUR "UNDELETED" MILITARY FORM DD-214 (i.e., a complete copy of the form with no information blacked out)		<input type="checkbox"/> YES <input type="checkbox"/> NO
BRANCH OF SERVICE	DATES OF SERVICE (MM/YYYY) FROM TO	
RANK AT SEPARATION	SSN / SERVICE NUMBER	
TYPE OF DISCHARGE: <input type="checkbox"/> ENTRY LEVEL <input type="checkbox"/> HONORABLE <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER THAN HONORABLE <input type="checkbox"/> BAD CONDUCT <input type="checkbox"/> DISHONORABLE <input type="checkbox"/> OTHER _____		
HAVE YOU EVER BEEN CONVICTED IN A COURT-MARTIAL?		<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 6: CRIMINAL CONVICTIONS, LITIGATION, AND ARBITRATION

HAVE YOU EVER BEEN CONVICTED OF A CRIME, PLED GUILTY, OR NOLO CONTENDRE (NO CONTEST) TO A CRIME? INCLUDE ANY CONVICTIONS REDUCED OR EXPUNGED, UNLESS THE RECORDS HAVE BEEN SEALED PURSUANT TO A COURT ORDER. (DO NOT INCLUDE VEHICLE CODE INFRACTIONS). IF YES, PROVIDE DETAILS FOR EACH INCIDENT BELOW.		<input type="checkbox"/> YES <input type="checkbox"/> NO
A) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY)	ARRESTING AGENCY	COURT LOCATION (CITY AND STATE)
IDENTIFY CRIME(S), INDICATE MISDEMEANOR OR FELONY		
B) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY)	ARRESTING AGENCY	COURT LOCATION (CITY AND STATE)
IDENTIFY CRIME(S), INDICATE MISDEMEANOR OR FELONY		
C) APPROXIMATE DATE OF CONVICTION (MM/DD/YYYY)	ARRESTING AGENCY	COURT LOCATION (CITY AND STATE)
IDENTIFY CRIME(S), INDICATE MISDEMEANOR OR FELONY		

Key Employee Supplemental Background Investigation Information

HAVE YOU EVER BEEN REMOVED FROM OR PROHIBITED FROM ENTERING THE PREMISES OF ANY GAMING OR PARI-MUTUEL WAGERING ESTABLISHMENT BY ANY GOVERNMENT REPRESENTATIVE, AGENCY, OR GAMBLING ESTABLISHMENT?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU EVER ENGAGED IN BOOKMAKING OR OTHER ILLEGAL GAMBLING ACTIVITIES?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU EVER BEEN FOUND IN VIOLATION OF ANY CAMPAIGN LAWS?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES TO ANY OF THE ABOVE, PROVIDE DETAILS BELOW.				
HAVE YOU EVER BEEN A PARTY TO ANY LITIGATION OR ARBITRATION? IF YES, PROVIDE THE FOLLOWING DETAILS. YOU ARE NOT OBLIGATED TO REVEAL DETAILS OF ANY CONFIDENTIAL ARBITRATION.			<input type="checkbox"/> YES	<input type="checkbox"/> NO
A) APPROXIMATE DATE FILED (MM/DD/YYYY)		PARTIES INVOLVED		COURT LOCATION (CITY AND STATE)
CASE NUMBER		DISPOSITION DATE (MM/DD/YYYY)		
B) APPROXIMATE DATE FILED (MM/DD/YYYY)		PARTIES INVOLVED		COURT LOCATION (CITY AND STATE)
CASE NUMBER		DISPOSITION DATE (MM/DD/YYYY)		

SECTION 7: OTHER LICENSING INFORMATION

HAVE YOU EVER HELD OR APPLIED FOR A PERMIT, LICENSE, CERTIFICATE, REGISTRATION OR FINDING OF SUITABILITY RELATED TO GAMING? INCLUDE ANY ACTIONS BY THE CALIFORNIA GAMBLING CONTROL COMMISSION. IF YES, PROVIDE THE FOLLOWING DETAILS				<input type="checkbox"/> YES	<input type="checkbox"/> NO
A) LICENSE/PERMIT/CERTIFICATE NUMBER		TYPE OF APPLICATION	DATES HELD FROM (MM/YYYY) TO (MM/YYYY)	ISSUING AGENCY	
CITY, COUNTY, STATE, COUNTRY			ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)		
IF DENIED, SUSPENDED, WITHDRAWN, OR REVOKED, EXPLAIN THE CIRCUMSTANCES.					
B) LICENSE/PERMIT/CERTIFICATE NUMBER		TYPE OF APPLICATION	DATES HELD FROM (MM/YYYY) TO (MM/YYYY)	ISSUING AGENCY	
CITY, COUNTY, STATE, COUNTRY			ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)		
IF DENIED, SUSPENDED, WITHDRAWN, OR REVOKED, EXPLAIN THE CIRCUMSTANCES.					

HAVE YOU EVER HELD OR APPLIED FOR A LICENSE, PERMIT, CERTIFICATE, REGISTRATION, OR AUTHORIZATION NOT RELATED TO GAMING? IF YES, PROVIDE THE FOLLOWING DETAILS.				<input type="checkbox"/> YES	<input type="checkbox"/> NO
A) LICENSE/PERMIT/CERTIFICATION/AUTHORIZATION NO.		TYPE OF APPLICATION	DATES HELD FROM (MM/YYYY) TO (MM/YYYY)	ISSUING AGENCY	
CITY, COUNTY, STATE, COUNTRY			ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)		
IF DENIED, SUSPENDED, WITHDRAWN, OR REVOKED, EXPLAIN THE CIRCUMSTANCES.					
B) LICENSE/PERMIT/CERTIFICATION/AUTHORIZATION NO.		TYPE OF APPLICATION	DATES HELD FROM (MM/YYYY) TO (MM/YYYY)	ISSUING AGENCY	
CITY, COUNTY, STATE, COUNTRY			ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)		
IF DENIED, SUSPENDED, WITHDRAWN, OR REVOKED, EXPLAIN THE CIRCUMSTANCES.					

Key Employee Supplemental Background Investigation Information

SECTION 8: BUSINESS INTEREST - GAMING RELATED

HAVE YOU HELD A FINANCIAL INTEREST OR STOCK IN ANY GAMING RELATED VENTURE OR BUSINESS WITHIN THE LAST 10 YEARS? YES NO

IF YES, PROVIDE THE FOLLOWING DETAILS AND ATTACH A SEPARATE SHEET OF PAPER IDENTIFYING THE INDIVIDUALS SHARING INTEREST IN THE BUSINESS/ VENTURE AND THEIR RESPECTIVE PERCENT OF OWNERSHIP.

A) NAME OF BUSINESS ENTITY		DATES INVOLVED FROM (MM/YYYY) TO (MM/YYYY)	BUSINESS ENTITY MAILING ADDRESS
BUSINESS TELEPHONE NUMBER	AMOUNT OF MONEY INVESTED	IDENTIFY SOURCE OF MONIES FOR YOUR INITIAL AND SUBSEQUENT INVESTMENTS (IF LOANS, PROVIDE COPIES OF AGREEMENTS, IF CHECKING OR SAVINGS, IDENTIFY SOURCE [I.E. WAGES, INHERITANCE, ETC.]).	
YOUR CAPACITY/TITLE		PRIMARY PURPOSE OF BUSINESS	% OF OWNERSHIP/NUMBER OF SHARES OWNED

B) NAME OF BUSINESS ENTITY		DATES INVOLVED FROM (MM/YYYY) TO (MM/YYYY)	BUSINESS ENTITY MAILING ADDRESS
BUSINESS TELEPHONE NUMBER	AMOUNT OF MONEY INVESTED	IDENTIFY SOURCE OF MONIES FOR YOUR INITIAL AND SUBSEQUENT INVESTMENTS (IF LOANS, PROVIDE COPIES OF AGREEMENTS, IF CHECKING OR SAVINGS, IDENTIFY SOURCE [I.E. WAGES, INHERITANCE, ETC.]).	
YOUR CAPACITY/TITLE		PRIMARY PURPOSE OF BUSINESS	% OF OWNERSHIP/NUMBER OF SHARES OWNED

SECTION 9: BUSINESS INTEREST - NON-GAMING RELATED

LIST ALL BUSINESSES, CORPORATIONS, PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES IN WHICH YOU HAVE HAD A FINANCIAL INTEREST AS AN OWNER, OFFICER, DIRECTOR, ACTIVE SHAREHOLDER, PARTNER, MEMBER, OR OTHER SIMILAR CAPACITY WITHIN THE LAST 10 YEARS.

A) NAME OF BUSINESS/CORPORATION/PARTNERSHIP		DATES INVOLVED FROM (MM/YYYY) TO (MM/YYYY)	BUSINESS/CORPORATION/PARTNERSHIP MAILING ADDRESS
BUSINESS TELEPHONE NUMBER	AMOUNT OF MONEY INVESTED	IDENTIFY SOURCE OF MONIES FOR YOUR INITIAL AND SUBSEQUENT INVESTMENTS (IF LOANS, PROVIDE COPIES OF AGREEMENTS, IF CHECKING OR SAVINGS, IDENTIFY SOURCE [I.E. WAGES, INHERITANCE, ETC.]).	
YOUR CAPACITY/TITLE		PRIMARY PURPOSE OF BUSINESS	% OF OWNERSHIP/NUMBER OF SHARES OWNED

B) NAME OF BUSINESS/CORPORATION/PARTNERSHIP		DATES INVOLVED FROM (MM/YYYY) TO (MM/YYYY)	BUSINESS/CORPORATION/PARTNERSHIP MAILING ADDRESS
BUSINESS TELEPHONE NUMBER	AMOUNT OF MONEY INVESTED	IDENTIFY SOURCE OF MONIES FOR YOUR INITIAL AND SUBSEQUENT INVESTMENTS (IF LOANS, PROVIDE COPIES OF AGREEMENTS, IF CHECKING OR SAVINGS, IDENTIFY SOURCE [I.E. WAGES, INHERITANCE, ETC.]).	
YOUR CAPACITY/TITLE		PRIMARY PURPOSE OF BUSINESS	% OF OWNERSHIP/NUMBER OF SHARES OWNED

SECTION 10: PERSONAL FINANCIAL HISTORY

HAVE YOU FILED FOR BANKRUPTCY WITHIN THE LAST 10 YEARS? YES NO

IF YES, PROVIDE A COPY OF THE BANKRUPTCY PETITION/ORDER AND DETAILS BELOW.

DATE FILED (MM/YYYY)	CASE NUMBER, IF KNOWN		
FEDERAL DISTRICT COURT WHERE FILED	DATE OF DISCHARGE (MM/YYYY)	AMOUNT DISCHARGED, IF APPLICABLE	
EXPLAIN THE CIRCUMSTANCES THAT LED TO THE BANKRUPTCY FILING, INCLUDE THE NATURE OF THE DEBT.			

Key Employee Supplemental Background Investigation Information

HAVE YOU BEEN A PARTY TO A FORECLOSURE WITHIN THE LAST 10 YEARS? <small>IF YES, PROVIDE DETAILS BELOW.</small>			<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--	--	--

ADDRESS OF FORECLOSED PROPERTY	DATE OF FORECLOSURE (MM/YYYY)	NAME OF LENDER	BALANCE OWED
--------------------------------	-------------------------------	----------------	--------------

EXPLAIN THE CIRCUMSTANCES THAT LED TO THE FORECLOSURE.

HAVE YOU HAD A JUDGMENT OR LIEN FILED AGAINST YOU WITHIN THE LAST 10 YEARS? <small>IF YES, PROVIDE DETAILS BELOW.</small>			<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--	--	--

<input type="checkbox"/> LIEN	DATE FILED (MM/YYYY)	NAME OF PERSON/ENTITY THAT FILED THE LIEN/JUDGMENT
<input type="checkbox"/> JUDGMENT		

EXPLAIN THE REASON FOR THE LIEN/JUDGMENT. IF LIEN/JUDGMENT HAS NOT BEEN SATISFIED, AND YOU ARE MAKING PAYMENTS, ATTACH A COPY OF THE PAYMENT PLAN/ AGREEMENT PROVIDED BY THE COURT OR CREDITOR. IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YOU PLAN TO SATISFY THE LIEN/JUDGMENT.

<input type="checkbox"/> LIEN	DATE FILED (MM/YYYY)	NAME OF PERSON/ENTITY THAT FILED THE LIEN/JUDGMENT
<input type="checkbox"/> JUDGMENT		

EXPLAIN THE REASON FOR THE LIEN/JUDGMENT. IF LIEN/JUDGMENT HAS NOT BEEN SATISFIED, AND YOU ARE MAKING PAYMENTS, ATTACH A COPY OF THE PAYMENT PLAN/ AGREEMENT PROVIDED BY THE COURT OR CREDITOR. IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YOU PLAN TO SATISFY THE LIEN/JUDGMENT.

HAVE YOU HAD ANY PURCHASE REPOSSESSED OR HAD UNPAID DEBT/LOAN TURNED OVER TO A COLLECTION AGENCY OR DEEMED UNCOLLECTABLE (CHARGED-OFF) FOR ANY REASON WITHIN THE LAST 10 YEARS? <small>IF YES, PROVIDE DETAILS BELOW.</small>			<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--	--	--

NAME OF CREDITOR	ACTION TAKEN (REPO/COLLECTION/CHARGE-OFF)	DATE OF ACTION (MM/YYYY)	CURRENT AMOUNT OWED

EXPLAIN THE REASON FOR THIS ACTION. ATTACH A COPY OF THE PAYMENT PLAN OR OTHER DOCUMENT SHOWING HOW THE DEBT WILL BE SATISFIED. IF YOU ARE NOT MAKING PAYMENTS, EXPLAIN HOW YOU PLAN ON REPAYING THE DEBT(S).

DO YOU OWN, CONTROL, OR MANAGE ANY ASSETS OR LIABILITIES OUTSIDE THE UNITED STATES? <small>IF YES, PROVIDE THE FOLLOWING DETAILS BELOW.</small>		<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--	--

A) DESCRIPTION OF ASSET/LIABILITY

DATE ACQUIRED (MM/YYYY)	LOCATION
-------------------------	----------

B) DESCRIPTION OF ASSET/LIABILITY

DATE ACQUIRED (MM/YYYY)	LOCATION
-------------------------	----------

SECTION 11: SUPPORTING DOCUMENTATION CHECKLIST

The following items must be submitted with this completed form, as applicable. Original documents are required unless otherwise stated. Only documents that are dated and signed by all parties will be accepted. Failure to provide required items may result in denial of your application. This application will not be deemed complete until all required items have been received.

Mark the box next to each enclosed item.

- Authorization to Release Information (BGC-APP. 006 [Rev. 04/08])
- Request for Live Scan Service (BCII 8016, Rev. 03/07)
- Military Form DD-214 (A complete "undeleted" copy with no information blacked out)
- Resident Card, Employment Authorization Card (front and back copy) or Certificate of Naturalization (front copy)
- Any active cardroom Key Employee License, Work Permit, Badge, etc., issued by a California city or county (front and back copy)
- Employment Agreement or Duty Statement for the position for which you are applying (copy)
- Federal Individual and Business Tax Returns - Including all schedules and attachments for the last three years (copy)
- Monthly Bank Statements for all personal and business accounts for the last 12 months (copy)
- Monthly/Quarterly Investment Statements for all personal and business accounts for the last 12 months (copy)
- Loan Agreements (copy)
- Bankruptcy Court Petition and Order (copy)

Additional documentation may be required by the Bureau of Gambling Control.

Pursuant to Business and Professions Code Section 19867, you are responsible for all costs incurred by the Bureau related to its background investigation. At the conclusion of the investigation, an itemized accounting of all such costs will be provided. Monies received in excess of the actual costs incurred will be refunded. A license will not be issued until the required background investigation deposit(s) and application fee are received.

SECTION 12: DECLARATION

I declare under penalty of perjury of the laws of the State of California that I have personally completed this form, and know that the contents thereof, and the information contained herein, including all corrections, changes, and other alterations, is true, accurate, and complete, and that this declaration is executed by me at

_____ on _____
City and State *Date*

SIGNATURE	PRINT FULL NAME	DATE
-----------	-----------------	------

SCHEDULE A - ASSETS
Gross Annual Household Income

Type of Income	Applicant	Spouse/Other	
Current Gross Annual Income	\$	\$	
Business Income (Explain Type of Business)	\$	\$	
Interest Income	\$	\$	
Dividend Income	\$	\$	
Rental Income	\$	\$	
Child Support	\$	\$	
Gifts	\$	\$	
Spousal Support/Alimony	\$	\$	
Other (Specify)	\$	\$	
Total Gross Income	\$	\$	
DO YOU RECEIVE BONUSES OR PROFIT SHARING BASED ON A PERCENTAGE OF REVENUE GENERATED FROM A GAMING ACTIVITY?			<input type="checkbox"/> YES <input type="checkbox"/> NO

Signature or Preparer _____

Date _____

SCHEDULE B - ASSETS
Cash

List all cash and where it is located (e.g., financial institutions [foreign and domestic], safe deposit boxes, house/office safe, etc.).

Name and Address Where the Funds are Held	Type of Account	Last 6 Digits of Account Number	Date Opened	Names of Persons Who Have Signature Authority on Account	Balance
					\$
					\$
					\$
					\$
					\$
TOTAL					\$

SCHEDULE C - ASSETS
Stocks and Bonds

List all stocks, bonds, mutual funds, or other similar investments held or controlled.

Issuer	Registered Owner	Last 6 Digits of Account Number	Type (Note if stocks, bonds, mutual funds, etc.)	Number of Shares or Units	Current Market Value
					\$
					\$
					\$
					\$
					\$
TOTAL					\$

Signature or Preparer _____

Date _____

SCHEDULE D - ASSETS
Accounts and Notes Receivable

List all loans, accounts, and notes receivable (monies owed to you). Please submit copies of loan agreements for any loans between private parties not secured through a financial institution.

Name and Address of Debtor	Date Acquired	Maturity Date (Notes Receivable)	Payment Amount and Payment Period (e.g., Weekly, Monthly)	Interest Rate	Original Amount	Balance
					\$	\$
						AS OF DATE
					\$	\$
						AS OF DATE
					\$	\$
						AS OF DATE
					TOTAL	\$

SCHEDULE E - ASSETS
Real Estate

List any direct or indirect interest held in real property by yourself, your spouse, or your dependent children.

Address or Parcel Number and Location	Type (Residential or Commercial)	Percentage of Ownership	Date of Purchase	Current Income (Rent/Lease) per month	Down Payment	Purchase Price	Current Market Value
					\$	\$	\$
Identify the source of funds for the down payment:							
					\$	\$	\$
Identify the source of funds for the down payment:							
					\$	\$	\$
Identify the source of funds for the down payment:							
						TOTAL	\$

Signature or Preparer _____

Date _____



NOTIFICATION OF CHANGE IN EMPLOYMENT STATUS CGCC-033 (New 08/09)

Pursuant to Business and Professions Code section 19854, a key employee license entitles the holder to work as a key employee in any key employee position at any gambling establishment, provided the key employee terminates employment with one gambling establishment before commencing work for another. The submission of the information below to the California Gambling Control Commission is required pursuant to Title 4 of the California Code of Regulations Section 12352.

Instructions: Type or print legibly, in ink, all information requested on this application. Applications not fully and accurately completed will be returned. Send the completed request to: California Gambling Control Commission, 2399 Gateway Oaks Drive, Suite 220, Sacramento, CA 95833-4231.

SECTION 1 – LICENSEE INFORMATION		
Licensee's Last Name	First Name	Middle Initial
Residence Address	License Number	
Mailing Address (If different than above)		
SECTION 2 – EMPLOYMENT STATUS INFORMATION		
1) Please mark the appropriate box below regarding your <i>prior</i> employment status.		
<input type="checkbox"/> My employment with _____ terminated on: _____ <small style="margin-left: 100px;">Name of Gambling Enterprise</small> <small>Date</small>		
<input type="checkbox"/> I have not been working as a key employee since last submitting a notification.		
2) Please mark the appropriate box below regarding your <i>current</i> employment status.		
<input type="checkbox"/> I am not working as a key employee at this time.		
<input type="checkbox"/> On _____ I accepted employment by _____ <small style="margin-left: 10px;"><small>Date</small></small> <small>Name of Gambling Enterprise</small>		
3) Description of Job Duties (If currently working as a key employee)		
SECTION 3 – DECLARATION / SIGNATURE		
<i>I declare under penalty of perjury under the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate, and complete.</i>		
Signature of Key Employee	Job Title	Date
To be completed by the current gambling enterprise employer representative (if applicable).		
<i>I declare that the above key employee has been offered a position under my employ and I have authorized his/her employment application.</i>		
Signature of Employer Representative	Printed Name	
Title	Date	



REQUEST FOR REPLACEMENT KEY EMPLOYEE LICENSE CGCC-034 (New 08/09)

Pursuant to Business and Professions Code section 19854, every key employee shall apply for and obtain a key employee license. A request for a replacement key employee license shall be made to the California Gambling Control Commission (Commission) when a key employee license has been lost, stolen, damaged, or as needed to reflect a change of name. Upon submitting the information below, the Commission will issue a replacement key employee license.

Instructions: Type or print legibly, in ink, all information requested on this application. Applications not fully and accurately completed will be returned.

Send the completed application to: California Gambling Control Commission, 2399 Gateway Oaks Drive, Suite 220, Sacramento, CA 95833-4231 and attach the following:

- ✓ Non-refundable application fee of \$25.00
- ✓ 2 X 2 inch color passport-style photograph taken no more than 30 days prior to the date of this request.

SECTION 1 – LICENSEE INFORMATION		
Licensee's Last Name	First Name	Middle Initial
Residence Address	License Number	
Mailing Address (if different than above)		
SECTION 2 – REPLACEMENT INFORMATION		
<p>I hereby request a replacement license because:</p> <p><input type="checkbox"/> My license was lost, stolen, or destroyed.</p> <p><input type="checkbox"/> I did not receive my license in the mail.</p> <p><input type="checkbox"/> My name has changed.</p> <p>In order to process your request due to a name change you must include a copy of one of the following documents with this form that reflects your change of name:</p> <p style="margin-left: 40px;"> <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Final Dissolution Decree <input type="checkbox"/> Certified Court Order <input type="checkbox"/> Notarized Statement Attesting to the Fact of the Name Change <input type="checkbox"/> Naturalization Certificate <input type="checkbox"/> Other (explain): _____ </p> <p><input type="checkbox"/> Other (explain): _____</p>		
SECTION 3 – DECLARATION / SIGNATURE		
<p><i>I declare under penalty of perjury under the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate, and complete.</i></p>		
_____ Signature of Licensee	_____ Date	



APPLICATION FOR INTERIM KEY EMPLOYEE LICENSE CGCC-035 (New 08/09)

An individual, if holding a valid work permit for any gambling establishment, may immediately begin to work as an interim key employee provided that the individual meets the requirements and conditions pursuant to Title 4 of the California Code of Regulations Section 12354. The information below is required to be submitted to the California Gambling Control Commission within 10 days of assuming key employee duties.

Instructions: Type or print legibly, in ink, all information requested on this application. Applications not fully and accurately completed will be returned.

Send the completed application to: California Gambling Control Commission, 2399 Gateway Oaks Drive, Suite 220, Sacramento, CA 95833-4231 and attach the following:

- ✓ Non-refundable application fee of \$25.00.
- ✓ A copy of the applicant's valid work permit for any gambling establishment.
- ✓ A 2 X 2 inch color passport-style photograph taken no more than 30 days prior to the date of this application.

SECTION 1 – APPLICANT INFORMATION		
Applicant's Last Name	First Name	Middle Initial
Residence Address		
Mailing Address (If different than above)		
SECTION 2 – EMPLOYER INFORMATION		
Name of Gambling Establishment		
Job Title	Date Key Employee Duties Were Assumed	
Description of Duties		
SECTION 3 – DECLARATION / SIGNATURE		
<i>I declare under penalty of perjury under the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate, and complete.</i>		
Signature of Applicant	Date	
To be completed by the gambling enterprise employer representative.		
<i>I declare that the above applicant has been offered a key employee position under my employ and I have authorized his/her assumption of the key employee duties listed above.</i>		
Signature of Employer Representative	Title	
Printed Name	Date	