

**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"/> <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>		
✓ Initial applicants must also submit a <u>A completed <i>Gambling Establishment</i> Key Employee Supplemental Background Investigation Information, BGC-APP-016A (Rev. 04/08/08/09) 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"/> <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>		
✓ <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 <input type="checkbox"/> Cell <input type="checkbox"/> Fax			
Home: ()	Work: ()	Ext:	Other:
Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> 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 <i>only</i> 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>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 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.