

APPENDIX A



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. 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 INFORMATION

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"/> 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
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*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.



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 *prior* employment status.

- My employment with _____ terminated on: _____.
- Name of Gambling Enterprise Date
- I have not been working as a key employee since last submitting a notification.

2) Please mark the appropriate box below regarding your *current* employment status.

- I am not working as a key employee at this time.
- On _____ I accepted employment by _____.
- Date Name of Gambling Enterprise

3) Description of Job Duties (If currently working as a key employee)

SECTION 3 – 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 Key Employee	Job Title	Date
<i>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.		
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

I hereby request a replacement license because:

My license was lost, stolen, or destroyed.

I did not receive my license in the mail.

My name has changed.

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:

<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): _____

Other (explain): _____

SECTION 3 – 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 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	
<i>To be completed by the gambling enterprise employer representative.</i>		
<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	