



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
 CGCC – 541 (New 09/04)

CHANGE IN STATUS FORM FOR A GAMBLING BUSINESS REGISTRATION OR LICENSE (CGCC – 541) (Rev. 05/11)

When a registrant's or licensee's employment status or affiliation with a primary owner ceases to exist, the registrant/licensee must surrender his or her badge to the primary owner. The primary owner's designated officer must notify the California Gambling Control Commission of the change in the registrant's or licensee's status within 10 days of the change by completing and submitting this form to the California Gambling Control Commission at 2399 Gateway Oaks Drive, Suite ~~400~~ 220, Sacramento, CA 95833-4231. Additionally, any badge that is received by a primary owner under these circumstances shall be returned to the Commission within 10 days of receipt.

Type or print (in ink) all information requested on this application form. If additional space is needed, please note response on a separate sheet of paper and attach to the application.

SECTION 1: PRIMARY OWNER INFORMATION

Name of Primary Owner:

SECTION 2: REGISTRANT/LICENSEE INFORMATION

~~Registrant's name~~ Name of Registrant or Licensee:

First

MI

Last

Badge Enclosed? Yes No

If NO, reason why _____

~~Registrant's TPPPS~~ Gambling Business ~~Badge~~ #:

Date of change in status:

SECTION 3: CHANGE OF EMPLOYMENT STATUS INFORMATION

Reason for disassociation with primary owner: (Mark one)

Terminated Resigned Affiliation Ceased Other _____

SECTION 4: DECLARATION

I declare under penalty of perjury under the laws of the State of California that the foregoing information, and all information submitted with this form is true, correct, and complete.

Designated Officer Signature: _____ Date: _____

Designated Officer Name (Print): _____