

**State of California
Office of Administrative Law**

In re:

California Gambling Control Commission

Regulatory Action:

Title 4, California Code of Regulations

Adopt sections:

Amend sections: 12101, 12202, 12205.1,
12218, 12218.7, 12218.8,
12222, 12225.1, 12233,
12235, 12238, 12309,
12335, 12342, 12350,
12352, 12354

Repeal sections:

NOTICE OF APPROVAL OF CHANGES
WITHOUT REGULATORY EFFECT

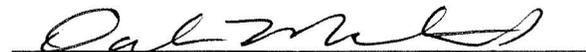
California Code of Regulations, Title 1,
Section 100

OAL File No. 2012-0618-01 N

This change without regulatory effect amends sections of Title 4 of the California Code of Regulations to conform regulations and forms to changes in statute resulting from AB 1424, Chapter 455 of 2011, regarding adverse actions against state gambling license holders who are substantial tax delinquents, and SB 374, Chapter 263 of 2011, regarding Key Employees, and to conform to provisions of the Business and Professions Code section 30 concerning supplying Social Security numbers on state forms.

OAL approves this change without regulatory effect as meeting the requirements of California Code of Regulations, Title 1, section 100.

Date: 7/26/2012



Dale P. Mentink
Senior Staff Counsel

For: DEBRA M. CORNEZ
Director

Original: Tina Littleton
Copy: James Allen

NONSUBSTANTIVE

STATE OF CALIFORNIA--OFFICE OF ADMINISTRATIVE LAW

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

ENDORSED FILED
IN THE OFFICE OF

STD. 400 (REV. 01-09)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2012 40618 01N	EMERGENCY NUMBER
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2012 JUL 26 PM 3:24

For use by Office of Administrative Law (OAL) only

2012 JUN 18 A 11:04
OFFICE OF
ADMINISTRATIVE LAW

John Brown
SECRETARY OF STATE

NOTICE

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY
California Gambling Control Commission

AGENCY FILE NUMBER (if any)
CGCC-GCA-2012-03-N

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Key Employee Employment Status & Tax Delinquencies	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) N/A
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SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND Please see attached list.
	REPEAL

3. TYPE OF FILING

<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input checked="" type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §511349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify) _____	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)
N/A

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

<input type="checkbox"/> Effective 30th day after filing with Secretary of State	<input type="checkbox"/> Effective on filing with Secretary of State	<input checked="" type="checkbox"/> §100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify) _____
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify) _____		

7. CONTACT PERSON James Allen	TELEPHONE NUMBER (916) 263-4024	FAX NUMBER (Optional) (916) 263-0499	E-MAIL ADDRESS (Optional) Jallen@cgcc.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Stephanie Shimazu</i>	DATE 6-15-12
TYPED NAME AND TITLE OF SIGNATORY STEPHANIE SHIMAZU, Chairperson	

For use by Office of Administrative Law (OAL) only
ENDORSED APPROVED
JUL 26 2012
Office of Administrative Law

NOTICE PUBLICATION/REGULATIONS SUBMISSION (STD 400)

**CALIFORNIA GAMBLING CONTROL COMMISSION
CGCC-GCA-2012-03-N**

PART B. SUBMISSION OF REGULATIONS

2. SECTIONS AFFECTED

Amend §§ 12101, 12202, 12205.1, 12218, 12218.7, 12218.8, 12222, 12225.1, 12233, 12235, 12238, 12309, 12335, 12342, 12350, 12352 and 12354

1 CALIFORNIA GAMBLING CONTROL COMMISSION
2 CGCC-GCA-2012-03-N
3

4 **ORDER OF ADOPTION**
5

6 The California Gambling Control Commission hereby adopts the following changes without
7 regulatory effect, pursuant to 1 CCR § 100, in its regulations contained in Division 18 of Title 4
8 of the California Code of Regulations:
9

10 **CHAPTER 2. WORK PERMITS.**

11 **ARTICLE 1. DEFINITIONS AND GENERAL PROVISIONS.**

12 **§ 12101. FORMS.**

13 The following forms shall be used as specified in this chapter:

14 (a) "Renewal Work Permit Application Form" means the "Application for Work Permit
15 Renewal" CGCC-023 (Rev. ~~05/11~~ 06/12) which is hereby incorporated by reference.

16 * * * *

17 (d) "Work Permit Application Form" means the "Application for Initial Regular Work
18 Permit/Temporary Work Permit" CGCC-021 (Rev. ~~05/11~~ 06/12) which is hereby incorporated
19 by reference.

20 Note: Authority cited: Sections 19811, 19823, 19824, 19840, 19841 and 19912, Business and Professions Code.
21 Reference: Sections 10, 19800, 19811, 19816 and 19912, Business and Professions Code.
22

23 **CHAPTER 2.1. THIRD-PARTY PROVIDERS OF PROPOSITION PLAYER**
24 **SERVICES: REGISTRATION; LICENSING.**

25 **ARTICLE 2. REGISTRATION.**

26 **§ 12202. APPLICATION FOR REGISTRATION.**

27 * * * *

28 (c) An applicant that is an individual shall complete and submit the form Third Party
29 Proposition Player Services Registration Supplemental Information (CGCC-436 (Rev. ~~05/11~~
30 06/12)), which is hereby incorporated by reference.

31 * * * *

Red strikethrough denotes deleted text. Blue underline denotes added text.

* * * * denotes omitted text not affected by this proposed action

1 Note: Authority cited: Sections 19840, 19841, 19951(a) and 19984, Business and Professions Code. Reference:
2 Sections 19951(a) and 19984, Business and Professions Code.

3
4 **§ 12205.1. TRANSITION TO LICENSING.**

5 (a) As expeditiously as possible in light of available program resources, the Bureau shall
6 summon persons registered as primary owners, owners, supervisors, players, and other
7 employees for the purpose of applying for licenses under this chapter. The registration of any
8 registrant that fails or refuses to submit the applicable Application for Third Party Proposition
9 Player Services License for Business Entities and Owners (CGCC-433 (Rev. ~~05/11~~ 06/12)) or
10 Application for Third-Party Proposition Player Services License for Supervisors, Players or
11 Other Employees (CGCC-434 (Rev. ~~05/11~~ 06/12)), which are hereby incorporated by reference,
12 including any fees to the Commission within 30 days of receiving a summons from the Bureau
13 shall expire by operation of law on the following day. Prior to and during review of a request to
14 convert a registration to a license, a registration shall remain valid and may be renewed by the
15 registrant as necessary, upon application and approval of renewal of registration as provided in
16 Section 12203A.

17 (b) Any person who became affiliated with a primary owner following receipt of a summons
18 from the Bureau shall apply for registration pursuant to this chapter and shall be called forward
19 by the Bureau expeditiously.

20 (c) If the registration expires by operation of law, the former registrant shall submit a new
21 Application for Third Party Proposition Player Services License for Business Entities and
22 Owners (CGCC-433 ~~(Rev. 05/11)~~) or Application for Third-Party Proposition Player Services
23 License for Supervisors, Players or Other Employees (CGCC-434 ~~(Rev. 05/11)~~), which are
24 referenced in subsection (a), and a new nonrefundable application fee as specified in paragraph
25 (1), and the applicable additional fee specified in paragraph (3), (4), or (5) of subsection (d) of
26 Section 12008.

27 Note: Authority cited: Sections 19840, 19841 and 19984, Business and Professions Code. Reference: Section
28 19984, Business and Professions Code.

29
30 **ARTICLE 3. LICENSING.**

31 **§ 12218. REQUEST TO CONVERT REGISTRATION TO LICENSE.**

32 * * * *

Red-strikethrough denotes deleted text. Blue underline denotes added text.

* * * * denotes omitted text not affected by this proposed action

1 (c) The request to convert a registration to a license shall include all of the following:

2 (1) A completed Application for Third Party Proposition Player Services License for
3 Business Entities and Owners (CGCC-433 (~~Rev. 05/11~~)) or Application for Third-Party
4 Proposition Player Services License for Supervisors, Players or Other Employees (CGCC-434
5 (~~Rev. 05/11~~)), referenced in Section 12205.1.

6 * * * *

7 Note: Authority cited: Sections 19840, 19841 and 19984, Business and Professions Code. Reference: Section
8 19984, Business and Professions Code.

9
10 **§ 12218.7. PROCESSING TIMES – REQUEST TO CONVERT REGISTRATION TO LICENSE.**

11 A request to convert a registration to license submitted pursuant to this chapter shall be
12 processed within the following timeframes:

13 (a) The maximum time within which the Commission shall notify the applicant in writing
14 that a request or a resubmitted request is complete and accepted for initial processing by the
15 Commission, or that a request or a resubmitted request is deficient and identifying what specific
16 additional information is required, is 20 days after receipt of the request. For the purposes of this
17 section, “request” means the Application for Third Party Proposition Player Services License for
18 Business Entities and Owners (CGCC-433 (~~Rev. 05/11~~)) or Application for Third-Party
19 Proposition Player Services License for Supervisors, Players or Other Employees (CGCC-434
20 (~~Rev. 05/11~~)) referenced in Section 12205.1. A request is not complete unless accompanied by
21 *both* a copy of the summons from the Bureau setting a deadline for filing the request with the
22 Commission and the supplemental information package required by Section 12218(c)(5) for
23 review by the Bureau pursuant to subsection (c) for persons affiliated with the primary owner to
24 whom the summons was addressed. The Commission shall not review the supplemental
25 information for completeness.

26 * * * *

27 Note: Authority cited: Sections 19840, 19841 and 19984, Business and Professions Code. Reference: Section
28 19984, Business and Professions Code.

29
30 **§ 12218.8. LICENSE RENEWALS.**

31 (a) Each application for the renewal of a license shall be accompanied by all of the following:

1 (1) A completed Application for Third Party Proposition Player Services License for
2 Business Entities and Owners (CGCC-433 (~~Rev. 05/11~~)) or Application for Third-Party
3 Proposition Player Services License for Supervisors, Players or Other Employees (CGCC-434
4 (~~Rev. 05/11~~)), referenced in Section 12205.1.

5 * * * *

6 Note: Authority cited: Sections 19840, 19841 and 19984, Business and Professions Code. Reference: Sections
7 19823, 19824, 19851, 19867, 19876, 19951 and 19984, Business and Professions Code.

8
9 **CHAPTER 2.2. GAMBLING BUSINESSES: REGISTRATION; LICENSING.**

10 **ARTICLE 2. REGISTRATION.**

11 **§ 12222. APPLICATION FOR REGISTRATION.**

12 * * * *

13 (c) An applicant that is an individual shall complete and submit the form Gambling Business
14 Registration Supplemental Information (CGCC-536 (~~Rev. 05/11~~ 06/12)), which is hereby
15 incorporated by reference.

16 * * * *

17 Note: Authority cited: Sections 19840, 19841, 19853(a)(3) and 19951(a), Business and Professions Code.
18 Reference: Sections 19853(a)(3) and 19951(a), Business and Professions Code.

19
20 **§ 12225.1. TRANSITION TO LICENSING.**

21 (a) The Bureau shall summon persons registered as primary owners, owners, supervisors,
22 players, and other employees for the purpose of applying for licenses under this chapter. The
23 Bureau shall summon primary owners, owners, supervisors, players, and other employees as
24 expeditiously as possible in light of available program resources. The registration of any
25 registrant that fails or refuses to submit the applicable Application for Gambling Business
26 License for Business Entities and Owners (CGCC-533 (~~Rev. 05/11~~ 06/12)) or Application for
27 Gambling Business License for Supervisor, Player or Other Employee (CGCC-534 (~~Rev. 05/11~~
28 06/12)), which are hereby incorporated by reference, including any fees to the Commission
29 within 30 days of receiving a summons from the Bureau shall expire by operation of law on the
30 following day. Prior to and during review of a request to convert a registration to a license, a
31 registration shall remain valid and may be renewed by the registrant as necessary, upon
32 application and approval of renewal of registration.

Red strikethrough denotes deleted text. Blue underline denotes added text.

* * * * denotes omitted text not affected by this proposed action

1 (b) If the registration expires by operation of law, the former registrant shall submit a new
2 Application for Gambling Business License for Business Entities and Owners (CGCC-533 (~~Rev.~~
3 ~~05/11~~)) or Application for Gambling Business License for Supervisor, Player or Other Employee
4 (CGCC-534 (~~Rev. 05/11~~)), which are referenced in subsection (a), and a new nonrefundable
5 application fee as specified in paragraph (1), and the applicable additional fee specified in
6 paragraph (3), (4), or (5), of subsection (e) of Section 12008.

7 Note: Authority cited: Sections 19840, 19841 and 19853(a)(3), Business and Professions Code. Reference:
8 Sections 19853(a)(3) and 19867, Business and Professions Code.

9
10 **ARTICLE 3. LICENSING.**

11 **§12233. REQUEST TO CONVERT REGISTRATION TO LICENSE.**

12 * * * *

13 (c) The request to convert a registration to a license shall include all of the following:

14 (1) A completed Application for Gambling Business License for Business Entities and
15 Owners (CGCC-533 (~~Rev. 05/11~~)) or Application for Gambling Business License for
16 Supervisor, Player or Other Employee (CGCC-534 (~~Rev. 05/11~~)), referenced in Section 12225.1.

17 * * * *

18 Note: Authority cited: Sections 19840, 19841 and 19853(a)(3), Business and Professions Code. Reference:
19 Sections 19853(a)(3) and 19867, Business and Professions Code.

20
21 **§ 12235. PROCESSING TIMES – REQUEST TO CONVERT REGISTRATION TO LICENSE.**

22 A request to convert a registration to license submitted pursuant to this chapter shall be
23 processed within the following timeframes:

24 (a) The maximum time within which the Commission shall notify the applicant in writing
25 that a request or a resubmitted request is complete and accepted for initial processing by the
26 Commission, or that a request or a resubmitted requested is deficient and identifying what
27 specific additional information is required, is 20 days after receipt of the request. For the
28 purposes of this section, “request” means the form Application for Gambling Business License
29 for Business Entities and Owners (CGCC-533 (~~Rev. 05/11~~)) or Application for Gambling
30 Business License for Supervisor, Player or Other Employee (CGCC-534 (~~Rev. 05/11~~)),
31 referenced in Section 12225.1. A request is not complete unless accompanied by both a copy of
32 the summons from the Bureau setting a deadline for filing the request with the Commission and

1 the supplemental information package required by Section 12233(c)(5) for review by the Bureau
2 pursuant to subsection (c) for persons affiliated with the primary owner to whom the summons
3 was addressed. The Commission shall not review the supplemental information for
4 completeness.

5 * * * *

6 Note: Authority cited: Sections 19840, 19841 and 19853(a)(3), Business and Professions Code. Reference:
7 Sections 19853(a)(3) and 19868, Business and Professions Code.

8

9 **§ 12238. LICENSE RENEWALS.**

10 (a) Each application for the renewal of a license shall be accompanied by all of the following:

11 (1) A completed Application for Gambling Business License for Business Entities and
12 Owners (CGCC-533 (~~Rev. 05/11~~)) or Application for Gambling Business License for
13 Supervisor, Player or Other Employee (CGCC-534 (~~Rev. 05/11~~)), referenced in Section 12225.1.

14 * * * *

15 Note: Authority cited: Sections 19840, 19841 and 19853, Business and Professions Code. Reference: Sections
16 19823, 19824, 19851, 19853, 19867, 19876 and 19951, Business and Professions Code.

17

18 **CHAPTER 4. GAMBLING EQUIPMENT MANUFACTURERS OR DISTRIBUTORS.**

19 **§ 12309. FORMS.**

20 (a) Applications for registration under Section 12301(b) shall be submitted on the
21 Application for Registration of Manufacturers or Distributors of Gambling Equipment, CGCC-
22 025 (~~Rev. 05/11~~ 06/12), which is hereby incorporated by reference.

23 * * * *

24 Note: Authority cited: Sections 19823, 19824, 19840, 19841(r) and 19864, Business and Professions Code.
25 Reference: Sections 19841(r) and 19951(a), Business and Professions Code; Section 2015.5, Code of Civil
26 Procedure; Section 330.8, Penal Code; Chapter 24 (commencing with Section 1171) of Title 15 of the United States
27 Code.

28

29 **CHAPTER 6. GAMBLING LICENSES AND APPROVALS FOR GAMBLING**
30 **ESTABLISHMENTS AND OWNERS; PORTABLE PERSONAL KEY EMPLOYEE**
31 **LICENSES.**

32 **ARTICLE 1. DEFINITIONS AND GENERAL PROVISIONS.**

33 **§ 12335. Definitions.**

Red strikethrough denotes deleted text. Blue underline denotes added text.

* * * * denotes omitted text not affected by this proposed action

1 (a) Except as otherwise provided in subsection (c) of Section 12002 of these regulations, the
2 definitions in Business and Professions Code section 19805 shall govern the construction of this
3 chapter.

4 (b) As used in this chapter:

5 (1) "Annual Fee" means the fee established by Business and Professions Code, section
6 19951(b)(2).

7 (2) "Portable Personal Key Employee License" or "Key Employee License" means a license
8 which authorizes the holder to be associated with any gambling enterprise as a key employee,
9 ~~provided the key employee terminates employment with one gambling enterprise before~~
10 ~~commencing work for another,~~ as provided in Business and Professions Code sections 19805,
11 subdivisions (x) and (y), and 19854, subdivision (c).

12 Note: Authority cited: Sections 19811(b), 19823, 19824, 19840 and 19841, Business and Professions Code.
13 Reference: Sections 19800, 19805, 19811, 19854 and 19951(b)(2), Business and Professions Code.

14
15 **ARTICLE 2. GAMBLING LICENSES.**

16 **§ 12342. INITIAL GAMBLING LICENSE APPLICATIONS; REQUIRED FORMS; PROCESSING TIMES**

17 (a) Any person applying for a gambling license shall, as appropriate, complete the following
18 forms, which are hereby incorporated by reference:

19 (1) Application for State Gambling License, CGCC-030 (Rev. ~~06/11~~ 06/12).

20 * * * *

21 Note: Authority cited: Sections 19811, 19824, 19840 and 19841, Business and Professions Code. Reference:
22 Sections 19841, 19850, 19851, 19852, 19855, 19856, 19857, 19864, 19865, 19866, 19867, 19868, 19880, 19881,
23 19883, 19890, 19893, 19951 and 19982, Business and Professions Code.

24
25 **ARTICLE 3. PORTABLE PERSONAL KEY EMPLOYEE LICENSE**

26 **§ 12350. INITIAL LICENSES; REQUIRED FORMS; PROCESSING TIMES.**

27 * * * *

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

29 (1) A completed "Application for Gambling Establishment Key Employee License CGCC-
30 031 (Rev. ~~05/11~~ 06/12)," which is attached in Appendix A to this chapter.

31 * * * *

1 Note: Authority cited: Sections 19811, 19823, 19824, 19840, 19841 and 19876(a), Business and Professions Code.
2 Reference: Sections 19850, 19851, 19852, 19854, 19855, 19856, 19857, 19864, 19865, 19866, 19867, 19876(a),
3 19951 and 19982, Business and Professions Code.

4
5 **§ 12352. Employment Status Notification; Replacement License; Required Forms;**
6 **Processing Times.**

7 (a) The holder of a valid key employee license shall notify the Commission within 10 days of
8 acceptance or termination of employment ~~by~~ with a gambling enterprise by submitting a
9 completed Notification of Change in Key Employee Employment Status, CGCC-033 (~~New~~
10 ~~08/09~~Rev. 06/12), which is attached in Appendix A to this chapter.

11 (b)(1) The holder of a valid key employee license may request a replacement license in the
12 event the license has been lost, stolen, damaged, or as needed to reflect a change of name by
13 submitting the following:

14 (~~1~~A) A completed Request for Replacement Key Employee License, CGCC-034 (New
15 08/09) which is attached in Appendix A to this chapter.

16 (~~2~~B) A two inch by two inch color passport-style photograph taken no more than 30 days
17 before submission to the Commission of the key employee license replacement request.

18 (~~3~~C) A nonrefundable fee payable to the Commission as specified in subsection (b) of
19 Section 12008.

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

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

24 (~~e~~4) Upon issuance of the replacement key employee license, the previously issued key
25 employee license shall become invalid and shall not be used thereafter.

26 (~~f~~5) Applications submitted pursuant to paragraph (1) of this subsection ~~(b) of this section~~
27 shall be processed within the following time frames:

28 (~~1~~A) The maximum time within which the Executive Director shall notify the applicant in
29 writing that an application or a resubmitted application is complete and accepted for filing, or
30 that an application or a resubmitted application is deficient and identifying what specific
31 additional information is required, is five working days after receipt of the application.

32 (~~2~~B) A replacement key employee license shall be either issued or denied within 15 working

1 days after the filing of a complete application.

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

5

6 **§12354. INTERIM KEY EMPLOYEE LICENSES; PROCESSING TIMES.**

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

10 (1) An Application for Interim Key Employee License, CGCC-035 (Rev. ~~05/11~~ 06/12),
11 which is attached in Appendix A to this chapter.

12 * * * *

13 Note: Authority cited: Sections 19823, 19824, 19840, 19841 and 19883, Business and Professions Code.
14 Reference: Sections 19805(w), 19805(x), 19850, 19855, 19856, 19857, 19859, 19866, 19870 and 19883, Business
15 and Professions Code.

16 ///

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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. 05/11/06/12)

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"/> INITIAL		
Application Fee:	\$ 750 Non-refundable	
Background Deposit:	\$2,400	
<i>The unused portion of any background deposit will be refunded.</i>		
Attach the following to the application:		
✓ A completed <i>Key Employee Supplemental Background Investigation Information, BGC-APP. 016A (Rev. 08/09)</i> form.		
✓ 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"/> RENEWAL		
	License Number: _____	
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>The unused portion of any background deposit will be refunded.</i>		
Attach the following to the application:		
✓ 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			<input type="checkbox"/> Cell
Home: ()	Work: ()	Ext:	Other: <input type="checkbox"/> Fax
Birthdate (mm/dd/yyyy)	Gender	**Social Security Number (See below for note)	
	<input type="checkbox"/> Male <input type="checkbox"/> Female		

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.

Effective July 1, 2012, the Commission is required to deny an application and to suspend the license/registration/permit/approval of any applicant or licensee who has outstanding state tax obligations and appears on either the Franchise Tax Board's or Board of Equalization's certified list of top 500 tax delinquencies over \$100,000 (Business and Professions Code section 494.5).



**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>Name of Gambling Establishment 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>Date Name of Gambling Establishment</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	



**NOTIFICATION OF CHANGE IN KEY EMPLOYEE EMPLOYMENT STATUS
 CGCC-033 (Rev. 06/12)**

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. 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>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 _____.		
Date	Name of Gambling Establishment	
<input type="checkbox"/> I am also currently employed by _____.		
Name(s) of Gambling Establishment(s)		
Description of Job Duties (For employment at new Gambling Establishment)		

2) Please mark the appropriate box below regarding your <i>prior</i> employment status.		
<input type="checkbox"/> My employment with _____ terminated on: _____.		
Name of Gambling Establishment		Date
<input type="checkbox"/> I have not been working as a key employee since last submitting a notification.		
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	



**APPLICATION FOR INTERIM KEY EMPLOYEE LICENSE
 CGCC-035 (Rev. 05/11/06/12)**

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)		
Phone Number (optional)	Social Security Number*	
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	

*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.

Effective July 1, 2012, the Commission is required to deny an application and to suspend the license/registration/permit/approval of any applicant or licensee who has outstanding state tax obligations and appears on either the Franchise Tax Board's or Board of Equalization's certified list of top 500 tax delinquencies over \$100,000 (Business and Professions Code section 494.5).

Forms
Incorporated by
Reference



APPLICATION FOR INITIAL REGULAR WORK PERMIT/TEMPORARY WORK PERMIT CGCC-021 (Rev. 05/11 06/12)

Please read the instructions listed on this form. Type or print legibly in ink an answer for each question. If a question does not apply to you, please indicate with "N/A". Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Any corrections, changes, or other substitutions must be initialed and dated by the applicant. **PLEASE SEND COMPLETED APPLICATIONS TO: CGCC at 2399 Gateway Oaks Drive, Suite 220, Sacramento, CA 95833-4231**

PLEASE TYPE OR PRINT ALL INFORMATION

PART I – All Applicants	APPLICANT NAME	SOCIAL SECURITY NUMBER**	
	HOME ADDRESS		
	MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS)		
	PHONE NUMBER ()	E-MAIL ADDRESS (optional)	DATE OF BIRTH
	TITLE AND DESCRIPTION OF JOB DUTIES:		
Please indicate answers with an X in the appropriate box			
	1. Are you a U.S. citizen?	Yes	No
	2. Are you a resident alien?	Yes	No
PART II – Temporary Work Permit Applicants ONLY	Please indicate answer with an X in the appropriate box		
	1. Do you wish to be considered for a temporary work permit?	Yes	No
	2. Have you included confirmation of Live Scan fingerprints?	Yes	No
	3. Have you ever been convicted of a felony?	Yes	No
	4. Within the last ten years, have you been convicted of a misdemeanor involving a firearm or other deadly weapon, gaming or gaming-related activities, violations of the Gambling Control Act, or dishonesty or moral turpitude, not including convictions that have been expunged or dismissed as provided by law?	Yes	No
	5. Have you ever had a gambling license or work permit denied?	Yes	No
	6. Have you ever had a gambling license or work permit revoked?	Yes	No
PART III – All Applicants	I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
	_____ Signature of Applicant		_____ Date
	I hereby authorize the California Gambling Control Commission, or its representatives, to furnish any information of any nature concerning me to the Department of Justice and the licensed gambling establishment for which I am seeking employment. This authorization does not supersede or replace the Authorization to Release Information form (BGC-APP-006 (Rev 04/08)) required to be submitted with the application for use by the Bureau of Gambling Control. Both authorizations are required to be part of the application package.		
	_____ Signature of Applicant		_____ Date
PART IV – All Applicants	NAME OF GAMBLING ESTABLISHMENT		
	MAILING ADDRESS		
	PHONE NUMBER ()	FAX NUMBER (if any) ()	E-MAIL ADDRESS (if any)
	_____ Signature of Owner/Hiring Authority/Designated Agent		_____ Name and Title (Print)
	_____ Date		

INSTRUCTIONS FOR INITIAL REGULAR WORK PERMIT/TEMPORARY WORK PERMIT

The Gambling Control Act requires that all individuals who are employed as gambling enterprise employees hold a valid work permit. An application for a work permit (CGCC-021 (Rev. 05/11 06/12)) shall be made to the California Gambling Control Commission (Commission) when the local licensing authority does not have a work permit process in place, or where a work permit is not required by the local licensing authority of a city, county, or city and county.

All individuals applying for a regular work permit must complete and submit the following:

1. Parts I, III & IV of the Initial Regular Work Permit/Temporary Work Permit Application (CGCC-021 (Rev. 05/11 06/12)).
2. Work Permit Questionnaire (BGC-LIC-049 (Rev. 11/07))
3. Authorization to Release Information (BGC-APP-006 (Rev. 04/08))
4. A 2X2 inch, passport-style color photograph taken within the last 30 days.
5. A photocopy of your current California Driver's License or California Identification Card.
6. If you have been naturalized, provide a legible photocopy of your Certificate of Naturalization.
7. If you are a resident alien, provide a legible photocopy (front and back) of your resident alien card.
8. A non-refundable \$250.00 application fee. Checks should be made payable to the **California Gambling Control Commission**. This application fee is in addition to the fee paid to the Live Scan provider for processing your fingerprints.
9. Fingerprints must be submitted via Live Scan as follows:
Take the Request for Live Scan Service (BCII 8016) form to a live scan provider, whereupon fingerprints will be processed via Live Scan. **Applicants must pay for the cost associated with processing and transmitting of his/her fingerprints via Live Scan directly to the agency providing the Live Scan Service.** Call the Live Scan facility to determine if an appointment for fingerprinting is required and the preferred method of payment (e.g. cash, cashier's check, etc.). After the fingerprints have been taken, return the **second** copy of the Request for Live Scan Service form with the work permit application package to the Commission.

In addition to the above requirements, all applicants wishing to be considered for the issuance of a temporary work permit must complete and submit the following:

1. Part II of the Initial Regular Work Permit/Temporary Work Permit Application.
2. A second 2X2 inch, passport-style color photograph taken within the last 30 days.
3. A non-refundable \$25.00 application fee made payable to the **California Gambling Control Commission**. This fee is in addition to the above noted non-refundable application fee for the regular work permit. The total fee due for a temporary work permit is \$275.00.

If the applicant does not submit all of the required documents for a temporary or regular work permit, the application is considered incomplete and will be returned to the applicant within 5 days of its receipt. In a cover letter, the Commission will state why the application is incomplete and what documents or information will be required if the application is resubmitted. The application will not be referred to the Bureau for investigation until it is complete and includes all of the required information as stated above.

** Disclosure of your U.S. social security number (SSN) is mandatory. Business and Professions Code section 30 and Public Law 94-455 (42 USC section 405(c)(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, and 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.

Effective July 1, 2012, the Commission is required to deny an application and to suspend the license/registration/permit/approval of any applicant or licensee who has outstanding state tax obligations and appears on either the Franchise Tax Board's or Board of Equalization's certified list of top 500 tax delinquencies over \$100,000 (Business and Professions Code section 494.5).

The application for an initial regular work permit/temporary work permit can be mailed to:

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

If an applicant wishes to withdraw his or her application for a work permit anytime prior to final action, a written request must be submitted to the Commission. The request must establish that withdrawal of the application would be consistent with the public interest and the policies of the Gambling Control Act. If an applicant has applied for a temporary work permit and submits a request to withdraw the application for a regular work permit, the application for a temporary work permit shall be deemed abandoned. Application fees are non-refundable should an application be withdrawn at any time after its submittal to the Commission.

If a valid work permit holder wishes to obtain a transfer of an existing work permit to another licensed gambling establishment, an Application for Transfer of Work Permit (CGCC-022 (Rev. 05/11)) must be completed and submitted to the Commission. Please refer to the Instructions listed on the Transfer of Work Permit form.

All applications, whether or not a temporary work permit is issued, will be referred to the Bureau of Gambling Control for completion of a background investigation prior to the issuance of a regular work permit. All regular work permits will be subject to approval by the Commission at a scheduled public meeting. The Bureau may request additional forms and documentation necessary to complete the investigative process. Please be aware that any delay in providing requested information to the Commission or the Bureau, may delay the issuance of either a temporary or a regular work permit.

A work permit applicant is seeking the granting of a privilege. The burden of proving qualifications is at all times on the applicant.

The applicant accepts any risk of adverse public notice, embarrassment, criticism, or other action or financial loss that may result from action with respect to the submitted application.

Any questions regarding the work permit application process may be directed to the Commission at:

California Gambling Control Commission
2399 Gateway Oaks Drive, Suite 220
Sacramento, CA 95833-4231
(916) 263-0700

You may also visit the Commission's website at www.cgcc.ca.gov to view and print forms or instructions and for other helpful resources and information.



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 WORK PERMIT RENEWAL
CGCC – 023 (Rev. 05/11 06/12)

Please read the instructions listed on this form. Type or print legibly in ink an answer for each question. If a question does not apply to you, please indicate with "N/A". Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Any corrections, changes, or other substitutions must be initialed and dated by the applicant.
PLEASE SEND COMPLETED APPLICATIONS TO: CGCC at 2399 Gateway Oaks Drive, Suite 220, Sacramento CA 95833-4231

PLEASE TYPE OR PRINT ALL INFORMATION

PART I	APPLICANT NAME		WORK PERMIT NUMBER (optional)	
	HOME ADDRESS		SOCIAL SECURITY NUMBER**	
	MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS)			
	PHONE NUMBER ()	E-MAIL ADDRESS (optional)	DATE OF BIRTH	
	TITLE AND DESCRIPTION OF JOB DUTIES:			
	Please indicate answers with an X in the appropriate box			
	1. Are you a U.S. citizen?		Yes	No
	2. Are you a resident alien?		Yes	No
PART II	I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
	_____ Signature of Applicant		_____ Date	
PART II	I hereby authorize the California Gambling Control Commission, or its representatives, to furnish any information of any nature concerning me to the Department of Justice and the licensed gambling establishment for which I am seeking employment. This authorization does not supersede or replace the Authorization to Release Information form (BGC-APP-006 (Rev. 04/08)) required to be submitted with the application for use by the Bureau of Gambling Control. <u>Both authorizations are required to be part of the application package.</u>			
	_____ Signature of Applicant		_____ Date	
PART III	NAME OF GAMBLING ESTABLISHMENT			
	MAILING ADDRESS			
	PHONE NUMBER ()	FAX NUMBER (if any) ()	E-MAIL ADDRESS (if any)	
	_____ Signature of Owner/Hiring Authority/ Designated Agent		_____ Name and Title (Print)	

INSTRUCTIONS FOR WORK PERMIT RENEWAL

The Gambling Control Act requires that all individuals who are employed as gambling enterprise employees hold a valid work permit. Pursuant to Business and Professions Code Section 19912, a work permit issued by the California Gambling Control Commission (Commission) is valid for two years. An Application for Work Permit Renewal (CGCC-023 (Rev. 05/11 06/12)) must be submitted to the Commission 90 days before the current work permit expires:

The work permit renewal application package must include:

1. Work Permit Renewal Application (CGCC-023 (Rev. 05/11 06/12)) signed by the applicant and by the owner/hiring agent/designated agent of the gambling establishment of the current employer.
2. Two passport-style color photograph taken within the last 30-days.
3. Work Permit Questionnaire (BGC-LIC-049 (Rev. 11/07)).
4. Authorization to Release Information (BGC-APP-006 (Rev. 04/08)).
5. A photocopy of your current California Driver's License or California Identification Card.
6. If you are a resident alien, provide a legible photocopy (front and back) of your resident alien card.
7. A non-refundable **\$250.00** renewal fee. Checks should be made payable to the **California Gambling Control Commission**.

The application for renewal of a work permit can be mailed to:

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

If an applicant wishes to withdraw his or her application for renewal of a work permit anytime prior to final action, a written request must be submitted to the Commission. The request must establish that withdrawal of the application would be consistent with the public interest and the policies of the Gambling Control Act. Application fees are non-refundable should you withdraw your application at any time after its submittal to the Commission.

If a valid work permit holder is currently employed at more than one gambling establishment whose work permits are both required to be obtained from the California Gambling Control Commission, a renewal application must be completed for each gambling establishment, including all required fees.

All applications and questionnaires will be referred to the Bureau of Gambling Control (Bureau) for completion of a background investigation prior to the issuance of a renewed work permit. All work permit renewals will be subject to approval by the Commission at a scheduled public meeting. The Bureau may request additional forms and documentation necessary to complete the investigation process. Please be aware that any delay in providing requested information to the Bureau or the Commission, will further delay the issuance of a renewed work permit.

** Disclosure of your U.S. social security number (SSN) is mandatory. Business and Professions Code section 30 and Public Law 94-455 (42 USC section 405(c)(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, and 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.

Effective July 1, 2012, the Commission is required to deny an application and to suspend the license/registration/permit/approval of any applicant or licensee who has outstanding state tax obligations and appears on either the Franchise Tax Board's or Board of Equalization's certified list of top 500 tax delinquencies over \$100,000 (Business and Professions Code section 494.5).

A work permit applicant is seeking the granting of a privilege. The burden of proving qualifications is at all times on the applicant.

The applicant accepts any risk of adverse public notice, embarrassment, criticism, or other action or financial loss that may result from action with respect to the submitted application.

Any questions regarding the work permit application process may be directed to the Commission at:

California Gambling Control Commission
2399 Gateway Oaks Drive, Suite 220
Sacramento, CA 95833-4231
(916) 263-0700

You may also visit the Commission's website at www.cgcc.ca.gov to view and print forms or instructions and for other helpful resources and information.



**APPLICATION FOR REGISTRATION OF
 MANUFACTURERS OR DISTRIBUTORS OF GAMBLING EQUIPMENT
 CGCC – 025 (Rev. 05/14 06/12)**

Please read the instructions listed on this form. Type or print legibly in ink an answer for each question. If a question does not apply to you, please indicate with "N/A". **PLEASE SEND COMPLETED APPLICATIONS TO: California Gambling Control Commission at 2399 Gateway Oaks Drive, Suite 220, Sacramento, CA 95833-4231**

PLEASE TYPE OR PRINT ALL INFORMATION		<input type="checkbox"/> New	<input type="checkbox"/> Renewal
PART I	Registration Type: Check One _____ Class A (include registration fee with application) _____ Class B		
	APPLICANT NAME		PHONE NUMBER ()
	PRINCIPAL PLACE OF BUSINESS ADDRESS		
	MAILING ADDRESS (IF DIFFERENT THAN BUSINESS ADDRESS)		
	FACSIMILE NUMBER ()	FEDERAL EMPLOYER IDENTIFICATION NUMBER (if any)	SOCIAL SECURITY NUMBER (If no FEIN)
	ADDITIONAL GAMBLING EQUIPMENT BUSINESS LOCATION(S) WITHIN CALIFORNIA, INCLUDING STORAGE FACILITIES (if any)		
	BUSINESS ACTIVITY STATEMENT WITH REGARDS TO GAMBLING EQUIPMENT (PLEASE MARK EACH BOX THAT APPLIES): <input type="checkbox"/> MANUFACTURING (INCLUDING THE ASSEMBLY, PRODUCTION, PROGRAMMING, OR MODIFICATION OF) <input type="checkbox"/> TESTING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> REPAIRING <input type="checkbox"/> SELLING <input type="checkbox"/> REFURBISHING <input type="checkbox"/> LEASING <input type="checkbox"/> STORING <input type="checkbox"/> INSPECTING		
PART II	If more space is necessary or more information included with the registration, please indicate with an X in the "Additional Information Attached" box for that section. Please indicate on attached sheet(s) which information section the attachment is intended to supplement.		Additional Information Attached
	1. If applicant is a business entity: name, mailing address, phone number, facsimile number (if any), of chief executive officer, or other person designated by the entity to serve as the entity's representative.		
	2. If principal place of business is located outside of California, enclose copy of current gaming licensure in the jurisdiction in which it is located to manufacture or distribute gambling equipment, or a statement that gaming licensure is not required by the jurisdiction in which it is located.		
	3. Statement of registration with United States government as required by Title 15, United States Code, section 1173 or statement that registration is not required.		
	4. Have you designated an agent for service of process with the California Secretary of State? . If so, name of designated agent for service of process:		
	5. Please answer both A and B with either yes or no: A. Do you sell, lease, inspect, test, repair, refurbish, or store only slot machines or devices which are "antique slot machines" within the definition of Penal Code 330.7? B. Are you otherwise a manufacturer or distributor as defined in 4 CCR sec. 12300(b)(7)?		
6. Within my personal knowledge, the foregoing information is accurate and complete.			
PART III	I declare under penalty of perjury under the laws of the State of California that the foregoing is true, and correct.		
	Signature of Applicant's Designated Representative _____		Date _____
	Typed or Printed Name of Applicant's Designated Representative _____		
	Title _____		

REGISTRATION OF MANUFACTURERS OR DISTRIBUTORS OF GAMBLING EQUIPMENT INSTRUCTIONS

The regulations contained in Title 4, California Code of Regulations, sections 12300 through 12310 require manufacturers or distributors of gambling equipment to apply for registration with the California Gambling Control Commission (Commission or CGCC).

Section 12300(b)(5) defines “gambling equipment” as follows:

“any slot machine or device as defined in section 330b or 330.1 of the Penal Code. ‘Gambling Equipment’ also includes (A) any essential part and (B) any inoperable slot machine or device that is substantially complete and repairable or that can be made operable with the installation of one or more essential parts. Any reference to slot machines or devices has the meaning defined in Penal Code sections 330b and 330.1.”

Section 12300(b)(7) defines “manufacturer or distributor” as follows:

“any person that manufactures, including the assembly, production, programming, or modification of, distributes, sells, leases, inspects, tests, repairs, refurbishes, or stores gambling equipment in this state or for use in this state. Manufacturer or distributor includes, in addition to in-state manufacturers and distributors, persons performing these functions in a location outside of this state with respect to gambling equipment intended for operation in this state.

The application form requires the following information:

1. Registration type: Indicate Class A or Class B. [Section 12300(b)(2).]
 - a. Class B registration applies to any manufacturer or distributor that has no place of business in the State of California and that does not transport gambling equipment to a destination within the State of California, other than transportation of gambling equipment from an out-of-state location to a tribal gaming facility in this state.
 - b. All other registrations are Class A.
2. Name, address of principal place of business (whether located within or outside California), telephone and facsimile numbers, and mailing address (if different from the address of the principal place of business).
3. Federal Employer Identification Number (“FEIN”) or Social Security Number, if no FEIN.
If you do not have an “FEIN” number, disclosure of your social security number is mandatory. Section 19841(a) of the Business and Professions Code authorizes collection of your social security number. If you fail to disclose your social security number, your application will not be processed. Your social security number will be used exclusively for identification purposes or for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code.

Effective July 1, 2012, the Commission is required to deny an application and to suspend the license/registration/permit/approval of any applicant or licensee who has outstanding state tax obligations and appears on either the Franchise Tax Board’s or Board of Equalization’s certified list of top 500 tax delinquencies over \$100,000 (Revenue and Taxation Code section 494.5).

4. Gambling equipment business location(s) within California, including storage facilities (if applicable).
5. Part I. Business Activity Statement - A description of the types of gambling equipment businesses conducted by the applicant: manufacturing (i.e., assembly, production, programming, or modification), distributing, selling, leasing, inspecting, repairing, or storing. Indicate all categories that apply.
6. If the applicant is a business entity, the name, mailing address, voice telephone number, and facsimile telephone number (if any) of the chief executive officer, or other person designated by the entity to serve as the entity's representative.
7. If the applicant's principal place of business is located outside of this state, provide a copy or other evidence of current gaming licensure in the jurisdiction in which the applicant is located to manufacture or distribute gambling equipment, or submit a statement that gaming licensure is not required by the jurisdiction in which the applicant is located.
8. A copy of the applicant's current registration with the United States Attorney General pursuant to the Gambling Devices Act of 1962 (the Johnson Act), Title 15 United States Code section 1173, if registered. If not registered, include a statement that the applicant is not required to register under the Gambling Devices Act of 1962, Title 15 United States Code section 1173.
9. If an agent for service of process has been designated with the California Secretary of State, indicate the name of that designated agent. [California Corporations Code section 1505.] (An agent for service of process is a person authorized to receive the summons used to initiate a legal action).
10. Signature of the applicant's designated representative. (This individual would be the person designated to represent the entity for the purpose of applying for registration.)
11. Except as noted below, a non-refundable \$500 application fee for Class A registration. A nonrefundable application fee of forty dollars (\$40) shall be submitted by any manufacturer or distributor applying for Class A registration that sells, leases, inspects, tests, repairs, refurbishes, or stores ONLY slot machines or devices which are "antique slot machines" within the meaning of Penal Code section 330.7, provided that this provision does not apply to a person that is otherwise a manufacturer or distributor. (Section 12301(b)(10)(B).)

The information can be *mailed* to:

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

CGCC strongly encourages all manufacturers and distributors to read the regulations published in the California Code of Regulations: Title 4, sections 12300 through 12310. The text of the regulations may also be found on the CGCC website: www.cgcc.ca.gov, under "Laws and Regulations."



APPLICATION FOR STATE GAMBLING LICENSE
CGCC-030 (Rev. 06/14 06/12)

Pursuant to Business and Professions Code section 19850, every person who directly or indirectly receives any compensation, reward, percentage or share of money or property played in any controlled game in this state, shall apply for and obtain a state gambling license. A license certificate will be issued after the application for state gambling license is approved and will indicate the name of the "owner-licensee". All other applicants are considered "endorsed licensees" and will not receive a separate license certificate, but their names will be endorsed on the license issued to the owner of the gambling enterprise.

A completed license renewal application package and all renewal fees are due **no later than 120 days prior** to the license expiration date. [See Business and Professions Code section 19876(b)] Any application package received less than 110 days prior to the license expiration date shall be subject to a delinquency fee of **an additional \$ 1000 for each application in the package**. [See Title 4, California Code of Regulations, Sections 12008(a)(2) and 12345(a).]

Instructions:

Type or print legibly, in ink, all information requested on this application. If a question does not apply, write "N/A" (Not Applicable). Incomplete applications will be returned. You must provide truthful information in all your responses. All answers to questions in this application and on all supplemental documentation will be subject to verification. Any misrepresentation or failure to disclose information may constitute sufficient cause for denial or revocation of your gambling license.

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.

Name of Gambling Establishment (Cardroom):	Name of Applicant (Individual or Entity):
--	---

Please check one box indicating whether you are applying for an *initial* or *renewal* license.

INITIAL

Application Fee: \$ 1000 Non-refundable (Owner-Licensee and Endorsed Licensee)
Background Deposit: \$ 6600 (Owner-Licensee and Endorsed Licensee)
 \$ 1100 (Trust,* Trustee, and Trustor)
 \$ 1500 (Community Property Spouse)

Any unused portion of a background deposit will be refunded.

NOTE: Initial applicants must also attach a completed Supplemental Background Information form, as indicated below:

Gambling Establishment (Cardroom): Attach a Gambling Establishment Supplemental Information for State Gambling License, BGC-APP-015C (Rev. 04/08) form – *Owner-Licensee to submit on behalf of gambling establishment*

Individual Applicants: Attach a Gambling Establishment Owner Applicant – Individual Supplemental Background Investigation Information, BGC-APP-015A (Rev. 04/08) form

Entity Applicants: Attach a Gambling Establishment Owner – Entity Supplemental Information for a State Gambling License, BGC-APP-015B (Rev. 04/08) form

*Trust Applicants: Attach a Trust Supplemental Background Investigation Information, BGC-APP-143 (Rev. 05/08) form

* *Contingent beneficiaries do not need to submit an application if benefits are contingent upon a specific future event or circumstance.*

RENEWAL

Application Fee: \$ 1000 Non-refundable (Owner-Licensee and Endorsed Licensee)
Delinquent Application Fee: \$ 1000 Non-refundable (Owner-Licensee and Endorsed Licensee)
Background Deposit: \$ 725 (Owner-Licensee) Other applicants may be responsible for background deposits upon notification from the Bureau of Gambling Control.

Any unused portion of a background deposit will be refunded.

SECTION 1 – TYPE OF APPLICATION (check one box)

Submit the information listed below with the required fees/deposits with your initial or renewal application.

Owner-Licensee: The owner of the gambling enterprise for which the license certificate shall be issued

Sole Proprietors: Submit one application with all sections completed *except* 3a and 3b

All other Owner-Licensee Types, including Trusts (As indicated in section 3a): Complete all sections *except* 4

Endorsed Licensee: Shall be endorsed on the gambling enterprise license certificate

Individual Applicants, including Trustors and Trustees (As indicated in section 4): Complete sections 4, 5(B), and 7

Entity Applicants, including Trusts (As indicated in section 3a): Complete sections 3, 5(B), and 7

SECTION 2a – GAMBLING ESTABLISHMENT (CARDROOM) INFORMATION

Attach a current organization chart for the gambling establishment (cardroom) that includes the owner licensee, all endorsed licensees, and all key employees.

Gambling Establishment (Cardroom) Name:

Street Address:

Mailing Address (If different than above):

Telephone Number:

()

Fax Number:

()

Website Address (if any):

Hours of Operation:

24 hrs/365 days

Hours as indicated:

	MON	TUES	WED	THURS	FRI	SAT	SUN
Open							
Close							

SECTION 2b – EMPLOYEE WORK PERMIT CERTIFICATION (check one box)

I certify that all gambling enterprise employees (employees of this gambling establishment) have complied with Business and Professions Code section 19912 by either:

Holding a valid gambling enterprise employee work permit issued in accordance with the applicable ordinance of the city or county in which his or her duties are performed, or,

Holding a valid gambling enterprise employee work permit issued by the California Gambling Control Commission.

SECTION 3a – ENTITY STRUCTURE (check one box)

Attach a current organization chart for the entity indicating the names and titles of any officers, shareholders, partners, members, etc. that are associated with the entity.

General Partnership

Limited Partnership

Joint Venture

Limited Liability Company

Other: _____

Corporation:

Publicly Traded

Private:

Sub-Chapter S

Sub-Chapter C

Trust:

Revocable

Irrevocable

SECTION 3b – ENTITY INFORMATION

Please provide the information below for the entity structure indicated in section 3a. Identify all individual officers (President, Secretary, Treasurer, and Chief Financial Officer), directors, shareholders, partners, members, etc., of the entity. For Trusts, identify the Trustor and any Trustees. For officers and directors of corporations with no ownership interest, enter 0% in the ownership column. If a section does not apply, write "N/A" (not applicable). If additional space is needed, please use separate sheets of paper.

Entity Name:

Street Address:

Telephone Number:

()

Fax Number:

()

Entity / Individual's Name	Title	Ownership / Membership Interest Percentage	Compensation Arrangement (salary, hourly wage, incentives, bonuses, etc.)
		%	
		%	
		%	
		%	
		%	
		%	

SECTION 4 – INDIVIDUAL APPLICANT INFORMATION

Indicate your association with the business. (Check all that apply)

- | | | | |
|--|-------------------------------------|--|--|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Officer | <input type="checkbox"/> Financial Interest Holder | <input type="checkbox"/> Trustor |
| <input type="checkbox"/> General Partner | <input type="checkbox"/> Director | <input type="checkbox"/> Community Property Interest | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Limited Partner | <input type="checkbox"/> Landlord | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Current Beneficiary |
| <input type="checkbox"/> Shareholder | <input type="checkbox"/> LLC Member | | |

Last Name:

First Name:

Middle Initial:

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

* Residence Address – Number/Street (See page 4 for note):

Apt. / Unit Number:

City:

County:

State:

Zip Code:

*Mailing Address, if different than above:

Contact Numbers:

Home: ()

Work: ()

Cell: ()

E-mail Address (if any):

Birthdate (mm/dd/yyyy):

Gender:

- Male Female

** Social Security Number (See page 4 for note):

SECTION 5- RENEWAL INFORMATION

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

A) Gambling Establishment:

1. Have there been any changes affecting ownership or controlling interest in this gambling establishment since last filing a State Gambling License application? Yes No

2. Have there been any changes to the terms (financial or otherwise) of the gambling establishment's lease or a change of landlord since last filing a State Gambling License application? Yes No

B) Owner Licensee or Endorsed Licensee:

1. Have you been a party to any civil litigation since last filing a State Gambling License application? Yes No

2. Have you been named in any administrative action affecting any license certification since last filing a State Gambling License application? Yes No

3. Have you been convicted of any crime (misdemeanor or felony) since last filing a State Gambling License application? Yes No

4. Have you acquired or increased a financial interest in a business that conducts lawful gambling outside the state since last filing a State Gambling License application? Yes No

C) Complete the following *only* if renewing as a Trust:

1. Have there been (a) any amendments to the trust document or (b) any changes to a beneficiary, trustee, or trust asset since last filing a State Gambling License application? Yes No

SECTION 6- AUTHORIZED REPRESENTATIVE / DESIGNATED AGENT INFORMATION

Last Name:	First Name:	Middle Initial:
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Relationship to Applicant: <input type="checkbox"/> Owner <input type="checkbox"/> Attorney <input type="checkbox"/> Employee <input type="checkbox"/> Other: _____	Business Name, if applicable:
--	-------------------------------

Mailing Address:

Telephone Number: ()	Fax Number: ()	E-mail Address (if any):
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SECTION 7 - DECLARATION / SIGNATURE

An applicant applying as an individual must sign on his or her own behalf. If applying as a business entity or trust, the chief executive officer or designated agent must sign on behalf of the entity.

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 attachments, corrections, changes and other alterations, is true, accurate, and complete.

Name of Individual Completing this Application (<i>typed or printed</i>):	Title:
---	--------

Signature:	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 section 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.

Effective July 1, 2012, the Commission is required to deny an application and to suspend the license/registration/permit/approval of any applicant or licensee who has outstanding state tax obligations and appears on either the Franchise Tax Board's or Board of Equalization's certified list of top 500 tax delinquencies over \$100,000 (Business and Professions Code section 494.5).



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 THIRD-PARTY PROPOSITION PLAYER SERVICES LICENSE
 FOR BUSINESS ENTITIES AND OWNERS
 CGCC-433 (Rev. 05/11/06/12)**

Pursuant to Business and Professions Code section 19984, except as provided in California Code of Regulations, Title 4, Section 12201(a), no person may perform in the capacity of a primary owner or owner in the provision of third-party proposition player services without a license issued by the California Gambling Control Commission (Commission). A license certificate will be issued after the application is approved by the Commission and will indicate the name of the "primary owner".

Instructions:

Type or print legibly, in ink, all information requested on this application. If a question does not apply, write "N/A" (Not Applicable). Incomplete applications will be returned. You must provide truthful information in all your responses. All answers to questions in this application and on all supplemental documentation will be subject to verification. Any misrepresentation or failure to disclose information may constitute sufficient cause for denial or revocation of your license. If additional space is needed, use a separate sheet of paper and precede each response with the applicable section and item.

Please submit the following with the application for the renewal of an individual:

- Two 2x2 inch, passport-style color photographs taken within the last 12 months
- Photocopy of your current State Driver's License or State Identification Card

Send the completed application package with required fee (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.

Name of Provider of Third-Party Proposition Player Services (Business)	Name of Applicant (Individual or Entity)
Please check one box indicating whether you are applying for an <i>initial</i> or <i>renewal</i> license.	
<input type="checkbox"/> <u>INITIAL</u> Application Fee: \$1000 Non-refundable (Primary Owner, Business, Individual, and Trust) Background Deposit: \$11,500 (Owner-Entity) \$6,000 (Owner-Person) \$2,500 (Owner-Trust) <i>The unused portion of any background deposit will be refunded.</i> NOTE: The Bureau of Gambling Control (Bureau) will issue a directive to submit a supplemental information package to begin your background investigation. At that time, you will be required to supply the deposit amount indicated above, pursuant to California Code of Regulations, Title 11, Section 2037, and any additional documentation (bank statements, taxes, employment agreements, etc.) required by the Bureau.	
<input type="checkbox"/> <u>RENEWAL</u> Application Fee: \$1000 Non-refundable (Primary Owner, Business, Individual, and Trust) Background Deposit: \$2,000 (Owner-Entity) \$800 (Owner-Person and Owner-Trust) <i>The unused portion of any background deposit will be refunded.</i>	

SECTION 1 – TYPE OF APPLICATION (check one box)

Submit the information listed below with the required fees/deposits with your initial or renewal application.

Primary Owner: The primary owner is a sole proprietor, corporation, partnership, or other business entity that proposes to provide third-party proposition player services as an independent contractor in a gambling establishment (see California Code of Regulations, Title 4, Section 12200(b)(18)).

Sole Proprietors: Submit one application with all sections completed *except* 3a and 3b

All other Owner Types, including Trusts (As indicated in section 3a): Complete all sections *except* 4

Owner: An owner is any other owner type not covered above, such as: an officer in a corporation, a limited partner in a partnership, any person who receives any percentage share of the revenues earned, or any funding source (see California Code of Regulations, Title 4, Section 12200(b)(16)).

Individual Applicants, including Trustors, Trustees, and Beneficiaries (As indicated in section 4): Complete sections 4, 5, 6, and 7

Entity Applicants, including Trusts (As indicated in section 3a): Complete sections 3, 5, 6, and 7.

SECTION 2 – PRIMARY OWNER INFORMATION

Attach a current organization chart for this business that includes the primary owner and all other owners that will be endorsed upon the primary owner's license.

Primary Owner Name

Street Address

Mailing Address (If different than above)

Telephone Number
()

Fax Number
()

Website Address (if any)

SECTION 3a – ENTITY STRUCTURE (check one box)

Attach a current organization chart for the entity indicating the names and titles of any officers, shareholders, partners, members, etc. that are associated with this entity.

General Partnership

Limited Partnership

Joint Venture

Limited Liability Company

Other: _____

Corporation:

Publicly Traded

Private:

Sub-Chapter S

Sub-Chapter C

Trust:

Revocable

Irrevocable

SECTION 3b – ENTITY INFORMATION

Please provide the information below for the entity structure indicated in section 3a. Identify all individual officers (President, Secretary, Treasurer, and Chief Financial Officer), directors, shareholders, partners, members, etc. of the entity. For Trusts, identify the Trustor and any Trustees. For officers and directors of corporations with no ownership, enter 0% in the ownership column. If a section does not apply, write "N/A" not applicable. If additional space is needed, please use separate sheets of paper.

Entity Name

Street Address

Telephone Number
()

Fax Number
()

Entity / Individual's Name	Title	Ownership / Membership Interest Percentage	Compensation Arrangement (salary, hourly wage, incentives, bonuses, etc.)
		%	
		%	
		%	

SECTION 4 – INDIVIDUAL APPLICANT INFORMATION

Indicate your association with the business. (Check all that apply)

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Officer	<input type="checkbox"/> Financial Interest Holder	<input type="checkbox"/> Trustor
<input type="checkbox"/> General Partner	<input type="checkbox"/> Director	<input type="checkbox"/> Community Property Interest	<input type="checkbox"/> Trustee
<input type="checkbox"/> Limited Partner	<input type="checkbox"/> Landlord	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Current Beneficiary
<input type="checkbox"/> Shareholder	<input type="checkbox"/> LLC Member		

Last Name _____ First Name _____ Middle Initial _____

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

*Residence Address – Number/Street (See page 4 for note) _____ Apt. / Unit Number _____

City _____ County _____ State _____ Zip Code _____

*Mailing Address, if different than above (See page 4 for note)

Contact Numbers	E-mail Address (if any)		
Home: ()	Work: ()	Cell: ()	

Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	**Social Security Number (See page 4 for note)
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SECTION 5– RENEWAL INFORMATION

Complete this section only if you are **renewing** your 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.

A) Primary Owner:		
1. Has there been any changes affecting ownership or controlling interest in this business since last filing an application for a third-party proposition player services license?		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has there been any changes affecting the ownership or controlling interest in any entity that is endorsed upon the license of the primary provider?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has there been any acquired or increased a financial interest in a business that conducts lawful gambling outside the state since last filing a third-party proposition player services license application?		<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Owner:		
1. Have you been a party to any civil litigation since last filing a third-party proposition player services license application?		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you been named in any administrative action affecting any license certification since last filing a third-party proposition player services license application?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been convicted of any crime (misdemeanor or felony) since last filing a third-party proposition player services license application?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you acquired or increased a financial interest in a business that conducts lawful gambling outside the state since last filing a third-party proposition player services license application?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Complete the following <u>only</u> if renewing as a Trust:		
Have there been (a) any amendments to the trust document or (b) any changes to a beneficiary, trustee, or trust asset since last filing a third-party proposition player services license application?		<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 6– AUTHORIZED REPRESENTATIVE / DESIGNATED AGENT INFORMATION		
Last Name	First Name	Restrictions If any:
Relationship to Applicant: <input type="checkbox"/> Owner <input type="checkbox"/> Attorney <input type="checkbox"/> Employee <input type="checkbox"/> Other: _____		Business Name, if applicable
Mailing Address		
Telephone Number ()	Fax Number ()	E-mail Address (if any)
SECTION 7 – DECLARATION / SIGNATURE		
An applicant applying as an individual must sign on his or her own behalf. If applying as a business entity or trust, the chief executive officer or designated agent must sign on behalf of the entity.		
<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>		
Name of Individual Completing this Application (<i>typed or printed</i>)		Title
Signature		Date
Signature of Designated Agent		Date
<p>* 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).</p> <p>**Disclosure of your U.S. social security number is mandatory. Business and Professions Code section 30 and Public Law 94-455 (42 USC section 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.</p> <p><u>Effective July 1, 2012, the Commission is required to deny an application and to suspend the license/registration/permit/approval of any applicant or licensee who has outstanding state tax obligations and appears on either the Franchise Tax Board's or Board of Equalization's certified list of top 500 tax delinquencies over \$100,000 (Business and Professions Code section 494.5).</u></p>		

Trust Applicants Only Please disregard the instructions on the Trust Supplemental Background Investigation Information BGC-APP-143 which are generally directed at gambling establishment applicants. Follow the instructions below, which are directed at third-party provider applicants.

Any trust that is an owner of a third-party provider must be registered or licensed. Other trust-related persons must also be registered or licensed: the trustor of the trust, any trustee and any current beneficiary. "Trustor" means the same thing as "grantor," "donor," or "settlor": an individual who creates a trust.

A current beneficiary must be registered or licensed if either of the follows applies:

- (1) The beneficiary receives a distribution from a trust that is an owner of a third-party provider.
- (2) The beneficiary receives any percentage share of revenue from gambling activities. For example, under the terms of the Washington Family Trust, beneficiary William Washington is to receive 10% of the net gaming revenue from the Washington Third-Party Company every six months.

Trusts: Must submit a Trust Supplemental Background Investigation Information Form, BGC-APP-143 (Rev. 5/08), along with this form (Application for Third-Party Proposition Player Services License (CGCC-433)).

Trustors, Trustees, and Current Beneficiaries: Must submit this form (Application for Third-Party Proposition Player Services License (CGCC-433)). If the trustee is also the trustor and the beneficiary, only one CGCC-433 form needs to be submitted.

Contingent Beneficiary: A contingent or future beneficiary is not required to be registered or licensed unless specifically directed to apply by the Commission. However, a contingent or future beneficiary may elect to submit an application, if, for instance, the beneficiary wishes to avoid future delays in receiving income or a share in ownership in a business when the future event occurs, for instance, the death of the current beneficiary.



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 THIRD-PARTY PROPOSITION PLAYER SERVICES LICENSE
 FOR SUPERVISOR, PLAYER OR OTHER EMPLOYEE
 CGCC-434 (Rev. 05/1106/12)**

Pursuant to Business and Professions Code section 19984, except as provided in California Code of Regulations, Title 4, Section 12201, no person may perform in the capacity of a supervisor, player or "other employee" in the provision of third-party proposition player services without a license issued by the California Gambling Control Commission (Commission).

Send the completed application package with required fee (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.

Please submit the following with the **renewal application** only:

- Two 2x2 inch, passport-style color photographs taken within the last 12 months
- Photocopy of your current State Driver's License or State Identification Card

Applicant's Last Name		First Name		Middle Initial
Name of Provider of Third-Party Proposition Player Services (Business)				License or Registration Number
Job Title	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Player	<input type="checkbox"/> Other Employee	
Description of Job Duties				
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 (Supervisor)			
	\$500 Non-refundable (Player and Other Employee)			
Background Deposit:	\$2,500 (Supervisor)			
	No background deposit is required at time of application submission for a player or other employee; however, you may be required to submit a background deposit upon notification by the Bureau that an investigation is required.			
	<i>The unused portion of any background deposit will be refunded.</i>			
NOTE: The Bureau of Gambling Control (Bureau) will issue a directive to submit a supplemental information package to begin your background investigation. At that time, you will be required to supply the deposit amount indicated above, pursuant to California Code of Regulations, Title 11, Section 2037, and any additional documentation (bank statements, taxes, employment agreements, etc.) required by the Bureau.				
<input type="checkbox"/> <u>RENEWAL</u>				
Application Fee:	\$750 Non-refundable (Supervisor)			
	\$500 Non-refundable (Player and Other Employee)			
Background Deposit:	\$450 (Supervisor)			
	No background deposit is required at time of application submission for a player or other employee; however, you may be required to submit a background deposit upon notification by the Bureau that an investigation is required.			
	<i>The unused portion of any background deposit will be refunded.</i>			

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 page 3 for note) Apt. / Unit Number

City County State Zip Code

*Mailing Address, if different than above (See page 3 for note)

Contact Numbers Cell
 Fax
 Home: () Work: () Ext: Other: ()
 Birthdate (mm/dd/yyyy) Gender Male Female **Social Security Number (See bottom of page 3 for note)

SECTION 2 - RENEWAL INFORMATION

Complete this section only if renewing your third-party proposition player services 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 last filing a third-party proposition player services license application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you been named in any administrative action affecting any license certification since last filing a third-party proposition player services license application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you been convicted of any crime (misdemeanor or felony) since last filing a third-party proposition player services license application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you acquired or increased a financial interest in a business that conducts lawful gambling outside the state since last filing a third-party proposition player services license application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION 3 – AUTHORIZED REPRESENTATIVE/DESIGNATED AGENT INFORMATION

Last Name	First Name	Restrictions, if any:
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 4 –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 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	Date
Signature of Designated Agent	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.

Effective July 1, 2012, the Commission is required to deny an application and to suspend the license/registration/permit/approval of any applicant or licensee who has outstanding state tax obligations and appears on either the Franchise Tax Board's or Board of Equalization's certified list of top 500 tax delinquencies over \$100,000 (Business and Professions Code section 494.5).

APPLICATION FOR THIRD PARTY PROPOSITION PLAYER SERVICES LICENSE INSTRUCTIONS

Type or print legibly, in ink, all information requested on this application. If a question does not apply, write "N/A" (Not Applicable). You must provide truthful information in all your responses. All answers to questions in this application and on all supplemental documentation will be subject to verification. Any misrepresentation or failure to disclose information may constitute sufficient cause for denial or revocation of your license.

Retain a photocopy of the complete application packet for your permanent records. A separate application and fee is required for each applicant.

Applications not fully and accurately completed (including all required supporting materials) will be returned to the sender for completion. If the application is returned at any point in the processing, the applicant will need to follow the directions included with it and resubmit it in a timely manner. If additional space is needed, use a separate sheet of paper and precede each response with the applicable section and item. Attach the paper to the back of the application. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Any corrections, changes or other alterations must be initialed and dated by the applicant. If any or all information is not provided, the application may be delayed, returned for completion, or denied.



State of California
 California Gambling Control Commission
 2399 Gateway Oaks Drive, Suite 220
 Sacramento, CA 95833-4231
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 www.cgcc.ca.gov

THIRD PARTY PROPOSITION PLAYER SERVICES REGISTRATION SUPPLEMENTAL INFORMATION CGCC – 436 (Rev. 05/11/06/12)

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

SECTION 1: APPLICANT PERSONAL HISTORY INFORMATION

Applicant's Full Legal Name: _____ Gender: Male Female

First	MI	Last
-------	----	------

Applicant's Mailing Address: _____

Street	City	State	Zip Code
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Applicant's Telephone Number: _____ Applicant's Facsimile Number (if applicable): _____

()	()
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Date of Birth: _____ *Social Security Number: _____

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Please indicate answers to the following questions by placing an X in the appropriate box.

1. Have you ever been convicted of a felony? Yes No
2. Within the last ten years, have you ever been convicted of a misdemeanor involving a firearm or other deadly weapon, gaming or gaming-related activities, violations of the Gambling Control Act, or dishonesty or moral turpitude, not including convictions that have been expunged or dismissed as provided by law? Yes No
3. Have you ever had a third party proposition player registration, a state gambling license, a key employee license, a work permit, or a finding of suitability revoked? Yes No
4. Have you every had an application denied for third party proposition player registration or under the Gambling Control Act? Yes No

SECTION 2. 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.

Applicant Signature: _____ Date: _____

Title: _____

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

Effective July 1, 2012, the Commission is required to deny an application and to suspend the license/registration/permit/approval of any applicant or licensee who has outstanding state tax obligations and appears on either the Franchise Tax Board's or Board of Equalization's certified list of top 500 tax delinquencies over \$100,000 (Business and Professions Code section 494.5).



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**APPLICATION FOR GAMBLING BUSINESS LICENSE
 FOR BUSINESS ENTITIES AND OWNERS
 CGCC-533 (Rev. 05/11/06/12)**

Pursuant to Business and Professions Code section 19853, except as provided in California Code of Regulations, Title 4, Section 12221, no person may perform in the capacity of a primary owner or owner in the operation of a gambling business without a license issued by the California Gambling Control Commission (Commission). A license certificate will be issued after the application is approved by the Commission and will indicate the name of the "primary owner."

Instructions:

Type or print legibly, in ink, all information requested on this application. If a question does not apply, write "N/A" (Not Applicable). Incomplete applications will be returned. You must provide truthful information in all your responses. All answers to questions in this application and on all supplemental documentation will be subject to verification. Any misrepresentation or failure to disclose information may constitute sufficient cause for denial or revocation of your license. If additional space is needed, use a separate sheet of paper and precede each response with the applicable section and item.

Please submit the following with the application for the license renewal for an individual:

- Two 2x2 inch, passport-style color photographs taken within the last 12 months
- Photocopy of your current State Driver's License or State Identification Card

Send the completed application package with required fee (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.

Name of Gambling Business (Business)	Name of Applicant (Individual or Entity)
Please check one box indicating whether you are applying for an <i>initial</i> or <i>renewal</i> license.	
<input type="checkbox"/> <u>INITIAL</u>	
Application Fee:	\$1000 Non-refundable (Primary Owner, Business, Individual, and Trust)
Background Deposit:	\$11,500 (Owner-Entity) \$6,000 (Owner-Person) \$2,500 (Owner-Trust)
<i>The unused portion of any background deposit will be refunded.</i>	
NOTE: The Bureau of Gambling Control (Bureau) will issue a directive to submit a supplemental information package to begin your background investigation. At that time, you will be required to supply the deposit amount indicated above, pursuant to California Code of Regulations, Title 11, Section 2037, and any additional documentation (bank statements, taxes, employment agreements, etc.) required by the Bureau.	
<input type="checkbox"/> <u>RENEWAL</u>	
Application Fee:	\$1000 Non-refundable (Primary Owner, Business, Individual, and Trust)
Background Deposit:	\$2,000 (Owner-Entity) \$800 (Owner-Person and Owner-Trust)
<i>The unused portion of any background deposit will be refunded.</i>	

SECTION 1 – TYPE OF APPLICATION (check one box)

Submit the information listed below with the required fees/deposits with your initial or renewal application.

Primary Owner: The primary owner is a sole proprietor, corporation, partnership, or other business entity that proposes to conduct a gambling business in a gambling establishment (see California Code of Regulations, Title 4, Section 12220(b)(17)).

Sole Proprietors: Submit one application with all sections completed *except* 3a and 3b

All other Owner Types, including Trusts (As indicated in section 3a): Complete all sections *except* 4

Owner: An owner is any other owner type not covered above, such as: an officer in a corporation, a limited partner in a partnership, any person who receives any percentage share of the revenues earned, or any funding source (see California Code of Regulations, Title 4, Section 12220(b)(10)).

Individual Applicants, including Trustors, Trustees, and Beneficiaries (As indicated in section 4): Complete sections 4, 5, 6, and 7

Entity Applicants, including Trusts (As indicated in section 3a): Complete sections 3, 5, 6, and 7.

SECTION 2 – PRIMARY OWNER INFORMATION

Attach a current organization chart for this business that includes the primary owner and all other owners that will be endorsed upon the primary owner's license.

Primary Owner Name

Street Address

Mailing Address (If different than above)

Telephone Number
()

Fax Number
()

Website Address (if any)

SECTION 3a – ENTITY STRUCTURE (check one box)

Attach a current organization chart for the entity indicating the names and titles of any officers, shareholders, partners, members, etc. that are associated with this entity.

General Partnership

Limited Partnership

Joint Venture

Limited Liability Company

Other: _____

Corporation:

Publicly Traded

Private:

Sub-Chapter S

Sub-Chapter C

Trust:

Revocable

Irrevocable

SECTION 3b – ENTITY INFORMATION

Please provide the information below for the entity structure indicated in section 3a. Identify all individual officers (President, Secretary, Treasurer, and Chief Financial Officer), directors, shareholders, partners, members, etc. of the entity. For Trusts, identify the Trustor and any Trustees. For officers and directors of corporations with no ownership, enter 0% in the ownership column. If a section does not apply, write "N/A" not applicable. If additional space is needed, please use separate sheets of paper.

Entity Name

Street Address

Telephone Number
()

Fax Number
()

Entity / Individual's Name	Title	Ownership / Membership Interest Percentage	Compensation Arrangement (salary, hourly wage, incentives, bonuses, etc.)
		%	
		%	
		%	

SECTION 4 – INDIVIDUAL APPLICANT INFORMATION			
Indicate your association with the business. (Check all that apply)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Officer	<input type="checkbox"/> Financial Interest Holder	<input type="checkbox"/> Trustor
<input type="checkbox"/> General Partner	<input type="checkbox"/> Director	<input type="checkbox"/> Community Property Interest	<input type="checkbox"/> Trustee
<input type="checkbox"/> Limited Partner	<input type="checkbox"/> Landlord	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Current Beneficiary
<input type="checkbox"/> Shareholder	<input type="checkbox"/> LLC Member		
Last Name	First Name	Middle Initial	
Other names you have used or been known by (aliases, maiden name, nicknames, other name changes, legal or otherwise)			
*Residence Address – Number/Street (See page 4 for note)			Apt. / Unit Number
City	County	State	Zip Code
*Mailing Address, if different than above (See page 4 for note)			
Contact Numbers			E-mail Address (if any)
Home: ()	Work: ()	Cell: ()	
Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	**Social Security Number (See page 4 for note)	
SECTION 5– RENEWAL INFORMATION			
Complete this section <u>only</u> if you are renewing your 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.			
A) Primary Owner:			
1. Has there been any changes affecting ownership or controlling interest in this business since last filing an application for a gambling business license?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has there been any changes affecting the ownership or controlling interest in any entity that is endorsed upon the license of the primary provider?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has there been any acquired or increased a financial interest in a business that conducts lawful gambling outside the state since last filing a gambling business license application?			<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Owner:			
1. Have you been a party to any civil litigation since last filing a gambling business license application?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you been named in any administrative action affecting any license certification since last filing a gambling business license application?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been convicted of any crime (misdemeanor or felony) since last filing a gambling business license application?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you acquired or increased a financial interest in a business that conducts lawful gambling outside the state since last filing a gambling business license application?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Complete the following <u>only</u> if renewing as a Trust:			
Have there been (a) any amendments to the trust document or (b) any changes to a beneficiary, trustee, or trust asset since last filing a gambling business license application?			<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 6- AUTHORIZED REPRESENTATIVE / DESIGNATED AGENT INFORMATION		
Last Name	First Name	Restrictions If any:
Relationship to Applicant: <input type="checkbox"/> Owner <input type="checkbox"/> Attorney <input type="checkbox"/> Employee <input type="checkbox"/> Other: _____		Business Name, if applicable
Mailing Address		
Telephone Number ()	Fax Number ()	E-mail Address (if any)
SECTION 7 - DECLARATION / SIGNATURE		
An applicant applying as an individual must sign on his or her own behalf. If applying as a business entity or trust, the chief executive officer or designated agent must sign on behalf of the entity.		
<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>		
Name of Individual Completing this Application (typed or printed)		Title
Signature		Date
Signature of Designated Agent		Date
<p>* 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).</p> <p>**Disclosure of your U.S. social security number is mandatory. Business and Professions Code section 30 and Public Law 94-455 (42 USC section 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.</p> <p><u>Effective July 1, 2012, the Commission is required to deny an application and to suspend the license/registration/permit/approval of any applicant or licensee who has outstanding state tax obligations and appears on either the Franchise Tax Board's or Board of Equalization's certified list of top 500 tax delinquencies over \$100,000 (Business and Professions Code section 494.5).</u></p>		

Trust Applicants Only Please disregard the instructions on the Trust Supplemental Background Investigation Information BGC-APP-143 which are generally directed at gambling establishment applicants. Follow the instructions below, which are directed at gambling business applicants.

Any trust that is an owner of a gambling business must be registered or licensed. Other trust-related persons must also be registered or licensed: the trustor of the trust, any trustee and any current beneficiary. "Trustor" means the same thing as "grantor," "donor," or "settlor": an individual who creates a trust.

A current beneficiary must be registered or licensed if either of the follows applies:

- (1) The beneficiary receives a distribution from a trust that is an owner of a gambling business.
- (2) The beneficiary receives any percentage share of revenue from gambling activities. For example, under the terms of the Washington Family Trust, beneficiary William Washington is to receive 10% of the net gaming revenue from the Washington Gambling Business Company every six months.

Trusts: Must submit a Trust Supplemental Background Investigation Information BGC-APP-143 (Rev. 5/08) along with this form (Application for Gambling Business License (CGCC-533)).

Trustors, Trustees, and Current Beneficiaries: Must submit this form (Application for Gambling Business License (CGCC-533)). If the trustee is also the trustor and the beneficiary, only one CGCC-533 form needs to be submitted.

Contingent Beneficiary: A contingent or future beneficiary is not required to be registered or licensed unless specifically directed to apply by the Commission. However, a contingent or future beneficiary may elect to submit an application, if, for instance, the beneficiary wishes to avoid future delays in receiving income or a share in ownership in a business when the future event occurs, for instance, the death of the current beneficiary.



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**APPLICATION FOR GAMBLING BUSINESS LICENSE
 FOR SUPERVISOR, PLAYER OR OTHER EMPLOYEE
 CGCC-534 (Rev. 05/11/06/12)**

Pursuant to Business and Professions Code section 19853, except as provided in California Code of Regulations, Title 4, Section 12221, no person may perform in the capacity of a supervisor, player or "other employee" in the operation of gambling business without a license issued by the California Gambling Control Commission (Commission).

Send the completed application package with required fee (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.

Please submit the following with the **renewal application** only:

- Two 2x2 inch, passport-style color photographs taken within the last 12 months
- Photocopy of your current State Driver's License or State Identification Card

Applicant's Last Name			First Name			Middle Initial		
Name of Gambling Business(Business)						License or Registration Number		
Job Title			<input type="checkbox"/> Supervisor		<input type="checkbox"/> Player		<input type="checkbox"/> Other Employee	
Description of Job Duties								
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 (Supervisor)					
			\$500 Non-refundable (Player and Other Employee)					
Background Deposit:			\$2,500 (Supervisor)					
			No background deposit is required at time of application submission for a player or other employee; however, you may be required to submit a background deposit upon notification by the Bureau that an investigation is required.					
			<i>The unused portion of any background deposit will be refunded.</i>					
NOTE: The Bureau of Gambling Control (Bureau) will issue a directive to submit a supplemental information package to begin your background investigation. At that time, you will be required to supply the deposit amount indicated above, pursuant to California Code of Regulations, Title 11, Section 2037, and any additional documentation (bank statements, taxes, employment agreements, etc.) required by the Bureau.								
<input type="checkbox"/> <u>RENEWAL</u>								
Application Fee:			\$750 Non-refundable (Supervisor)					
			\$500 Non-refundable (Player and Other Employee)					
Background Deposit:			\$450 (Supervisor)					
			No background deposit is required at time of application submission for a player or other employee; however, you may be required to submit a background deposit upon notification by the Bureau that an investigation is required.					
			<i>The unused portion of any background deposit will be refunded.</i>					

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 page 3 for note)

Apt. / Unit Number

City

County

State

Zip Code

*Mailing Address, if different than above (See page 3 for note)

Contact Numbers

Home: ()

Work: ()

Ext:

Other: ()

Cell

Fax

Birthdate (mm/dd/yyyy)

Gender

Male Female

**Social Security Number (See bottom of page-3 for note)

SECTION 2 - RENEWAL INFORMATION

Complete this section only if renewing your gambling business 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 last filing a gambling business license application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you been named in any administrative action affecting any license certification since last filing a gambling business license application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you been convicted of any crime (misdemeanor or felony) since last filing a gambling business license application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you acquired or increased a financial interest in a business that conducts lawful gambling outside the state since last filing a gambling business license application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION 3 – AUTHORIZED REPRESENTATIVE/DESIGNATED AGENT INFORMATION

Last Name	First Name	Restrictions, if any:
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 4 –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 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	Date
Signature of Designated Agent	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.

Effective July 1, 2012, the Commission is required to deny an application and to suspend the license/registration/permit/approval of any applicant or licensee who has outstanding state tax obligations and appears on either the Franchise Tax Board or Board's of Equalization's certified list of top 500 tax delinquencies over \$100,000 (Business and Professions Code section 494.5).

APPLICATION FOR GAMBLING BUSINESS LICENSE INSTRUCTIONS

Type or print legibly, in ink, all information requested on this application. If a question does not apply, write "N/A" (Not Applicable). You must provide truthful information in all your responses. All answers to questions in this application and on all supplemental documentation will be subject to verification. Any misrepresentation or failure to disclose information may constitute sufficient cause for denial or revocation of your license.

Retain a photocopy of the complete application packet for your permanent records. A separate application and fee is required for each applicant.

Applications not fully and accurately completed (including all required supporting materials) will be returned to the sender for completion. If the application is returned at any point in the processing, the applicant will need to follow the directions included with it and resubmit it in a timely manner. If additional space is needed, use a separate sheet of paper and precede each response with the applicable section and item. Attach the paper to the back of the application. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Any corrections, changes or other alterations must be initialed and dated by the applicant. If any or all information is not provided, the application may be delayed, returned for completion, or denied.



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GAMBLING BUSINESS REGISTRATION SUPPLEMENTAL INFORMATION

CGCC – 536 (Rev. 05/11/06/12)

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

SECTION 1: APPLICANT PERSONAL HISTORY INFORMATION

Applicant's Full Legal Name: Gender: Male Female

First	MI	Last
-------	----	------

Applicant's Mailing Address:

Street	City	State	Zip Code
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Applicant's Telephone Number:	Applicant's Facsimile Number (if applicable):
()	()

Date of Birth:	*Social Security Number:

Please indicate answers to the following questions by placing an X in the appropriate box.

1. Have you ever been convicted of a felony? Yes No

2. Within the last ten years, have you ever been convicted of a misdemeanor involving a firearm or other deadly weapon, gaming or gaming-related activities, violations of the Gambling Control Act, or dishonesty or moral turpitude, not including convictions that have been expunged or dismissed as provided by law? Yes No

3. Have you ever had a third party proposition player registration, a state gambling license, a key employee license, a work permit, or a finding of suitability revoked? Yes No

4. Have you every had an application denied for third party proposition player registration or under the Gambling Control Act? Yes No

SECTION 2. 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.

Applicant Signature: _____ Date: _____

Title: _____

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

Effective July 1, 2012, the Commission is required to deny an application and to suspend the license/registration/permit/approval of any applicant or licensee who has outstanding state tax obligations and appears on either the Franchise Tax Board's or Board of Equalization's certified list of top 500 tax delinquencies over \$100,000 (Business and Professions Code section 494.5).