

# **CALIFORNIA CODE OF REGULATIONS**

TITLE 4. BUSINESS REGULATIONS.

DIVISION 18. CALIFORNIA GAMBLING CONTROL COMMISSION.

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

### **APPENDIX A**

- Request for a Certificate to Operate Additional Tables on a Temporary Basis, BGC-024 (Rev. 04/13)
- Application for Additional Authorized Permanent Tables, BGC-027 (Rev. 04/13)
- Application for Gambling Establishment Key Employee License, BGC-031 (Rev. 04/13)
- Notification of Change in Key Employee Employment Status, BGC-033 (Rev. 04/13)
- Request for Replacement Key Employee License, BGC-034 (Rev. 04/13)
- Application for Interim Key Employee License, BGC-035 (Rev. 04/13)



State Of California  
 Department of Justice  
 Bureau of Gambling Control  
 (916) 227-3584; Fax: (916) 227-2308

## REQUEST FOR A CERTIFICATE TO OPERATE ADDITIONAL TABLES ON A TEMPORARY BASIS BGC-024 (Rev. 04/13)

Type or print (in ink) all information requested on this application form. If additional space is needed, please note response on a separate sheet of paper and attach to the application. Any corrections, changes, or other substitutions must be initialed and dated by the applicant. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification.

**PLEASE SEND COMPLETED APPLICATIONS TO: Bureau of Gambling Control, P.O. Box 168024, Sacramento, CA 95816-8024**

Attach a payment (*payable to the Bureau of Gambling Control*), for the total amount of the following fees and deposit:

A non-refundable \$500 application fee

Temporary tables fees (see reverse for instructions)

A \$400 review deposit, pursuant to Cal. Code of Regulations, **Title 11, Section 2037**

### SECTION 1: GAMBLING ESTABLISHMENT INFORMATION

Name of Gambling Establishment:

Business Address:

Street

City

State

Zip Code

Business Telephone Number:

Business Facsimile Number (if applicable):

### SECTION 2: EVENT INFORMATION

A) Number of Presently Authorized Permanent Tables:	
B) Number of Requested Additional Temporary Tables for the Event:	
C) Total Number of Proposed Tables during the date listed in this request: (Total Amount of A and B)	
D) Amount of table fees included with this request: ( <i>Refer to instructions for additional information.</i> )	
E) Proposed Date(s) and Time(s) of the Event ( <i>If the number of tables vary on multiple dates, attach a list by date:</i> )	
F) Name of the Event:	
G) Location of the Event within the Gambling Establishment:	
H) Approved Games or Gaming Activities to be offered during this Event: ( <i>If Bureau approval is pending, please so state.</i> )	

### SECTION 3: DECLARATION

I request the issuance of a Certificate to Operate Additional Tables on a Temporary Basis at the above-named gambling establishment.

I understand that the establishment identified above will not be allowed to legally operate more than the number of tables for which a fee is being paid.

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

Signature of Owner Licensee: \_\_\_\_\_

Print Name:

Date:

Designated Contact for this Application

Telephone Number:

# REQUEST FOR A CERTIFICATE TO OPERATE ADDITIONAL TABLES ON A TEMPORARY BASIS

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## SECTION 1: GAMBLING ESTABLISHMENT INFORMATION

Provide the legal name of the entity and any alternative names for the same business entity. You must notify the Bureau of any name, address or telephone number changes. Your information is used to provide proper identification of your file, to contact you, and/or to determine your eligibility. Personal information contained in this application may be disclosed to the public in accordance with the Gambling Control Act (Business and Professions Code section 19821(b)).

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## SECTION 2: EVENT INFORMATION

Indicate the number of tables that the gambling establishment currently has and the number it is requesting to operate on a temporary basis. Also provide the total number of tables that the gambling establishment wishes to operate and all relevant event information. Note: All requests are subject to compliance with local ordinances and state gambling laws.

### INSTRUCTIONS FOR CALCULATING THE AMOUNT OF TABLE FEES TO OPERATE ADDITIONAL TABLES ON A TEMPORARY BASIS

Determine the amount of the required fee that must be included with this request by completing the following steps and using the table below:

Number of Tables	Per Table Fee	Number of Tables	Per Table Fee
One to Five	\$300	Fifteen to Twenty-five	\$2,700
Six to Eight	\$550	Twenty-six to Seventy	\$4,000
Nine to Fourteen	\$1,300	Seventy-one or more	\$4,700

1. Add the current number of authorized tables licensed by the Commission to operate to the number of special event tables.
2. Multiply the total number of tables by the per table fee indicated in the above table.
3. From this total, subtract the basic table fees previously assessed for the current year.
4. Divide this figure by 365. This establishes the additional daily table fee for the event.
5. Multiply this total by the number of event days (fractions or portions of a day are considered a full day) and round your result up to the nearest whole number.
6. Multiply this number by two. This final figure is the table fee for the tournament or special event.

**EXAMPLE:** Gambling establishment "A" proposes to operate an additional 3 tables during a 5-day tournament. Establishment "A" is licensed/certified by the Commission for 24 tables and has been previously assessed a fee of \$64,800 (24 tables x \$2,700 per table = \$64,800)

1. Add the current number of tables and the additional number of tournament tables (24 current + 3 additional = 27 total)
2. Multiply this amount by the per table fee shown above (27 total # tables x \$4,000 per table = \$108,000).
3. From this amount, subtract the previously assessed fee for the year (\$108,000 - \$64,800 previously assessed fee = \$43,200).
4. Divide this amount by 365 ( $\$43,200 \div 365 = \$118.36$ ).
5. Multiply this amount by the number of days of the tournament ( $\$118.36 \times 5 \text{ days} = \$591.80$ ) and round this number up to the nearest whole number (\$592).
6. Multiply this amount by two ( $\$592 \times 2 = \$1184$ ). The final fee for Establishment "A" to operate the additional tables for its tournament would be \$1184.

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## SECTION 3: DECLARATION

Sign and date the application under penalty of perjury. An application must be signed and dated to be considered complete. The designated contact person for this application must also be included, if applicable.



## APPLICATION FOR ADDITIONAL AUTHORIZED PERMANENT TABLES BGC-027 (Rev. 04/13)

Please refer to the instructions when completing the application. Type or print (in ink) all information requested on this application form. If additional space is needed, please note response on a separate sheet of paper and attach to the application. Any corrections, changes, or other substitutions must be initialed and dated by the applicant. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification.

**PLEASE SEND COMPLETED APPLICATIONS TO: Bureau of Gambling Control, P.O. Box 168024, Sacramento, CA 95816-8024**

Attach a payment (*payable to the Bureau of Gambling Control*), for the total amount of the following fee and deposit:

A non-refundable \$500 application fee

A \$400 review deposit, pursuant to Cal. Code of Regulations, Title 11, Section 2037

### SECTION 1: GAMBLING ESTABLISHMENT INFORMATION

Name of Gambling Establishment:

Business Address:

Street

City

State

Zip Code

Mailing Address (*if different than Business Address*):

Street

City

State

Zip Code

Business Telephone Number:

Business Facsimile Number (if applicable):

### SECTION 2: TABLE INFORMATION

A) Number of Presently Authorized Permanent Tables:	
B) Number of Requested Additional Permanent Tables:	
C) Total Number of Proposed Tables: (Total Amount of A and B)	

### SECTION 3: DECLARATION

I request approval to operate additional permanent tables, described in Section 2, at the gambling establishment described in Section 1.

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

Signature of Owner Licensee: \_\_\_\_\_

Print Name:

Date:

Designated Contact for this Application

Telephone Number:

## APPLICATION FOR ADDITIONAL AUTHORIZED PERMANENT TABLES

Retain a photocopy of the complete application packet for your permanent records.

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 any or all information is not provided, the application may be delayed, returned for completion, or denied.

The applicant is responsible for providing the appropriate information needed to determine eligibility for additional authorized permanent tables. If a question is not applicable, indicate with "N/A." 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.

Items required for the application to be considered complete:

- Application for Additional Authorized Permanent Tables (BGC-027 (Rev. 04/13))
- A non-refundable \$500 application fee
- A \$400 Bureau review deposit, pursuant to California Code of Regulations, Title 11, Section 2037

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### SECTION 1: GAMBLING ESTABLISHMENT INFORMATION

Provide the legal name of the entity and any alternative names for the same business entity. You must notify the Bureau of any name, address or telephone number changes. Your information is used to provide proper identification of your file, to contact you, and/or to determine your eligibility. Personal information contained in the *Additional Authorized Permanent Tables* form, BGC-027, may be disclosed to the public in accordance with the Gambling Control Act (Business and Professions Code section 19821(b)).

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### SECTION 2: TABLE INFORMATION

Indicate the number of tables that the gambling establishment currently has and the number it is requesting.

Also provide the total number of tables that the gambling establishment wishes to operate.

Please note that all requests are subject to compliance with local ordinances and state gambling laws.

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### SECTION 3: DECLARATION

Sign and date the application under penalty of perjury. An application must be signed and dated to be considered complete. The designated contact person for this application must also be included, if applicable.



Application for Gambling Establishment Key Employee License

**SECTION 1 – APPLICANT INFORMATION**

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

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

Apt. / Unit Number

City County State Zip Code

\*Mailing Address, if different than above

Contact Numbers

Cell

Home: ( )

Work: ( )

Ext:

Other:

Fax

Birthdate (mm/dd/yyyy)

Gender

Male  Female

\*\*Social Security Number (See below for note)

**SECTION 2 – JOB TITLE / DESCRIPTION**

Job Title

Description of Job Duties

**SECTION 3 - RENEWAL INFORMATION**

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

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

**SECTION 4 – AUTHORIZED REPRESENTATIVE / DESIGNATED AGENT INFORMATION**

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

Last Name First Name Middle Initial

Relationship to Applicant:

Attorney  Other: \_\_\_\_\_

Business Name, if applicable

Mailing Address

Telephone Number

( )

Fax Number

( )

E-mail Address (if any)

**SECTION 5 –DECLARATION / SIGNATURE**

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

Signature of Applicant in Full (no initials)

Date

\* You must provide your residence address to the Bureau. Unless a separate mailing address is provided, the Bureau will mail all correspondence to your residence address. Your residence address will not be displayed on the Bureau'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 California Gambling Control 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 the top 500 tax delinquencies over \$100,000 (Business and Professions Code section 494.5).



## NOTIFICATION OF CHANGE IN KEY EMPLOYEE EMPLOYMENT STATUS

BGC-033 (Rev. 04/13)

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 Bureau of Gambling Control 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: Bureau of Gambling Control, P.O. Box 168024, Sacramento, CA 95816-8024.

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		
<b>1) Please mark the appropriate box below regarding your <i>current</i> employment status.</b>		
<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)		
<b>Description of Job Duties</b> (For employment at new Gambling Establishment)		
_____		
<b>2) Please mark the appropriate box below regarding your <i>prior</i> employment status.</b>		
<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
<b>To be completed by the current gambling enterprise employer representative (if applicable).</b>		
<i>I declare that the above key employee has been offered a position under my employ and I have authorized his/her employment application.</i>		
Signature of Employer Representative	Printed Name	
Title	Date	



## REQUEST FOR REPLACEMENT KEY EMPLOYEE LICENSE

BGC-034 (Rev. 04/13)

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

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

Send the completed application to: Bureau of Gambling Control, P.O. Box 168024, Sacramento, CA 95816-8024, and attach the following:

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

SECTION 1 – LICENSEE INFORMATION		
Licensee's Last Name	First Name	Middle Initial
Residence Address		License Number
Mailing Address (If different than above)		
SECTION 2 – REPLACEMENT INFORMATION		
<p>I hereby request a replacement license because:</p> <p><input type="checkbox"/> My license was lost, stolen, or destroyed.</p> <p><input type="checkbox"/> I did not receive my license in the mail.</p> <p><input type="checkbox"/> My name has changed.</p> <p>In order to process your request due to a name change you must include a copy of one of the following documents with this form that reflects your change of name:</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Marriage Certificate                      <input type="checkbox"/> Final Dissolution Decree  <input type="checkbox"/> Certified Court Order                      <input type="checkbox"/> Notarized Statement Attesting to the Fact of the Name Change  <input type="checkbox"/> Naturalization Certificate                      <input type="checkbox"/> Other (explain): _____         </p> <p><input type="checkbox"/> Other (explain): _____</p>		
SECTION 3 – DECLARATION / SIGNATURE		
<p><i>I declare under penalty of perjury under the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate, and complete.</i></p>		
_____ Signature of Licensee		_____ Date



## APPLICATION FOR INTERIM KEY EMPLOYEE LICENSE

BGC-035 (Rev. 04/13)

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 Bureau of Gambling Control 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: Bureau of Gambling Control, P.O. Box 168024, Sacramento, CA 95816-8024, 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	
<b>To be completed by the gambling enterprise employer representative.</b>		
<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 California Gambling Control 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 the top 500 tax delinquencies over \$100,000 (Business and Professions Code section 494.5).

# **CALIFORNIA CODE OF REGULATIONS**

TITLE 4. BUSINESS REGULATIONS.

DIVISION 18. CALIFORNIA GAMBLING CONTROL COMMISSION.

## **CHAPTER 8. BINGO.**

### **APPENDIX B**

- Interim License for Manufacturers, Distributors, and Vendors of Bingo Equipment, Devices, Supplies, and Services, BGC-610 (Rev. 04/13)



## APPLICATION FOR INTERIM LICENSE FOR MANUFACTURERS, DISTRIBUTORS, AND VENDORS OF BINGO EQUIPMENT, DEVICES, SUPPLIES AND SERVICES

BGC-610 (Rev. 04/13)

Pursuant to Penal Code sections 326.3 and 326.5, the California Gambling Control Commission (Commission) shall license manufacturers and distributors of card-minding devices and any vendor providing bingo supplies, equipment, or services used in the playing of remote caller bingo games. California Code of Regulations, Title 4, Section 12492 allows for the issuance of an interim license in order to avoid disruption to fundraising efforts by nonprofit organizations. In order to apply for an interim license, an application is required to be submitted by the "owner-licensee" and every "owner" (individual or entity) that has a 10 percent or greater interest in or significant influence over, the business.

### 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 will be subject to verification. Any misrepresentation or failure to disclose information may constitute sufficient cause for denial or revocation of your license.

**Send the completed application package with required fees (listed below) to: Bureau of Gambling Control, P.O. Box 168024, Sacramento, CA 95816-8024.** Please make all checks payable to the Bureau of Gambling Control.

<b>SECTION 1 – INTERIM LICENSE TYPE AND FEE</b>	
Please check the appropriate boxes below indicating whether you are applying for an <i>initial</i> or <i>renewal</i> interim license, the type of interim license you are applying for, and submit the corresponding application fee.	
Name of Business	Name of Applicant (Individual or Entity)
<input type="checkbox"/> <b>Initial Interim License: \$500.00</b> (non-refundable fee, per application)	
<input type="checkbox"/> <b>Renewal Interim License: \$500.00</b> (non-refundable fee, per application)	
<i>Indicate the interim license type you are applying for:</i>	
<input type="checkbox"/> <b>Manufacturer of:</b> ( <i>Check one</i> )	
<input type="checkbox"/> Card-Minding Devices	
<input type="checkbox"/> Remote Caller Bingo Equipment or Supplies	
<input type="checkbox"/> <b>Distributor of Card-Minding Devices</b>	
<input type="checkbox"/> <b>Vendor of:</b> ( <i>Check all that apply</i> )	
<input type="checkbox"/> Remote Caller Bingo Equipment or Supplies	
<input type="checkbox"/> Remote Caller Bingo Services	

## SECTION 2 – TYPE OF OWNER APPLICATION

Check one box indicating the type of owner application. Submit the application with the required fee and forms/information listed below with your *initial* or *renewal* application.

**Business Entity (Owner-licensee):** (The owner of the business for which the interim license is to be issued, which may include any of the entity types listed in section 3b.)

- ✓ Complete all sections except section 4.
- ✓ Attach the following to the application:
  - Current Organization Chart
  - Copy of organizing documents (i.e., Articles of Incorporation, Articles of Organization, Partnership Agreement, etc.)
  - Listing of any gaming licenses

**Note:** Sole Proprietors must complete all sections of the application. If you are applying for an initial interim license fingerprints must also be submitted. See instructions under “Individual Owner Applicant” below.

**Individual Owner Applicant:** (Any owner of the business entity that is to be endorsed on the owner-licensee’s certificate, which may include any of the individual owner titles listed in section 4a.)

- ✓ Complete sections 4, 5, and 6 only.
- ✓ Submit fingerprints – **Initial Application Only**
  - If residing within the state of California, follow the steps below:
    - 1) Locate and call a Live Scan provider. Determine if an appointment is required. Take the Request for Live Scan Service form, BCII 8016, to a Live Scan provider.
    - 2) The provider will process the fingerprints via Live Scan. Note: Applicants are not required to pay the processing fee associated with the processing and transmitting of fingerprints as these fees will be billed directly to the requesting agency.
    - 3) Attach a copy of the Request for Live Scan Service form to this application confirming that fingerprints have been submitted.
  - If residing outside of California, two FBI fingerprint cards may be obtained from the Commission and taken to any law enforcement agency for fingerprinting.

**Entity Owner Applicant:** (An owner of the business entity that is endorsed on the owner-licensee’s certificate, which may include any of the entity types listed in section 3b.)

- ✓ Complete sections 3, 5, and 6 only.
- ✓ Attach the following to the application:
  - Current Organization Chart
  - Copy of organizing documents (i.e. Articles of Incorporation, Articles of Organization, Partnership Agreement, etc.)

## SECTION 3a – BUSINESS ENTITY INFORMATION

If the business has more than one location, attach a list of all California business locations.

Name of Business

Principal Place of Business Address

Mailing Address (If different than business address)

Telephone Number

(     )

Fax Number

(     )

Website address (if any)

Federal Employer Identification Number (if any)

Social Security Number (If no FEIN)

What fiscal year does the business use?

- Calendar year (January – December)       Other: From: \_\_\_\_\_ To: \_\_\_\_\_

**SECTION 3b – ENTITY STRUCTURE**

Attach a current organization chart for the entity indicating names and job titles.

Check the appropriate box below:

Sole Proprietor

General Partnership

Limited Partnership

Joint Venture

Limited Liability Company

Corporation:

Publicly Traded

Private:

Sub-Chapter S

Sub-Chapter C

Trust:

Revocable

Irrevocable

Other: \_\_\_\_\_

Provide the following information regarding the business. Include all shareholders with a greater than 10% in ownership. For members of a Limited Liability Company, list membership interest in the ownership column. For partners, indicate whether general or limited partner after their name. For officers, directors, and principal management employees that have no ownership, enter 0% in the ownership column. If additional space is needed, use a separate sheet of paper.

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

**SECTION 3c – GENERAL INFORMATION: BUSINESS ENTITY**

If you answer "yes" to any of the questions below, provide an explanation on a separate sheet of paper. If this is an application for *renewal*, you are only required to provide information not previously disclosed.

- |  |  |
|--|--|
| 1. Has the business been licensed with any tribal, county, city, state, federal or international gaming agency?<br>If yes, attach a listing of the gaming agency name, issue date, and expiration date.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Has the business applied for a permit, license, finding of suitability, certificate, registration, or authorization related to bingo in any jurisdiction that was withdrawn or denied?<br>If yes, attach a listing of the agency name and an explanation. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**SECTION 4a – INDIVIDUAL APPLICANT INFORMATION**

Please indicate your association with the business: (Check all that apply)

Sole Proprietor

Officer

Board of Directors Member

Trustor

General Partner

Director

LLC Member

Trustee

Limited Partner

Shareholder

General Manager

Current Beneficiary

Other: \_\_\_\_\_

**SECTION 4a – INDIVIDUAL APPLICANT INFORMATION (Continued)**

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)		
*Address of Record – Number/Street		Apt. / Unit Number
City	County	State
Zip Code		Country
Residence Address, if different than above		E-mail Address:
Contact Numbers		
Home: (    )	Work: (    )	Cell: (    )
Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	**Social Security Number

**SECTION 4b – GENERAL INFORMATION: INDIVIDUAL APPLICANT**

If you answer "yes" to any of the questions below, provide an explanation on a separate sheet of paper. If this is an application for renewal, you are only required to provide information not previously disclosed.

<p>1. Have you ever been convicted of any crime (misdemeanor or felony), including convictions which you pled "no contest" or "nolo contendere?"</p> <p style="margin-left: 20px;">If yes, provide the following information for each conviction:</p> <p style="margin-left: 40px;">Date of conviction Crime convicted of Court location (city and state) Penalty received</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Have you been issued a gaming license, certificate, permit, registration, finding of suitability, etc. by any tribal, county, city, state, federal, or international agency?</p> <p style="margin-left: 20px;">If yes, attach a listing of the gaming agency name, issue date, and expiration date.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. Have you applied for a license, certificate, permit, registration, finding of suitability, authorization, etc. related to bingo in any jurisdiction that was withdrawn or denied?</p> <p style="margin-left: 20px;">If yes, attach a listing of the agency name and an explanation.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 5 – AUTHORIZED REPRESENTATIVE INFORMATION**

Business entity applicants must assign an authorized representative to represent the business concerning this application and other matters regarding licensure. Individual applicants may designate another individual or themselves.

Last Name	First Name	Middle Initial
Relationship to Applicant (Entity or Individual): <input type="checkbox"/> Owner <input type="checkbox"/> Attorney <input type="checkbox"/> Employee <input type="checkbox"/> Self <input type="checkbox"/> Other: _____		
Business Name (if applicable)		
Mailing Address		
E-mail Address		
Telephone Number (    )	Cell Phone Number (    )	Fax Number (    )

### SECTION 6 – CERTIFICATION / SIGNATURE

If applying as a business entity, the highest ranking officer must sign on behalf of the entity. An applicant applying as an individual must sign on his or her behalf. If applying as a trust, the trustee must sign on behalf of the trust.

*I certify under penalty of perjury under the laws of the State of California that I have personally completed this form and know its contents, the information contained herein and in any attachments, is true, accurate, and complete. I also understand that approval of an interim license is subject to the following conditions:*

- (1) An interim license shall be valid for one year from the date it is issued by the Commission and may be renewed if regulations specifying the criteria for a regular license have not been adopted.*
- (2) Upon adoption of regulations specifying the criteria for a regular license, the Bureau will notify the holder of the interim license of the requirement to submit a regular application package within 30 days of the effective date of the regulations. If a response has not been received within 30 days, the interim license will not be eligible for renewal.*
- (3) An interim license does not obligate the Commission to issue a regular license nor does it create a vested right in the holder to either a renewal of the interim license or to the granting of a subsequent regular license.*
- (4) Issuance of an interim license has no bearing on the question of whether the holder will qualify for issuance of any Commission permit, registration, or license. The interim license will be cancelled in the event that the Commission subsequently determines the applicant does not qualify for a regular license.*
- (5) If, during the term of an interim license, it is determined that the holder is disqualified pursuant to Section 12493, the Executive Director shall prepare an order to show cause why that interim license should not be cancelled. The holder of the interim license shall be given at least 30 days, but not more than 90 days, to respond in writing. After receipt of the holder's response, or if the holder fails to respond in the time specified, the matter shall be set for consideration at a noticed Commission meeting. The holder may address the Commission by way of an oral statement at the Commission meeting, and may request an evidentiary hearing, either in writing not less than ten days prior to the meeting or at the meeting itself.*

Signature

Date

\* You must provide your residence address to the Bureau. Unless a separate mailing address is provided, the Bureau will mail all correspondence to your residence address. Your residence address will not be displayed on the Bureau'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 California Gambling Control 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 the top 500 tax delinquencies over \$100,000 (Business and Professions Code section 494.5).

# **CALIFORNIA CODE OF REGULATIONS**

TITLE 4. BUSINESS REGULATIONS.

DIVISION 18. CALIFORNIA GAMBLING CONTROL COMMISSION.

## **CHAPTER 8. BINGO.**

### **APPENDIX C**

- Statement of Eligibility to Conduct Remote Caller Bingo, BGC-618 (Rev. 04/13)
- Interim License for Remote Caller Bingo, BGC-620 (Rev. 04/13)
- Interim Work Permit for Remote Caller Bingo, BGC-622 (Rev. 04/13)



## STATEMENT OF ELIGIBILITY TO CONDUCT REMOTE CALLER BINGO

BGC-618 (Rev. 04/13)

Pursuant to California Code of Regulations, Title 4, Section 12504 and California Penal Code (PC) section 326.3(b)(1), remote caller bingo games may only be conducted by organizations that meet specific criteria. The California Gambling Control Commission (Commission) regulates remote caller bingo and recognizes organizations that are eligible to conduct remote caller bingo games.

**Instructions:**

Type or print legibly, in ink, all information requested on this statement. If a question does not apply, write "N/A" (Not Applicable). Incomplete statements will be returned. You must provide truthful information in all your responses. All answers to questions on this statement and on all supplemental documentation will be subject to verification.

**Send the completed statement package with required fees (listed below) to: Bureau of Gambling Control, P.O. Box 168024, Sacramento, CA 95816-8024.** Please make all checks payable to the Bureau of Gambling Control.

SECTION 1 – STATEMENT OF ELIGIBILITY TYPE			
<input type="checkbox"/> <b>Initial Statement: \$50.00</b> (non-refundable fee) Submit the following documents with your completed statement: <ul style="list-style-type: none"> <li>✓ Founding documents (i.e. Articles of Incorporation, bylaws, constitution, articles of association, trust instrument or will and decree of final distribution, or statement describing your operations and charitable purpose.)</li> <li>✓ Copy of Certificate of Determination of Exemption from the Franchise Tax Board.</li> <li>✓ Organization chart or a listing of the names and titles of trustees, directors, and officers</li> </ul>			
<input type="checkbox"/> <b>Annual Statement: \$25.00</b> (non-refundable fee) 1) Have there been any changes to the organization's eligibility since last filing a statement? <input type="checkbox"/> Yes: Complete all sections and attach any amended documents, if applicable. <input type="checkbox"/> No: Complete section 1, 2, and 5 only			
SECTION 2 – ORGANIZATION INFORMATION			
Name of Authorized Organization			
Street Address of Principal Office	City	State	Zip
Mailing Address (if different than street address)	City	State	Zip
Telephone Number (    )	Fax Number (    )	Business Hours	
<i>Provide at least one of the following:</i>			
Federal Tax Identification Number: _____		Corporate Number: _____	
Charitable Trust Number: _____		Organization Number: _____	
<i>What fiscal year does the organization use?</i>			
<input type="checkbox"/> Calendar year (January – December)		<input type="checkbox"/> Other: From: _____ To: _____	

### SECTION 3 – ORGANIZATION ELIGIBILITY

1. Mark the box to indicate how the organization is eligible to conduct remote caller bingo.

<input type="checkbox"/> Mobilehome park association	<input type="checkbox"/> Senior citizens organization			
<input type="checkbox"/> Charitable organizations affiliated with a school district				
<input type="checkbox"/> Exempted from the payment of the following bank and taxes by the following Revenue and Taxation Code:				
<input type="checkbox"/> 23701a	<input type="checkbox"/> 23701b	<input type="checkbox"/> 23701d	<input type="checkbox"/> 23701e	<input type="checkbox"/> 23701f
<input type="checkbox"/> 23701g	<input type="checkbox"/> 23701k	<input type="checkbox"/> 23701l	<input type="checkbox"/> 23701w	

2. Provide the date the organization was incorporated or was established: \_\_\_\_\_

Note: The organization must be in existence for at least three years to be eligible to conduct remote caller bingo.

3. Provide the local agency that licenses or authorizes the organization to conduct bingo as specified in section 326.5(l) of the Penal Code. If additional space is needed, attach a separate sheet of paper.

Agency Name: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

4. Provide the charitable purpose for which the remote caller bingo game receipts will be used.

\_\_\_\_\_

\_\_\_\_\_

5. What is the primary purpose for which the organization is organized?

\_\_\_\_\_

\_\_\_\_\_

### SECTION 4 – AUTHORIZED REPRESENTATIVE INFORMATION

The organization must assign an authorized representative to represent the organization on matters related to the conduct of remote caller bingo games.

Last Name	First Name	Middle Initial
Relationship to Organization:		
<input type="checkbox"/> Attorney <input type="checkbox"/> Member <input type="checkbox"/> Employee <input type="checkbox"/> Other: _____		
Business Name, if applicable		E-mail Address (if any)
Mailing Address		
City		State    Zip
Telephone Number (    )	Cell Phone Number (if any) (    )	Fax Number (    )

### SECTION 5 – CERTIFICATION/SIGNATURE

The highest ranking officer of the organization must sign on behalf of the organization.

*I certify under penalty of perjury under the laws of the State of California that I have personally completed this form and know its contents, the information contained herein and in any attachments, is true, accurate, and complete.*

Signature	
Title	Date



## APPLICATION FOR INTERIM LICENSE FOR REMOTE CALLER BINGO

BGC-620 (Rev. 04/13)

Pursuant to California Code of Regulations, Title 4, Section 12500 and California Penal Code section 326.3(q)(1), the California Gambling Control Commission (Commission) shall regulate remote caller bingo. This includes the licensing of any person who conducts remote caller bingo, including, but not limited to, persons having fiduciary responsibility, site managers, and bingo callers.

**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 remote caller bingo interim license.

Applicants must submit fingerprints via Live Scan by following the steps listed below.

- 1) Locate and call a Live Scan provider. Determine if an appointment is required and the preferred method of payment (e.g., cash, cashier's check, etc.). Applicants must pay the cost associated with the processing and transmitting of his/her fingerprints directly to the agency providing the service. Fees vary by provider.
- 2) Take the Request for Live Scan Service form, BCII 8016, to a Live Scan provider. The provider will process the fingerprints via Live Scan.
- 3) After the fingerprints have been taken, attach a copy of the Request for Live Scan Service form to this application confirming that fingerprints have been submitted.

**Send the completed application package with required fees (listed below) to: Bureau of Gambling Control, P.O. Box 168024, Sacramento, CA 95816-8024.** Please make all checks payable to the Bureau of Gambling Control.

SECTION 1 – REMOTE CALLER BINGO INTERIM LICENSE	
Name of Applicant	Name of Authorized Organization or Vendor
<input type="checkbox"/> <b>Initial Interim License: \$50.00</b> (non-refundable fee, per license type) <u>Attach:</u> Completed Request for Live Scan Service, BCII 8016	
<input type="checkbox"/> <b>Renewal Interim License: \$50.00</b> (non-refundable fee, per license type)	
SECTION 2 – REMOTE CALLER BINGO INTERIM LICENSE TYPE	
<input type="checkbox"/> <b>Fiduciary:</b> Is an individual who is designated in writing by an authorized organization to manage the finances of the organization's remote caller bingo operation for the benefit of the organization rather than the benefit of the designated individual, exercising the highest level of good faith, loyalty, and diligence.	
<input type="checkbox"/> <b>Caller:</b> Is an individual who is present at a host game site and who announces the numbers or symbols from randomly drawn plastic balls.	
<input type="checkbox"/> <b>Site Manager:</b> Is an individual who is physically present at a remote caller bingo game site and is the primary person responsible for the game conduct, staff, and patrons at the site.	

**SECTION 3a – APPLICANT INFORMATION**

Indicate your association with the authorized organization or vendor. (Check all that apply)

- |   |  |                                    |                                       |
|---|--|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Officer            | <input type="checkbox"/> Treasurer       | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Executive Director | <input type="checkbox"/> Director        | <input type="checkbox"/> Employee  |                                       |
| <input type="checkbox"/> President          | <input type="checkbox"/> General Manager | <input type="checkbox"/> Trustor   |                                       |
| <input type="checkbox"/> Vice-President     | <input type="checkbox"/> Member          | <input type="checkbox"/> Trustee   |                                       |

Description of your duties relating to the conduct of remote caller bingo operations:

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

*Residence Address – Number/Street	Apt. / Unit Number
------------------------------------	--------------------

City	County	State	Zip Code
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\*Mailing Address, if different than above

Contact Numbers

Home: (     )	Work: (     )	Cell: (     )
---------------	---------------	---------------

E-mail Address (if any)

Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	**Social Security Number
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**SECTION 3b – GENERAL APPLICANT INFORMATION**

If you answer "yes" to any of the questions, provide an explanation on a separate sheet of paper.  
If this is an application for renewal, you are only required to provide information not previously disclosed.

- |   |  |
|---|--|
| <p>1. Have you been issued a gaming license, certificate, permit, etc. by any tribal, county, city, state, federal, or international agency?<br/>If yes, attach a listing of the gaming agency name, issue date and expiration date.</p>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>2. Have you ever been convicted of any crime (misdemeanor or felony), including convictions which you pled "no contest" or "nolo contendere"?<br/>If yes, provide the following information for each conviction:</p> <ul style="list-style-type: none"> <li>a. Date of conviction</li> <li>b. Crime convicted of</li> <li>c. Court location (city and state)</li> <li>d. Penalty received</li> </ul> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**SECTION 4 – AUTHORIZED REPRESENTATIVE 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"/> Employee <input type="checkbox"/> Other: _____			
Business Name, if applicable		E-mail Address (if any)	
Mailing Address			
Telephone Number (      )	Cell Phone Number (if any) (      )	Fax Number (      )	

**SECTION 5 – CERTIFICATION / SIGNATURE**

*I certify under penalty of perjury under the laws of the State of California that I have personally completed this form and know its contents, the information contained herein and in any attachments, is true, accurate, and complete. I also understand that approval of an interim license is subject to the following conditions:*

- (1) An interim license shall be valid for one year from the date it is issued by the Commission and may be renewed if regulations specifying the criteria for a regular license have not been adopted.*
- (2) Upon adoption of regulations specifying the criteria for a regular license, the Bureau will notify the holder of the interim license of the requirement to submit a regular application package within 30 days of the effective date of the regulations. If a response has not been received within 30 days, the interim license will not be eligible for renewal.*
- (3) An interim license does not obligate the Commission to issue a regular license nor does it create a vested right in the holder to either a renewal of the interim license or to the granting of a subsequent regular license.*
- (4) Issuance of an interim license has no bearing on the question of whether the holder will qualify for issuance of any Commission permit, registration, or license. The interim license will be cancelled in the event that the Commission subsequently determines that the applicant does not qualify for a regular license.*
- (5) If, during the term of an interim license, it is determined that the holder is disqualified pursuant to Section 12501, the Executive Director shall prepare an order to show cause why that interim license should not be cancelled. The holder of the interim license shall be given at least 30 days, but not more than 90 days, to respond in writing. After receipt of the holder's response, or if the holder fails to respond in the time specified, the matter shall be set for consideration at a noticed Commission meeting. The holder may address the Commission by way of an oral statement at the Commission meeting, and may request an evidentiary hearing, either in writing not less than ten days prior to the meeting or at the meeting itself.*

Signature	Date
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\* You must provide your residence address to the Bureau. Unless a separate mailing address is provided, the Bureau will mail all correspondence to your residence address. Your residence address will not be displayed on the Bureau'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 California Gambling Control 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 the top 500 tax delinquencies over \$100,000 (Business and Professions Code section 494.5).



## APPLICATION FOR INTERIM WORK PERMIT FOR REMOTE CALLER BINGO

BGC-622 (Rev. 04/13)

Pursuant to California Code of Regulations, Title 4, Section 12503 and California Penal Code section 326.3(r) any person who conducts remote caller bingo and is paid a fee for performing any administrative, managerial, technical, financial, or security duties shall apply for, obtain, and maintain a valid interim work permit.

### 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 remote caller bingo interim work permit.

**Send the completed application package with required fees (listed below) to: Bureau of Gambling Control, P.O. Box 168024, Sacramento, CA 95816-8024.** Please make all checks payable to the Bureau of Gambling Control.

SECTION 1 – REMOTE CALLER BINGO INTERIM WORK PERMIT	
Name of Applicant	Name of Authorized Organization or Vendor
<input type="checkbox"/> <b>Initial Interim Work Permit: \$50.00</b> (non-refundable fee, per application) <u>Fingerprints must be submitted via Live Scan as follows:</u> <ol style="list-style-type: none"><li>1) Locate and call a Live Scan provider. Determine if an appointment is required and the preferred method of payment (e.g., cash, cashier's check, etc.). Applicants must pay the cost associated with the processing and transmitting of his/her fingerprints directly to the agency providing the service. Fees vary by provider.</li><li>2) Take the Request for Live Scan Service form, BCII 8016, to a Live Scan provider. The provider will process the fingerprints via Live Scan.</li><li>3) After the fingerprints have been taken, attach a copy of the Request for Live Scan Service form to this application confirming that fingerprints have been submitted.</li></ol>	
<input type="checkbox"/> <b>Renewal Interim Work Permit: \$50.00</b> (non-refundable fee, per application)	

**SECTION 2 –EMPLOYMENT DUTIES**

Indicate your association with the authorized organization or vendor. (Check all that apply)

Employee                       Member                       Other: \_\_\_\_\_

Indicate category of employment duties. (Check all that apply)

Administrative                       Managerial                       Technical  
 Financial                       Security

Provide a brief description of your duties relating to the conduct of remote caller bingo operations:

**SECTION 3a – APPLICANT INFORMATION**

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    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

**SECTION 3b – GENERAL APPLICANT INFORMATION**

If you answer “yes” to any of the questions, provide an explanation on a separate sheet of paper.  
If this is an application for renewal, you are only required to provide information not previously disclosed.

- |  |  |
|--|--|
| 1. Have you been issued a gaming license, certificate, permit, etc. by any tribal, county, city, state, federal, or international agency?<br>If yes, attach a listing of the gaming agency name, issue date and expiration date  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever been convicted of any crime (misdemeanor or felony), including convictions which you pled “no contest” or “nolo contendere?”<br>If yes, provide the following information for each conviction:<br>a. Date of conviction<br>b. Crime convicted of<br>c. Court location (city and state)<br>d. Penalty received | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**SECTION 4 – AUTHORIZED REPRESENTATIVE 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"/> Employee <input type="checkbox"/> Other: _____			
Business Name, if applicable		E-mail Address (if any)	
Mailing Address			
Telephone Number (      )	Cell Phone Number (if any) (      )	Fax Number (      )	

**SECTION 5 – CERTIFICATION / SIGNATURE**

*I certify under penalty of perjury under the laws of the State of California that I have personally completed this form and know its contents, the information contained herein and in any attachments, is true, accurate, and complete. I also understand that approval of an interim work permit is subject to the following conditions:*

- (1) *An interim work permit shall be valid for one year from the date it is issued by the Commission and may be renewed if regulations specifying the criteria for a regular work permit have not been adopted.*
- (2) *Upon adoption of regulations specifying the criteria for a regular work permit, the Bureau will notify the holder of the interim work permit of the requirement to submit a regular application package within 30 days of the effective date of the regulations. If a response has not been received within 30 days, the interim work permit will not be eligible for renewal.*
- (3) *An interim work permit does not obligate the Commission to issue a regular work permit nor does it create a vested right in the holder to either a renewal of the interim work permit or the granting of a subsequent regular work permit.*
- (4) *Issuance of an interim work permit has no bearing on the question of whether the holder will qualify for issuance of any Commission permit, registration, or license. The interim work permit will be cancelled in the event that the Commission subsequently determines that the applicant does not qualify for a regular work permit.*
- (5) *If, during the term of an interim work permit, it is determined that the holder is disqualified pursuant to Section 12504, the Executive Director shall prepare an order to show cause why that work permit should not be cancelled. The holder of the interim work permit shall be given at least 30 days, but not more than 90 days, to respond in writing. After receipt of the holder's response, or if the holder fails to respond in the time specified, the matter shall be set for consideration at a noticed Commission meeting. The holder may address the Commission by way of an oral statement at the Commission meeting, and may request an evidentiary hearing, either in writing not less than ten days prior to the meeting or at the meeting itself.*

Signature	Date
-----------	------

\* You must provide your residence address to the Bureau. Unless a separate mailing address is provided, the Bureau will mail all correspondence to your residence address. Your residence address will not be displayed on the Bureau'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 California Gambling Control 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 the top 500 tax delinquencies over \$100,000 (Business and Professions Code section 494.5).