

CALIFORNIA CODE OF REGULATIONS

TITLE 4. BUSINESS REGULATIONS.

DIVISION 18. CALIFORNIA GAMBLING CONTROL COMMISSION.

FORMS INCORPORATED BY REFERENCE

- Application for Regular and Temporary Work Permit, BGC-021 (Rev. 02/13)
- Application for Transfer of Work Permit, BGC-022 (Rev. 02/13)
- Application for Work Permit Renewal, BGC-023 (Rev. 02/13)
- Application for Registration of Manufacturers or Distributors of Gambling Equipment, BGC-025 (Rev. 02/13)
- Application for Replacement Work Permit Badge, BGC-026 (Rev. 02/13)
- Gambling Establishment Annual Fee Calculation, BGC-028 (Rev. 02/13)
- Application for State Gambling License, BGC-030 (Rev. 02/13)
- Antique Collector Exemption, BGC-039 (Rev. 02/13)
- Quarterly Report, BGC-040 (Rev. 02/13)
- Application for Third-Party Proposition Player Services License for Supervisors, Players or Other Employees, BGC-433 (Rev. 02/13)
- Application for Third Party Proposition Player Services License for Business Entities and Owners , BGC-434 (Rev. 02/13)
- Application for Third Party Proposition Player Services Registration, BGC-435 (Rev. 02/13)
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- Change in Status Form for a Third Party Proposition Player Services Registration, BGC-441 (Rev. 02/13)
- Application for Gambling Business License for Business Entities and Owners, BGC-533 (Rev. 02/13)
- Application for Gambling Business License for Supervisor, Player or Other Employee, BGC-534 (Rev. 02/13)
- Application for Gambling Business Registration , BGC-535 (Rev. 02/13)
- Gambling Business Registration Supplemental Information, BGC-536 (Rev. 02/13)
- Request for Replacement Gambling Business Badge, BGC-538 (Rev. 02/13)
- Request for an Additional/Transfer/Reinstatement of Gambling Business Registration/License, BGC-539 (Rev. 02/13)
- Gambling Business Employee and Independent Contractor Report, BGC-540 (Rev. 02/13)
- Change in Status Form for a Gambling Business Registration, BGC-541 (Rev. 02/13)



APPLICATION FOR INITIAL REGULAR WORK PERMIT/TEMPORARY WORK PERMIT BGC-021 (Rev. 04/13)

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

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 Bureau of Gambling Control, or its representatives, to furnish any information of any nature concerning me to the California Gambling Control Commission 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 (BGC-021 (Rev. 04/13)) shall be submitted to the Bureau of Gambling Control (Bureau) 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 (BGC-021 (Rev. 04/13)).
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 **Bureau of Gambling Control**. 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 form, BCII 8016, 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 Bureau.

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 **Bureau of Gambling Control**. 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 Bureau 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 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 the 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:

For Regular Mail Delivery:

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

For Commercial/Personal Delivery:

**Bureau of Gambling Control
4949 Broadway
Sacramento, CA 95820**

If an applicant wishes to withdraw his or her application for a work permit any time prior to final action, a written request must be submitted to the California Gambling Control Commission (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 Bureau.

If the holder of a valid work permit wishes to obtain a transfer of an existing work permit to another licensed gambling establishment, an Application for Transfer of Work Permit (BGC-022 (Rev. 04/13)) must be completed and submitted to the Bureau. 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 for completion of a background investigation prior to the issuance of a regular work permit. 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 Bureau, may delay the issuance of either a temporary or a regular work permit. All regular work permits will be subject to approval by the Commission at a scheduled public meeting.

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:

Bureau of Gambling Control
P.O. Box 168024
Sacramento, CA 95816-8024
(916) 227-3584; Fax: (916) 227-2308

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



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

APPLICATION FOR TRANSFER OF WORK PERMIT BGC-022 (Rev. 04/13)

Please read the instructions listed on this form. **This application is only used for the transfer of valid work permits issued by the California Gambling Control Commission as provided in California Code of Regulations Title 4, Section 12120.** Work permits issued by a local jurisdiction licensing authority may not be transferred. 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 TYPE OR PRINT ALL INFORMATION			
Part I	APPLICANT NAME	WORK PERMIT NUMBER	
	HOME ADDRESS		
	MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS)		
	PHONE NUMBER ()	E-MAIL ADDRESS (optional)	DATE OF BIRTH
	NAME OF GAMBLING ESTABLISHMENT ON YOUR EXISTING WORK PERMIT		

Part II	I would like to transfer my existing work permit to the following gambling establishment:		
	NAME OF GAMBLING ESTABLISHMENT		
	MAILING ADDRESS		
	PHONE NUMBER ()	FAX NUMBER (if any) ()	E-MAIL ADDRESS (if any)
	JOB TITLE AND DESCRIPTION OF DUTIES:		

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 Bureau of Gambling Control, or its representatives, to furnish any information of any nature concerning me to the California Gambling Control Commission or the licensed gambling establishment for which I am employed.

Signature of Applicant

Date

I certify that this applicant has been offered a position under my employ and I have authorized his/her application for transfer of work permit.

Signature of Owner/Hiring Authority/Designated Agent

Name and Title (print)

Date

TRANSFER OF WORK PERMIT INSTRUCTIONS

The Gambling Control Act requires that all individuals who are employed as gambling enterprise employees hold a valid work permit. An application for a transfer of work permit (BGC-022 (Rev. 04/13)) shall be made to the Bureau of Gambling Control (Bureau) when a work permit holder has obtained his or her work permit from the California Gambling Control Commission (Commission) because the local licensing authority does not have a work permit process in place, or is not required by the local licensing authority of a city, county, or city and county.

This application is used **only** for the transfer of valid work permits issued by the Commission. Do not use this form if the current employer or the gambling establishment where you want to transfer is required to obtain their work permits from the local licensing authority. All individuals applying to **transfer** a work permit must complete and submit the following:

1. Application for Transfer of Work Permit (BGC-022 (Rev. 04/13)) signed by the applicant and by the owner/hiring agent/designated agent of the gambling establishment.
2. A 2X2, passport-style color photograph taken within the last 30 days.
3. A photocopy of your current California Driver's License or California Identification Card.
4. A photocopy of your current work permit.
5. A non-refundable \$25.00 transfer application fee. Checks should be made payable to the **Bureau of Gambling Control**.

The application for transfer can be mailed to:

For Regular Mail Delivery:

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

For Commercial/Personal Delivery:

**Bureau of Gambling Control
4949 Broadway
Sacramento, CA 95820**

By submitting this application, applicants understand that they are seeking the granting of a privilege and acknowledge that the burden of proving their qualifications for a favorable determination is at all times on them.

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 process of transferring a work permit may be directed to the Bureau at the above address or by telephone at (916) 227-3584. You may also find forms and other useful information by accessing the Bureau's website at: www.oag.ca.gov/gambling.



APPLICATION FOR WORK PERMIT RENEWAL BGC-023 (Rev. 04/13)

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

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 Bureau of Gambling Control, or its representatives, to furnish any information of any nature concerning me to the California Gambling Control Commission 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)			_____ Date	

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 (BGC-023 (Rev. 04/13)) 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 (BGC-023 (Rev. 04/13)) 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 **Bureau of Gambling Control**.

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

For Regular Mail Delivery:

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

For Commercial/Personal Delivery:

**Bureau of Gambling Control
4949 Broadway
Sacramento, CA 95820**

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 California Gambling Control Commission (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 Bureau.

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 Commission, a renewal application must be completed for each gambling establishment, including all required fees.

All applications and questionnaires will be referred for completion of a background investigation prior to the issuance of a renewed work permit. 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 will further delay the issuance of a renewed work permit. All work permit renewals will be subject to approval by the Commission at a scheduled public meeting.

** 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:

Bureau of Gambling Control
P.O. Box 168024
Sacramento, CA 95816-8024
(916) 227-3584; Fax: (916) 227-2308

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



APPLICATION FOR REGISTRATION OF MANUFACTURERS OR DISTRIBUTORS OF GAMBLING EQUIPMENT BGC-025 (Rev. 04/13)

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

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 Bureau of Gambling Control (Bureau).

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 the 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:

For Regular Mail Delivery:

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

For Commercial/Personal Delivery:

**Bureau of Gambling Control
4949 Broadway
Sacramento, CA 95820**

The Commission 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 Commission's website: www.cgcc.ca.gov, under "Laws and Regulations."



APPLICATION FOR REPLACEMENT WORK PERMIT BADGE BGC-026 (Rev. 04/13)

Please read the instructions listed on this form. **This application is only used for the badge replacement of valid work permits issued by the California Gambling Control Commission as provided in California Code of Regulations Title 4, Section 12120.** 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 TYPE OR PRINT ALL INFORMATION			
Part I	APPLICANT NAME		WORK PERMIT NUMBER
	HOME ADDRESS		
	MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS)		
	PHONE NUMBER ()	E-MAIL ADDRESS (optional)	DATE OF BIRTH
	NAME OF GAMBLING ESTABLISHMENT ON YOUR EXISTING WORK PERMIT		

Part II	I would like to replace my lost or stolen work permit badge to the following gambling establishment:		
	NAME OF GAMBLING ESTABLISHMENT		
	MAILING ADDRESS		
	PHONE NUMBER ()	FAX NUMBER (if any) ()	E-MAIL ADDRESS (if any)
	JOB TITLE AND DESCRIPTION OF DUTIES:		

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>I hereby authorize the Bureau of Gambling Control, or its representatives, to furnish any information of any nature concerning me to the California Gambling Control Commission or the licensed gambling establishment for which I am employed.</i>	
_____ Signature of Applicant	_____ Date

I certify that this applicant holds a position under my employ and I have authorized his/her application for work permit badge replacement.		
_____ Signature of Owner/Hiring Authority/Designated Agent	_____ Name and Title (print)	_____ Date

INSTRUCTIONS FOR APPLICATION FOR REPLACEMENT WORK PERMIT BADGE

The Gambling Control Act requires that all individuals who are employed as gambling enterprise employees hold a valid work permit. An application for a replacement work permit badge (BGC-026 (Rev. 04/13)) shall be made to the Bureau of Gambling Control (Bureau) when a work permit holder's badge has been lost or stolen.

This application is used **only** for the replacement of valid work permits issued by the Commission. All individuals applying to replace a work permit badge must complete and submit the following:

1. Application for Replacement Work Permit Badge (BGC-026 (Rev. 04/13)) signed by the applicant and by the owner/hiring agent/designated agent of the gambling establishment.
2. A 2X2, passport-style color photograph taken within the last 30 days.
3. A photocopy of your current California Driver's License or California Identification Card.
4. A non-refundable \$25.00 replacement badge application fee. Checks should be made payable to the **Bureau of Gambling Control**.

The application for transfer can be mailed to:

For Regular Mail Delivery:

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

For Commercial/Personal Delivery:

**Bureau of Gambling Control
4949 Broadway
Sacramento, CA 95820**

By submitting this application, applicants understand that they are seeking the granting of a privilege and acknowledge that the burden of proving their qualifications for a favorable determination is at all times on them.

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 process of replacing a work permit badge may be directed to the Bureau at the above address or by telephone at (916) 227-3584. You may also find forms and other useful information by accessing the Bureau's website at: www.oag.ca.gov/gambling.



Gambling Establishment Annual Fee Calculation

BGC-028 (Rev 04/13)

Business and Professions (B&P) Code section 19951 establishes two fee schedules for Gambling Establishment owner-licensees to determine the amount of annual fees to be paid to the Bureau. The fee schedules are based on the gross revenues of the owner-licensee and the number of authorized tables at the close of the previous fiscal year. In addition, B&P section 19954 requires each licensee to pay an additional one hundred dollars (\$100) for each authorized table. This fee will be deposited in the Gambling Addiction Program Fund, which is maintained by the Department of Alcohol and Drug Programs.

Annual fees are to be submitted no later than 120 calendar days following the end of the owner-licensee's fiscal year **and in conjunction with the annual submission of financial statements.** If the annual fee is not paid timely, the Commission may, pursuant to B&P Code section 19955, order the temporary closure of the gambling establishment for up to 90 days. If the annual fee or any portion thereof remains unpaid 90 days after the due date, the gambling license shall be deemed surrendered. [See also, Title 4, California Code of Regulations, Section 12357.]

You must provide truthful information in all of your responses on this form. Any misrepresentation or failure to disclose information requested on this form may constitute sufficient cause for denial or revocation of your state gambling license.

Instructions:

Type or print legibly, in ink, all information requested on this form. **Send the completed form and required annual fee to the Bureau of Gambling Control, P.O. Box 168024, Sacramento, CA 95816-8024.** Please make all checks payable to the Bureau of Gambling Control.

Gambling Establishment (Cardroom) Name: _____	
SECTION 1 – GAMBLING ACTIVITIES/REVENUE	
List the games offered and the gross revenue attributed to each game for the cardroom's prior fiscal year. Should you need additional space, attach a separate sheet of paper. If any section below does not apply, indicate N/A (not applicable).	
Fiscal Year Reporting: $\frac{\quad}{(mm/yy)}$ - $\frac{\quad}{(mm/yy)}$	
A. Poker Style Games	Revenue
1)	\$
2)	\$
3)	\$
4)	\$
B. California Style Games	Revenue
1)	\$
2)	\$
3)	\$
4)	\$
C. Other Games	Revenue
1)	\$
2)	\$
3)	\$
D. Tournament (Name)	Revenue (Entry Fee)
1)	\$
2)	\$

SECTION 1 – GAMBLING ACTIVITIES/REVENUE (Continued)	
E. Total Annual Interest Received from the Issuance of Credit:	\$
TOTAL REVENUES LISTED ABOVE (A+B+C+D+E):	\$
SECTION 2a – ANNUAL FEE SCHEDULES	
Check the appropriate box based on the Total Revenues indicated in Section 1 and follow the instructions to determine the appropriate fee per authorized table.	
<input type="checkbox"/> Annual gross revenues are less than \$200,000: Refer to Table 1 to determine appropriate fee per authorized table. <input type="checkbox"/> Annual gross revenues are \$200,000 or more: To determine the appropriate fee per authorized table: <ol style="list-style-type: none"> 1) Refer to the cardroom's Number of Authorized Tables range in Table 1 and the corresponding fee. 2) Refer to the cardroom's Gross Revenues range in Table 2 and the corresponding fee. 3) The fee per table will be the greater of the two amounts. 	
Table 1	
Number of Authorized Tables ¹	1 – 5 6 – 8 9 – 14 15 – 25 26 – 70 71 or more
Fee Per Table	\$300 \$550 \$1300 \$2700 \$4000 \$4700
<small>¹ Based on the number of authorized tables at the close of the licensee's preceding fiscal year.</small>	
Table 2	
Gross Revenues	\$200,000 – \$499,999 \$500,000 – \$1,999,999 \$2,000,000 – \$9,999,999 \$10,000,000 – \$29,999,999 \$30,000,000 or more
Fee Per Table	\$550 \$1300 \$2700 \$4000 \$4700
SECTION 2b – ANNUAL FEE CALCULATION	
Fee Per Table (Determined in Section 2a):	\$
Multiply by Cardroom's Number of Authorized Tables:	X
ANNUAL FEE TO BE SUBMITTED:	\$
SECTION 2c – GAMBLING ADDICTION PROGRAM FEE CALCULATION	
Gambling Addiction Fund Fee Per Authorized Table:	\$ 100
Multiply by Cardroom's Number of Authorized Tables:	X
FEE FOR DEPOSIT TO THE GAMBLING ADDICTION PROGRAM FUND:	\$
SECTION 2d – TOTAL ANNUAL FEES DUE	
TOTAL FEES DUE (Total from Section 2b and 2c):	\$
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 attachments, corrections, changes and other alterations, is true, accurate, and complete.</i>	
Name of Individual Completing this form (<i>typed or printed</i>):	Title:
Signature:	Date:



APPLICATION FOR STATE GAMBLING LICENSE

BGC-030 (Rev. 04/13)

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: Bureau of Gambling Control, P.O. Box 168024, Sacramento, CA 95816-8024. Please make all checks payable to the Bureau of Gambling Control.

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<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 State Gambling 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 State Gambling 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 State Gambling License application?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 6– AUTHORIZED REPRESENTATIVE / DESIGNATED AGENT INFORMATION

Last Name:		First Name:	Middle Initial:
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 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 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).



ANTIQUÉ COLLECTOR CLAIM OF EXEMPTION

BGC-039 (Rev. 04/13)

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

PLEASE TYPE OR PRINT ALL INFORMATION

ANTIQUÉ COLLECTOR NAME		PHONE NUMBER ()	
HOME ADDRESS			
MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS)			
ADDITIONAL ADDRESSES AT WHICH ANTIQUÉ SLOT MACHINES WILL BE STORED (if any)			
		Yes	No
1. I qualify as an "antique collector" within the meaning of Title 4, California Code of Regulations, Section 12300(b)(1) (quoted below). "Antique collector" means any individual that sells, exchanges, or otherwise transfers five or fewer antique slot machines, as defined in Penal Code section 330.7, during any calendar year. For purposes of computing the number of antique slot machines transferred during any calendar year, transactions in which a registered manufacturer or distributor acts as an agent or broker on behalf of an antique collector shall not be counted or included. "Antique collector" does not include any individual who is otherwise a manufacturer or distributor within the meaning of Title 4, California Code of Regulations, Section 12300(b)(9).			
2. During the current calendar year, I have not sold or otherwise transferred more than five antique slot machines.			
3. I understand that I must register as a manufacturer or distributor of gambling equipment prior to becoming ineligible for exemption pursuant to Title 4, California Code of Regulations, Section 12300.			
4. I understand that my records and inventory will be subject to inspection by representatives of the Commission or the Bureau during normal business hours.			
5. Within my personal knowledge, the foregoing information is accurate and complete.			
<i>I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</i>			
_____ Signature of Antique Collector		_____ Date	
_____ Typed or Printed Name of Antique Collector			

Bureau of Gambling Control

Quarterly Report

BGC-040 (Rev. 04/13)

For the Quarter Ended: _____

Registrant's Name: _____

Registrant's License Number: _____

A report meeting all requirements set forth in Title 4, California Code of Registrations (CCR) Section 12303 shall be submitted by manufactures and distributors of gambling equipment. This form provides a suggested format for the report. Use of this form for the report is optional. Please type or print legibly. Complete all parts (I to V).

Please submit this form in duplicate with original signatures on both copies within 30 days after the close of each calendar quarter. (Title 4, CCR, Sec. 12303(a))

Part I. Shipments of gambling equipment and essential parts in interstate or foreign commerce received or sent out from and to a location in California (Title 4, CCR, Sec. 12303(a)(1)(A))

If none, state "N/A." Continue on and attach additional sheets if necessary. Number the pages at the bottom of the page.

	Name and Address of Sender	Name and Address of Recipient	Date of Shipment	Bill of Lading Number	Manufacturer	Model	Year	Serial Number	Number of Each Unit
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Bureau of Gambling Control

Quarterly Report

BGC-040 (Rev. 04/13)

For the Quarter Ended: _____

Registrant's Name: _____

Registrant's License Number: _____

Part II. Sale, lease, exchange, or other transfer of gambling equipment and essential parts not otherwise reportable under Part I (Title 4, CCR, Sec. 12303(a)(1)(B))

If none, state "N/A." Continue on and attach additional sheets if necessary. Number the pages at the bottom of the page.

	Name and Address of Seller/Lessor	Name and Address of Buyer/Lessee	Date of Sale/Lease	Date of Shipment / Delivery	Manufacturer	Year	Serial Number	Number of Each Unit
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Bureau of Gambling Control

Quarterly Report

BGC-040 (Rev. 04/13)

For the Quarter Ended: _____

Registrant's Name: _____

Registrant's License Number: _____

Part III. Shipments of gambling equipment and essential parts received or sent out from a tribal gaming facility (Title 4, CCR, Sec. 12303(a)(1)(D))

If none, state "N/A." Continue on and attach additional sheets if necessary. Number the pages at the bottom of the page.

	Name and Address of Sender	Name and Address of Recipient	Date of Report Sent to Bureau
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Bureau of Gambling Control

Quarterly Report

BGC-040 (Rev. 04/13)

For the Quarter Ended: _____

Registrant's Name: _____

Registrant's License Number: _____

Part IV. Gambling equipment and essential parts in the possession or custody of the registrant in California (Title 4, CCR, Sec. 12303(a)(1)(E))

If none, state "N/A." Continue on and attach additional sheets if necessary. Number the pages at the bottom of the page.

	Address of Each Location
A	
B	
C	
D	
E	

	Name and Address of Sender	Name and Address of Recipient	Date of Shipment	Bill of Lading Number	Manufacturer	Model
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Bureau of Gambling Control

Quarterly Report

BGC-040 (Rev. 04/13)

For the Quarter Ended: _____

Registrant's Name: _____

Registrant's License Number: _____

Part V: Certification

Within my personal knowledge, the foregoing information is accurate and complete.

Signature of registrant's designated representative

Date

Type or print name of registrant's designated representative

Title



APPLICATION FOR THIRD-PARTY PROPOSITION PLAYER SERVICES LICENSE FOR BUSINESS ENTITIES AND OWNERS

BGC-433 (Rev. 04/13)

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: Bureau of Gambling Control, P.O. Box 168024, Sacramento, CA 95816-8024. Please make all checks payable to the Bureau of Gambling Control.

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 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 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).</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>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).</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 (BGC-433)).

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



APPLICATION FOR THIRD-PARTY PROPOSITION PLAYER SERVICES LICENSE FOR SUPERVISOR, PLAYER OR OTHER EMPLOYEE

BGC-434 (Rev. 04/13)

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: Bureau of Gambling, P.O. Box 168024, Sacramento, CA 95816-8024. Please make all checks payable to the Bureau of Gambling Control.

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			<input type="checkbox"/> Cell
Home: ()	Work: ()	Ext:	<input type="checkbox"/> Fax
Other: ()			
Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	**Social Security Number (See bottom of page 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>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.</i>	
Signature of Applicant in Full	Date
Signature of Designated Agent	Date
<p>* 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).</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 § 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>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).</p>	

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.



APPLICATION FOR THIRD PARTY PROPOSITION PLAYER SERVICES REGISTRATION

BGC-435 (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.

SECTION 1: APPLICATION (Mark one)

New Renewal Temporary

SECTION 2: REGISTRATION CATEGORY (Mark one)

Owner Primary Owner Player Supervisor Other Employee

SECTION 3a: ENTITY TYPE (refer to Section 3a of the instructions for details)

SECTION 3b: RELATIONSHIP TO PRIMARY OWNER (refer to Section 3b of the instructions for details)

SECTION 4: APPLICANT INFORMATION

Applicant's Full Legal Name:

First	MI	Last

Other Names:

Applicant's Business Telephone Number:

Applicant's Business Facsimile Number (if applicable):

SECTION 5: PRIMARY OWNER INFORMATION (if applicable)

Primary Owner's Name:

Primary Owner's Mailing Address:

Street	City	State	Zip Code

Designated Officer's Name:

Designated Officer's Telephone Number:

Designated Officer's E-mail Address:

SECTION 6: 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 application is true, correct, and complete.

Applicant Signature: _____ Date: _____

Designated Officer Signature: _____ Date: _____

APPLICATION FOR THIRD PARTY PROPOSITION PLAYER SERVICES REGISTRATION INSTRUCTIONS

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. The applicant is responsible for providing the appropriate information needed to determine eligibility for the issuance of a Third Party Proposition Player Services Registration each time an application is submitted. 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. 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.

The following is required for an initial registration submission:

- Application for Third Party Proposition Player Services Registration (BGC-435 (Rev. 04/13))
- If applying as an individual, Third Party Proposition Player Services Registration Supplemental Information Form (BGC-436 (Rev. 04/13))
- If applying as an individual, request for Live Scan Service
- If applying as an individual, two 2x2 inch, passport-style color photographs taken within the last year
- If applying as an individual, photocopy of your current California Driver's License or California Identification Card
- If applying as a "primary owner," a list containing the name and title of each individual associated with the business entity who qualifies as an "owner" under Title 4, California Code of Regulations, section 12200
- A non-refundable \$500 application fee (payable to the Bureau of Gambling Control)

The following is required for a renewal registration submission:

- Application for Third Party Proposition Player Services Registration (BGC-435 (Rev. 04/13))
- If applying as an individual, Third Party Proposition Player Services Registration Supplemental Information Form (BGC-436 (Rev. 04/13))
- If applying as an individual, two 2x2 inch, passport-style color photographs taken within the last year
- If applying as an individual, photocopy of your current California Driver's License or California Identification Card
- If applying as a "primary owner," a list containing the name and title of each individual associated with the business entity who qualifies as an "owner" under Title 4, California Code of Regulations (CCR), section 12200
- A non-refundable \$500 application fee (payable to the Bureau of Gambling Control)

SECTION 1: APPLICATION

Indicate whether applying for a new or renewal registration by checking the appropriate box. If this is an initial (new) application, and you wish to be considered for a temporary registration, please check the temporary box in section 1 and submit an additional \$25 fee for the temporary registration. If you elect to apply for a temporary registration in connection with your initial application, then you must include a check covering both the \$500 application fee and the \$25 temporary registration fee, for a total of \$525.

SECTION 2: REGISTRATION CATEGORY

Indicate category of registration applying for by checking the appropriate box.

SECTION 3a: ENTITY TYPE

If applying for registration as primary owner, indicate the entity type of your business from the selection below:

Sole Proprietor Corporation Limited Liability Company (LLC) Partnership

SECTION 3b: RELATIONSHIP TO “PRIMARY OWNER”

If applying for registration as an owner, indicate your relationship with the “Primary Owner” from the selection below. However, if that relationship is based upon an interest in another owner that is a business entity or trust, identify that other owner and indicate the relationship with that other owner.

Shareholder	LLC Member	General Partner	Corporate Interest Trust
Limited Partner	Joint Venture	Trustee	Trust (specify type)
Director	Beneficiary	Financial Interest	Community Property Interest
Officer	Funding Source	Limited Partnership	Other Interest

If “other interest,” describe the interest in the blank provided in Section 3b.

SECTION 4: APPLICANT INFORMATION

- If applying as an individual, provide your full legal name and any former names (aliases, etc). If applying as a business entity, provide the legal name of the entity and any alternative names for the same business entity. You must notify the Commission of any name, address or telephone number changes.
- Provide business telephone and facsimile number in appropriate areas.

SECTION 5: PRIMARY OWNER INFORMATION

“Primary Owner” is defined in regulation as a sole proprietor, corporation, partnership, or other business entity that provides or proposes to provide proposition player services as an independent contractor in a gambling establishment.

- If applying as an individual, in the appropriate box provide the name and mailing address of the primary owner by whom you are employed.
- If you are applying as an owner, in the appropriate box provide the name and mailing address of your third party proposition player service business entity.
- If applying as a business entity, in the boxes provided for designated officer information provide the name, telephone number, and e-mail address of the authorized representative who will serve as the entity’s contact person to the Bureau of Gambling Control.

SECTION 6: DECLARATION

If applying as an individual, both the applicant and the designated officer of the primary owner must sign the application under penalty of perjury. If applying as a business entity, the chief executive officer or designated officer must sign the application under penalty of perjury. The application must be signed and dated to be considered complete.

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



THIRD PARTY PROPOSITION PLAYER SERVICES REGISTRATION SUPPLEMENTAL INFORMATION

BGC-436 (Rev. 04/13)

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

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 ever 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 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).



REQUEST FOR REPLACEMENT THIRD PARTY PROPOSITION PLAYER SERVICES BADGE

BGC-438 (Rev. 04/13)

When requesting a replacement badge a registrant/licensee must complete and submit this form to the Bureau of Gambling Control, P.O. Box 168024, Sacramento, CA 95816-8024 accompanied by a \$25.00 check made payable to the Bureau of Gambling Control.

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

SECTION 1: APPLICANT INFORMATION

Applicant's Full Legal Name:

First

MI

Last

Mailing Address:

Applicant's Telephone Number:

*Social Security Number: (for identification purposes)

Badge #:

SECTION 2: REGISTRATION/LICENSE

1. Currently registered or licensed with the Commission: (Mark one) Registered Licensed

2. Category: (Mark one) Owner Player Supervisor Other Employee

3. Badge was: (Mark one)

Lost Stolen Damaged

Incorrect due to change of name:

Previous name: _____

New Name: _____

Before your name will be changed you must submit **one** of the following:

- Copy of marriage certificate.
- Copy of court document authorizing legal name change.
- Clear copy of driver's license **AND** social security card.

SECTION 3: PRIMARY OWNER INFORMATION

Primary Owner's Name:

I certify that this registrant/licensee has my authorization to request a replacement badge.

Designated Officer Signature: _____ Date: _____

SECTION 4: DECLARATION

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

Applicant Signature: _____ Date: _____

*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.



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

REQUEST FOR AN ADDITIONAL/TRANSFER/REINSTATEMENT THIRD PARTY PROPOSITION PLAYER SERVICES REGISTRATION/LICENSE

BGC-439 (Rev. 04/13)

When requesting either to transfer, reinstate, or acquire an additional badge for a new primary owner, a registrant/licensee must complete and submit this form to the Bureau of Gambling Control, P.O. Box 168024, Sacramento, CA 95816-8024 accompanied by the following:

- A \$125.00 check made payable to the Bureau of Gambling Control.

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

SECTION 1: APPLICANT INFORMATION

Type (Check One): Additional Transfer Reinstatement

Category (Check One): Player Supervisor Other

Applicant's Full Legal Name:

First	MI	Last

Mailing Address:

--

Applicant's Telephone Number:

()
---	--	---

*Social Security Number: (for identification purposes)

--

Badge #:

--

SECTION 2: PRIMARY OWNER INFORMATION

Name of primary owner (employer) you are currently registered/licensed with, transferring or reinstating **from**:

--

Date of disassociation (applies only to **transfers**):

--

Name of primary owner (employer) you are transferring **to** or acquiring an additional badge for:

--

Employment or Re-employment Date:

--

SECTION 3: 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 application is true, correct, and complete.

Applicant Signature: _____ Date: _____

Designated Officer Signature: _____ Date: _____

*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.



CHANGE IN STATUS FORM FOR A THIRD PARTY PROPOSITION PLAYER SERVICES REGISTRATION OR LICENSE

BGC-441 (Rev. 04/13)

When a registrant's or licensee's employment status or affiliation with a primary owner ceases to exist, the registrant/licensee must surrender his or her badge to the primary owner. The primary owner's designated officer must notify the Bureau of Gambling Control of the change in the registrant's or licensee's status within 10 days of the change by completing and submitting this form and enclosing the badge to the Bureau of Gambling Control at P.O. Box 168024, Sacramento, CA 95816-8024.

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

SECTION 1: PRIMARY OWNER INFORMATION

Name of Primary Owner:

SECTION 2: REGISTRATION/LICENSE INFORMATION

Name of Registrant or Licensee:

First

MI

Last

Badge Enclosed? Yes No

If NO, reason why _____

Registrant's /Licensee's Badge #:

Date of change in status:

SECTION 3: CHANGE OF EMPLOYMENT OR AFFILIATION STATUS INFORMATION

Reason for disassociation with primary owner: (Mark one)

Terminated Resigned Affiliation Ceased Other _____

SECTION 4: DECLARATION

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

Designated Officer Signature: _____ Date: _____

Designated Officer Name (Print): _____



APPLICATION FOR GAMBLING BUSINESS LICENSE FOR BUSINESS ENTITIES AND OWNERS

BGC-533 (Rev. 04/13)

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: Bureau of Gambling Control, P.O. Box 168024, Sacramento, CA 95816-8024. Please make all checks payable to the Bureau of Gambling Control.

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) <p style="text-align: center;"><i>The unused portion of any background deposit will be refunded.</i></p> <p>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.</p>	
<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) <p style="text-align: center;"><i>The unused portion of any background deposit will be refunded.</i></p>	

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 (<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 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).</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>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 the top 500 tax delinquencies over \$100,000 (Business and Professions Code section 494.5).</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 (BGC-533)).

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



**APPLICATION FOR GAMBLING BUSINESS LICENSE
 FOR SUPERVISOR, PLAYER OR OTHER EMPLOYEE**

BGC-534 (Rev. 04/13)

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: Bureau of Gambling Control, P.O. Box 168024, Sacramento, CA 95816-8024. Please make all checks payable to the Bureau of Gambling Control.

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 *initial* or *renewal* license.

INITIAL

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.

The unused portion of any background deposit will be refunded.

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.

RENEWAL

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.

The unused portion of any background deposit will be refunded.

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			<input type="checkbox"/> Cell
Home: ()	Work: ()	Ext:	<input type="checkbox"/> Fax
Other: ()			
Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	**Social Security Number (See bottom of page 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>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.</i>			
Signature of Applicant in Full			Date
Signature of Designated Agent			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 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 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.



APPLICATION FOR GAMBLING BUSINESS REGISTRATION

BGC-535 (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.

SECTION 1: APPLICATION (Mark one)

New Renewal Temporary

SECTION 2: REGISTRATION CATEGORY (Mark one)

Owner Primary Owner Player Supervisor Other Employee

SECTION 3a: ENTITY TYPE (refer to Section 3a of the instructions for details)

SECTION 3b: RELATIONSHIP TO PRIMARY OWNER (refer to Section 3b of the instructions for details)

SECTION 4: APPLICANT INFORMATION

Applicant's Full Legal Name:

First

MI

Last

Other Names:

Applicant's Business Telephone Number:

Applicant's Business Facsimile Number (if applicable):

SECTION 5: PRIMARY OWNER INFORMATION (if applicable)

Primary Owner's Name:

Primary Owner's Mailing Address:

Street

City

State

Zip Code

Designated Officer's Name:

Designated Officer's Telephone Number:

Designated Officer's E-mail Address:

SECTION 6: 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 application is true, correct, and complete.

Applicant Signature: _____ Date: _____

Designated Officer Signature: _____ Date: _____

APPLICATION FOR GAMBLING BUSINESS REGISTRATION INSTRUCTIONS

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. The applicant is responsible for providing the appropriate information needed to determine eligibility for the issuance of a Gambling Business Registration each time an application is submitted. 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. 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.

The following is required for an initial registration submission:

- Application for Gambling Business Services Registration (BGC-535 (Rev. 04/13))
- If applying as an individual, Gambling Business Registration Supplemental Information Form (BGC-536 (Rev. 04/13))
- If applying as an individual, request for Live Scan Service
- If applying as an individual, two 2x2 inch, passport-style color photographs taken within the last year
- If applying as an individual, photocopy of your current California Driver's License or California Identification Card
- If applying as a "primary owner," a list containing the name and title of each individual associated with the business entity who qualifies as an "owner" under Title 4, California Code of Regulations, section 12220
- A non-refundable \$500 application fee (payable to the California Gambling Control Commission)

The following is required for a renewal registration submission:

- Application for Gambling Business Registration (BGC-535 (Rev. 04/13))
- If applying as an individual, Gambling Business Registration Supplemental Information Form (BGC-536 (Rev. 04/13))
- If applying as an individual, two 2x2 inch, passport-style color photographs taken within the last year
- If applying as an individual, photocopy of your current California Driver's License or California Identification Card
- If applying as a "primary owner," a list containing the name and title of each individual associated with the business entity who qualifies as an "owner" under Title 4, California Code of Regulations, section 12220
- A non-refundable \$500 application fee (payable to the California Gambling Control Commission)

SECTION 1: APPLICATION

Indicate whether applying for a new or renewal registration by checking the appropriate box.

SECTION 2: REGISTRATION CATEGORY

Indicate category of registration applying for by checking the appropriate box.

SECTION 3a: ENTITY TYPE

If applying for registration as primary owner, indicate the entity type of your business from the selection below:

Sole Proprietor Corporation Limited Liability Company (LLC) Partnership

SECTION 3b: RELATIONSHIP TO "PRIMARY OWNER"

If applying for registration as an owner, indicate your relationship with the "Primary Owner" from the selection below. However, if that relationship is based upon an interest in another owner that is a business entity or trust, identify that other owner and indicate the relationship with that other owner.

Shareholder	LLC Member	General Partner	Corporate Interest Trust
Limited Partner	Joint Venture	Trustee	Trust (specify type)
Director	Beneficiary	Financial Interest	Community Property Interest
Officer	Funding Source	Limited Partnership	Other Interest

If "other interest," describe the interest in the blank provided in Section 3b.

SECTION 4: APPLICANT INFORMATION

- If applying as an individual, provide your full legal name and any former names (aliases, etc.). If applying as a business entity, provide the legal name of the entity and any alternative names for the same business entity. You must notify the Commission of any name, address or telephone number changes.
- Provide business telephone and facsimile number in appropriate areas.

SECTION 5: PRIMARY OWNER INFORMATION

“Primary Owner” is defined in regulation as a sole proprietor, corporation, partnership, or other business entity that conducts or proposes to conduct a gambling business as an independent contractor in a gambling establishment.

- If applying as an individual, in the appropriate box provide the name and mailing address of the primary owner by whom you are employed.
- If you are applying as an owner, in the appropriate box provide the name and mailing address of your gambling business entity.
- If applying as a business entity, in the boxes provided for designated officer information provide the name, telephone number, and e-mail address of the authorized representative who will serve as the entity’s contact person to the Gambling Control Commission.

SECTION 6: DECLARATION

If applying as an individual, both the applicant and the designated officer of the primary owner must sign the application under penalty of perjury. If applying as a business entity, the chief executive officer or designated officer must sign the application under penalty of perjury. The application must be signed and dated to be considered complete.

PLEASE SEND COMPLETED APPLICATION PACKET TO:

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



GAMBLING BUSINESS REGISTRATION SUPPLEMENTAL INFORMATION

BGC-536 (Rev. 04/13)

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

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 ever 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 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).



REQUEST FOR REPLACEMENT GAMBLING BUSINESS BADGE

BGC-538 (Rev. 04/13)

When requesting a replacement badge a registrant/licensee must complete and submit this form to the Bureau of Gambling Control at P.O. Box 168024, Sacramento, CA 95816-8024 accompanied by a \$25.00 check made payable to the California Gambling Control Commission.

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

SECTION 1: APPLICANT INFORMATION

Applicant's Full Legal Name:

First

MI

Last

Mailing Address:

Applicant's Telephone Number:

Social Security Number: (for identification purposes)

Gambling Business Badge #:

SECTION 2: REGISTRATION/LICENSE

1. Currently registered or licensed with the Commission: (Mark one)

Registered Licensed

2. Category: (Mark one)

Owner Player Supervisor Other Employee

3. Badge was: (Mark one)

Lost Stolen Damaged

Incorrect due to change of name:

Previous name: _____

New Name: _____

Before your name will be changed you must submit **one** of the following:

- Copy of marriage certificate.
- Copy of court document authorizing legal name change.
- Clear copy of driver's license **AND** social security card.

SECTION 3: PRIMARY OWNER INFORMATION

Primary Owner's Name:

I certify that this registrant/licensee has my authorization to request a replacement badge.

Designated Officer Signature: _____ Date: _____

SECTION 4: DECLARATION

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

Applicant Signature: _____ Date: _____

*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.



REQUEST FOR AN ADDITIONAL/TRANSFER/REINSTATEMENT OF GAMBLING BUSINESS SERVICES REGISTRATION/LICENSE

BGC-539 (Rev. 04/13)

When requesting either to transfer, reinstate, or acquire an additional badge for a new primary owner, a registrant/licensee must complete and submit this form to the Bureau of Gambling Control at P.O. Box 168024, Sacramento, CA 95816-8024, accompanied by the following:

- A \$125.00 check made payable to the Bureau of Gambling Control.

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

SECTION 1: APPLICANT INFORMATION

Type (Check One): Additional Transfer Reinstatement

Category (Check One): Player Supervisor Other

Applicant's Full Legal Name:

First

MI

Last

Mailing Address:

Applicant's Telephone Number:

*Social Security Number: (for identification purposes)

 ()

Badge #:

SECTION 2: PRIMARY OWNER INFORMATION

Name of primary owner (employer) you are currently registered/licensed with, transferring or reinstating **from**:

Date of disassociation (applies only to **transfers**):

Name of primary owner (employer) you are transferring **to** or acquiring an additional badge for:

Employment or Re-employment Date:

SECTION 3: 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 application is true, correct, and complete.

Applicant Signature: _____ Date: _____

Designated Officer Signature: _____ Date: _____

*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.



GAMBLING BUSINESS EMPLOYEE AND INDEPENDENT CONTRACTOR REPORT

BGC-540 (Rev. 04/13)

Submitted pursuant to California Code of Regulations (CCR), Title 4, Section 12220.14
(Type or print clearly in ink.)

1. Name of Primary Owner: _____
2. Identify every individual who is, or who has been since the filing of the previous report, employed or independently contracted by the above primary owner as an owner, supervisor, player, or other employee as defined in CCR, Title 4, Section 12220. Attach additional sheets as necessary.

Employee/Independent Contractor Name	Social Security Number	Job Title	Description of job duties, responsibilities and authority.

Signature of Designated Officer

Date

Print Name/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.



CHANGE IN STATUS FORM FOR A GAMBLING BUSINESS REGISTRATION OR LICENSE

BGC-541 (Rev. 04/13)

When a registrant or licensee's employment status or affiliation with a primary owner ceases to exist, the registrant/licensee must surrender his or her badge to the primary owner. The primary owner's designated officer must notify the Bureau of Gambling Control of the change in the registrant's or licensee's status within 10 days of the change by completing and submitting this form to the Bureau of Gambling Control at P.O. Box 168024, Sacramento, CA 95816-8024. Additionally, any badge that is received by a primary owner under these circumstances shall be returned to the Commission within 10 days of receipt.

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

SECTION 1: PRIMARY OWNER INFORMATION

Name of Primary Owner:

SECTION 2: REGISTRANT/LICENSEE INFORMATION

Name of Registrant or Licensee:

First

MI

Last

Badge Enclosed? Yes No

If NO, reason why _____

Gambling Business Badge #:

Date of change in status:

SECTION 3: CHANGE OF EMPLOYMENT STATUS INFORMATION

Reason for disassociation with primary owner: (Mark one)

Terminated Resigned Affiliation Ceased Other _____

SECTION 4: DECLARATION

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

Designated Officer Signature: _____ Date: _____

Designated Officer Name (Print): _____