

**APPLICATION FOR STATE GAMBLING LICENSE**  
CGCC-030 (Rev. 11/07)



State of California  
**California Gambling Control Commission**  
 2399 Gateway Oaks Drive, Suite 100  
 Sacramento, CA 95833-4231  
 (916) 263-0700; Fax: (916) 263-0452  
[www.cgcc.ca.gov](http://www.cgcc.ca.gov)

**APPLICATION FOR STATE GAMBLING LICENSE**

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.

**Instructions:**

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

**Send the completed application package with required fees/deposits (listed below) to: California Gambling Control Commission, 2399 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833-4231.** Please make all checks payable to the California Gambling Control Commission.

Name of Gambling Establishment (Cardroom)	Name of Applicant (Individual or Entity)
<b>Please check one box indicating whether you are applying for an <i>initial</i> or <i>renewal</i> license.</b>	
<p><input type="checkbox"/> <b><u>INITIAL</u></b></p> <p><b>Application Fee:</b>                 \$ 500 Non-refundable (Owner Licensee and Endorsed Licensee)</p> <p><b>Background Deposit:</b>         \$ 5,000 (Owner Licensee and Endorsed Licensee)            \$ 900 (Trust*, Trustee, and Trustor)            \$ 750 (Community Property Spouse)</p> <p style="text-align: center;"><i>Unused portion of background deposit will be refunded.</i></p> <p><b>NOTE: Initial applicants must also attach a completed Supplemental Background Information form, as indicated below:</b></p> <p><u>Gambling Establishment (Cardroom):</u> Attach a Gambling Establishment Supplemental Information for State Gambling License, DGC-APP-015C (Rev. 08/07) form – <i>Owner Licensee to submit on behalf of gambling establishment</i></p> <p><u>Individual Applicants:</u> Attach a Gambling Establishment Owner Applicant – Individual Supplemental Background Investigation Information, DGC-APP-015A (Rev. 08/07) form</p> <p><u>Entity Applicants:</u> Attach a Gambling Establishment Owner – Entity Supplemental Information for a State Gambling License, DGC-APP-015B (Rev. 08/07) form</p> <p><u>*Trust Applicants:</u> Attach a Trust Supplemental Background Investigation Information, DGC-APP-143 (New 08/07) form</p> <p><i>*Contingent beneficiaries do not need to submit an application if benefits are contingent upon a specific future event or circumstance.</i></p>	
<p><input type="checkbox"/> <b><u>RENEWAL</u></b></p> <p><b>Application Fee:</b>                 \$ 500 Non-refundable (Owner Licensee and Endorsed Licensee)</p> <p><b>Background Deposit:</b>         \$ 600 (Owner Licensee)            Other applicants may be responsible for background deposits upon notification from the Division of Gambling Control.</p> <p style="text-align: center;"><i>Unused portion of 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.

**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:		MON	TUES	WED	THURS	FRI	SAT	SUN
<input type="checkbox"/> 24 hrs/365 days	Open							
<input type="checkbox"/> Hours as indicated:	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, 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 <small>(salary, hourly wage, incentives, bonuses, etc.)</small>
		%	
		%	
		%	
		%	
		%	
		%	

**SECTION 4 – INDIVIDUAL APPLICANT INFORMATION**

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

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

Last Name	First Name	Middle Initial
Other names you have used or been known by (aliases, maiden name, nicknames, other name changes, legal or otherwise)		
*Address of Record – Number/Street (See page 4 for note)		Apt. / Unit Number
City	County	State                      Zip Code
Residence Address, if different than above		
Contact Numbers Home: (     )                      Work: (     )                      Cell: (     )		E-mail Address (if any)
Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	**Social Security Number (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 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 |

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

- |  |  |
|--|--|
| 5. 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 corrections, changes and other alterations, is true, accurate, and complete.*

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

\*Once the Commission has issued the license, the address of record you enter on this application is considered public information pursuant to the Information Practices Act (Civil Code section 1798 et seq.) and the Public Records Act (Government Code section 6250 et seq.) and will be placed on the Internet. The Commission will mail all correspondence to this address. If you do not wish your residence address to be available to the public, you may provide a post office box number or a personal mail box. However, if your address of record is not your residence address, you must also provide your residence address to the Commission, in which case your residence will not be available to the public.

\*\*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.