



| <b>SECTION 1 – APPLICANT INFORMATION</b>   |   |  |  |
|--|---|--|--|
| 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<br><input type="checkbox"/> Male <input type="checkbox"/> Female | **Social Security Number (See page 3 for note) |  |
| <b>SECTION 2 - RENEWAL INFORMATION</b>   |   |  |  |
| 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 |
| <b>SECTION 3 – AUTHORIZED REPRESENTATIVE/DESIGNATED AGENT INFORMATION</b>  |   |  |  |
| Last Name  |   | First Name                                     | Restrictions, if any:                                    |
| Relationship to Applicant:<br><input type="checkbox"/> Self <input type="checkbox"/> Attorney <input type="checkbox"/> Other: _____  |   | Business Name, if applicable                   |  |
| Mailing Address  |   |  |  |
| Telephone Number<br>(      )   | Fax Number<br>(      )  | E-mail Address (if any)                        |  |
| <b>SECTION 4 –DECLARATION/SIGNATURE</b>  |   |  |  |
| <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 Commission. Unless a separate mailing address is provided, the Commission will mail all correspondence to your residence address. Your residence address will not be displayed on the Commission's website and will not be provided to the public as a result of a request pursuant to the Public Records Act (Government Code section 6250 et seq.) or Business and Professions Code section 19821(b).</p> <p>**Disclosure of your U.S. social security number is mandatory. Business and Professions Code section 30 and Public Law 94-455 (42 USC § 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> |   |  |  |

## 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.

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