



State of California
California Gambling Control Commission
 2399 Gateway Oaks Drive, Suite 220
 Sacramento, CA 95833-4231
 (916) 263-0700; Fax: (916) 263-0452
www.cgcc.ca.gov

**APPLICATION FOR GAMBLING BUSINESS LICENSE
 FOR SUPERVISOR, PLAYER OR OTHER EMPLOYEE
 CGCC-534 (New 05/09)**

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

Send the completed application package with required fee (listed below) to: California Gambling Control Commission, 2399 Gateway Oaks Drive, Suite 220, Sacramento, CA 95833-4231. Please make all checks payable to the California Gambling Control Commission.

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

JOB TITLE / DESCRIPTION			
Job Title	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Player	<input type="checkbox"/> Other Employee
Description of Job Duties			

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
Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	**Social Security Number (See page 3 for note)	

SECTION 2 - RENEWAL INFORMATION	
Complete this section only if renewing your gambling business license. If you answer "Yes" to any of the questions below, please provide an explanation on a separate sheet of paper and attach to the application.	
1. Have you been a party to any civil litigation since last filing a gambling business license application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you been named in any administrative action affecting any license certification since last filing a gambling business license application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been convicted of any crime (misdemeanor or felony) since last filing a gambling business license application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you acquired or increased a financial interest in a business that conducts lawful gambling outside the state since last filing a gambling business license application?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3 – AUTHORIZED REPRESENTATIVE/DESIGNATED AGENT INFORMATION		
Last Name	First Name	Restrictions, if any:
Relationship to Applicant: <input type="checkbox"/> Self <input type="checkbox"/> Attorney <input type="checkbox"/> Other: _____		Business Name, if applicable
Mailing Address		
Telephone Number ()	Fax Number ()	E-mail Address (if any)

SECTION 4 –DECLARATION/SIGNATURE	
<i>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 Commission. Unless a separate mailing address is provided, the Commission will mail all correspondence to your residence address. Your residence address will not be displayed on the Commission's website and will not be provided to the public as a result of a request pursuant to the Public Records Act (Government Code section 6250 et seq.) or Business and Professions Code section 19821(b).

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

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.

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