



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

## NOTICE OF DEFENSE CGCC – ND – 002 (New 01/14)

In the Matter of:

CGCC No.
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**Failure to submit this Notice of Defense to the California Gambling Control Commission (Commission) and the Bureau of Gambling Control (Bureau) may result in a default decision being issued by the Commission. The Notice of Defense is due:**

- **Within 15 calendar days of receipt, if provided by Commission staff or the Bureau; or,**
- **Within 15 calendar days of the date of service, if provided with the Notice of Hearing.**

(Please select one of the following:)											
<b>1</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;"><b>A</b></td> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">I acknowledge and accept that the conditions, limitations and restrictions attached to the notice will be placed on my license, registration, finding of suitability or other approval, and waive my right to an evidentiary hearing. (See Box 2)</td> </tr> <tr> <td style="text-align: center;"><b>B</b></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">I waive my right to an evidentiary hearing. (See Box 2)</td> </tr> <tr> <td style="text-align: center;"><b>C</b></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">I request an evidentiary hearing where the Commission will consider the merits of my application and any recommendation of the Bureau.</td> </tr> </table>	<b>A</b>	<input type="checkbox"/>	I acknowledge and accept that the conditions, limitations and restrictions attached to the notice will be placed on my license, registration, finding of suitability or other approval, and waive my right to an evidentiary hearing. (See Box 2)	<b>B</b>	<input type="checkbox"/>	I waive my right to an evidentiary hearing. (See Box 2)	<b>C</b>	<input type="checkbox"/>	I request an evidentiary hearing where the Commission will consider the merits of my application and any recommendation of the Bureau.	
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NOTICE OF DEFENSE

		(Please select one of the following:)	
<b>4</b>	<b>A</b>	<input type="checkbox"/>	I am represented by counsel, whose name, address and telephone number appear below:
			Name:
			Mailing Address:
			City, State and Zip Code:
			Telephone Number:
	<b>B</b>	<input type="checkbox"/>	I am not represented by counsel. If and when counsel is retained, immediate notification of the attorney's name, address and telephone number will be provided to the Commission and the Bureau so that counsel will be on the record to receive legal notices, pleadings, and other papers.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Gambling Enterprise: \_\_\_\_\_ (N/A if Individual signing on own behalf)