



## APPLICATION FOR ADDITIONAL AUTHORIZED PERMANENT TABLES BGC-027 (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. Any corrections, changes, or other substitutions must be initialed and dated by the applicant. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification.

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

Attach a payment (*payable to the Bureau of Gambling Control*), for the total amount of the following fee and deposit:

A non-refundable \$500 application fee

A \$400 review deposit, pursuant to Cal. Code of Regulations, Title 11, Section 2037

### SECTION 1: GAMBLING ESTABLISHMENT INFORMATION

Name of Gambling Establishment:

Business Address:

Street

City

State

Zip Code

Mailing Address (*if different than Business Address*):

Street

City

State

Zip Code

Business Telephone Number:

Business Facsimile Number (if applicable):

### SECTION 2: TABLE INFORMATION

A) Number of Presently Authorized Permanent Tables:	
B) Number of Requested Additional Permanent Tables:	
C) Total Number of Proposed Tables: (Total Amount of A and B)	

### SECTION 3: DECLARATION

I request approval to operate additional permanent tables, described in Section 2, at the gambling establishment described in Section 1.

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.

Signature of Owner Licensee: \_\_\_\_\_

Print Name:

Date:

Designated Contact for this Application

Telephone Number:

## APPLICATION FOR ADDITIONAL AUTHORIZED PERMANENT TABLES

Retain a photocopy of the complete application packet for your permanent records.

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 any or all information is not provided, the application may be delayed, returned for completion, or denied.

The applicant is responsible for providing the appropriate information needed to determine eligibility for additional authorized permanent tables. 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.

Items required for the application to be considered complete:

- Application for Additional Authorized Permanent Tables (BGC-027 (Rev. 04/13))
- A non-refundable \$500 application fee
- A \$400 Bureau review deposit, pursuant to California Code of Regulations, Title 11, Section 2037

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### SECTION 1: GAMBLING ESTABLISHMENT INFORMATION

Provide the legal name of the entity and any alternative names for the same business entity. You must notify the Bureau of any name, address or telephone number changes. Your information is used to provide proper identification of your file, to contact you, and/or to determine your eligibility. Personal information contained in the *Additional Authorized Permanent Tables* form, BGC-027, may be disclosed to the public in accordance with the Gambling Control Act (Business and Professions Code section 19821(b)).

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### SECTION 2: TABLE INFORMATION

Indicate the number of tables that the gambling establishment currently has and the number it is requesting.

Also provide the total number of tables that the gambling establishment wishes to operate.

Please note that all requests are subject to compliance with local ordinances and state gambling laws.

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### SECTION 3: DECLARATION

Sign and date the application under penalty of perjury. An application must be signed and dated to be considered complete. The designated contact person for this application must also be included, if applicable.