



## Gambling Establishment Annual Fee Calculation

BGC-028 (Rev. 10/17)

Business and Professions (B&P) Code section 19951 establishes two fee schedules for Gambling Establishment owner-licensees to determine the amount of annual fees to be paid to the Bureau. The fee schedules are based on the gross revenues of the owner-licensee and the number of authorized tables at the close of the previous fiscal year.

Annual fees are to be submitted no later than 120 calendar days following the end of the owner-licensee's fiscal year **and in conjunction with the annual submission of financial statements. If the annual fee is not paid timely, the California Gambling Control Commission may, pursuant to B&P Code section 19955, order the temporary closure of the gambling establishment for up to 90 days. If the annual fee or any portion thereof remains unpaid 90 days after the due date, the gambling license shall be deemed surrendered. [See also, Title 4, California Code of Regulations, Section 12357.]**

You must provide truthful information in all of your responses on this form. Any misrepresentation or failure to disclose information requested on this form may constitute sufficient cause for denial or revocation of your state gambling license.

### Instructions:

Type or print legibly, in ink, all information requested on this form. **Send the completed form and required annual fee to the Bureau of Gambling Control, P. O. Box 168024, Sacramento, CA 95816-8024.** Please make all checks payable to the Bureau of Gambling Control.

Gambling Establishment (Cardroom) Name:	
<b>SECTION 1 – GAMBLING ACTIVITIES/REVENUE</b>	
List the games offered and the gross revenue attributed to each game for the cardroom's prior fiscal year. Should you need additional space, attach a separate sheet of paper. If any section below does not apply, indicate N/A (not applicable).	
Fiscal Year Reporting: $\frac{\quad}{(mm/yy)}$ - $\frac{\quad}{(mm/yy)}$	
<b>A. Poker Style Games</b>	<b>Revenue</b>
1)	\$
2)	\$
3)	\$
4)	\$
<b>B. California Style Games</b>	<b>Revenue</b>
1)	\$
2)	\$
3)	\$
4)	\$
<b>C. Other Games</b>	<b>Revenue</b>
1)	\$
2)	\$
3)	\$
<b>D. Tournament (Name)</b>	<b>Revenue (Entry Fee)</b>
1)	\$
2)	\$

Gambling Establishment Annual Fee Calculation

SECTION 1 – GAMBLING ACTIVITIES/REVENUE (Continued)						
<b>E. Total Annual Interest Received from the Issuance of Credit:</b>	<b>\$</b>					
<b>TOTAL REVENUES LISTED ABOVE (A+B+C+D+E):</b>	<b>\$</b>					
SECTION 2a – ANNUAL FEE SCHEDULES						
Check the appropriate box based on the Total Revenues indicated in Section 1 and follow the instructions to determine the appropriate fee per authorized table.						
<input type="checkbox"/> Annual gross revenues are less than \$200,000: Refer to <b>Table 1</b> to determine appropriate fee per authorized table. <input type="checkbox"/> Annual gross revenues are \$200,000 or more: To determine the appropriate fee per authorized table: <ol style="list-style-type: none"> <li>1) Refer to the cardroom's Number of Authorized Tables range in <b>Table 1</b> and the corresponding fee.</li> <li>2) Refer to the cardroom's Gross Revenues range in <b>Table 2</b> and the corresponding fee.</li> <li>3) The fee per table will be the greater of the two amounts.</li> </ol>						
<b>Table 1</b>						
Number of Authorized Tables <sup>1</sup>	1 – 5	6 – 8	9 – 14	15 – 25	26 – 70	71 or more
Fee Per Table	\$300	\$550	\$1300	\$2700	\$4000	\$4700
<sup>1</sup> Based on the number of authorized tables at the close of the licensee's preceding fiscal year.						
<b>Table 2</b>						
Gross Revenues	\$200,000 – \$499,999	\$500,000 – \$1,999,999	\$2,000,000 – \$9,999,999	\$10,000,000 – \$29,999,999	\$30,000,000 or more	
Fee Per Table	\$550	\$1300	\$2700	\$4000	\$4700	
SECTION 2b – ANNUAL FEE CALCULATION						
<b>Fee Per Table (Determined in Section 2a):</b>				<b>\$</b>		
<b>Multiply by Cardroom's Number of Authorized Tables:</b>				<b>X</b>		
<b>TOTAL ANNUAL FEE TO BE SUBMITTED:</b>				<b>\$</b>		
SECTION 3 – 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 that the contents thereof, and the information contained herein, including all attachments, corrections, changes and other alterations, is true, accurate, and complete.</i>						
Name of Individual Completing this form (typed or printed):					Title:	
Signature:					Date:	