



## APPLICATION FOR STATE GAMBLING LICENSE

BGC-030 (Rev. 10/17)

Pursuant to Business and Professions Code section 19850, every person who directly or indirectly receives any compensation, reward, percentage or share of money or property played in any controlled game in this state, shall apply for and obtain a state gambling license. A license certificate will be issued after the application for state gambling license is approved and will indicate the name of the "owner-licensee". All other applicants are considered "endorsed licensees" and will not receive a separate license certificate, but their names will be endorsed on the license issued to the owner of the gambling enterprise.

A completed license renewal application package and all renewal fees are due **no later than 120 days prior** to the license expiration date. [See Business and Professions Code section 19876(b)] Any application package received less than 110 days prior to the license expiration date shall be subject to a delinquency fee of **an additional \$ 1000 for each application in the package.** [See Title 4, California Code of Regulations, Sections 12008(a)(2) and 12345(a).]

**Instructions:**

Type or print legibly, in ink, all information requested on this application. If a question does not apply, write "N/A" (Not Applicable). Incomplete applications will be returned. 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 gambling license.

**Send the completed application package with required fees/deposits (listed below) to: Bureau of Gambling Control, P.O. Box 168024, Sacramento, CA 95816-8024.** Please make all checks payable to the Bureau of Gambling Control.

Name of Gambling Establishment (Cardroom):	Name of Applicant (Individual or Entity):
<b>Please check one box indicating whether you are applying for an <i>initial</i> or <i>renewal</i> license.</b>	
<input type="checkbox"/> <b><u>INITIAL</u></b> <b>Application Fee:</b> \$ 1000 Non-refundable (Owner-Licensee and Endorsed Licensee) <b>Background Deposit:</b> \$ 6600 (Owner-Licensee and Endorsed Licensee) \$ 1100 (Trust,* Trustee, and Trustor) \$ 1500 (Community Property Spouse) <i>Any unused portion of a background deposit will be refunded.</i>	
<p><b>NOTE: Initial applicants must also attach a completed Supplemental Background Information form, as indicated below:</b></p> <p><u>Gambling Establishment (Cardroom):</u> Attach a Gambling Establishment Supplemental Information for State Gambling License, BGC-APP-015C (Rev. 07/17) form – <i>Owner-Licensee to submit on behalf of gambling establishment</i></p> <p><u>Individual Applicants:</u> Attach a Gambling Establishment Owner Applicant – Individual Supplemental Background Investigation Information, BGC-APP-015A (Rev. 07/17) form</p> <p><u>Entity Applicants:</u> Attach a Gambling Establishment Owner – Entity Supplemental Information for a State Gambling License, BGC-APP-015B (Rev. 07/17) form</p> <p><small>*Trust Applicants: Attach a Trust Supplemental Background Investigation Information, BGC-APP-143 (Rev. 07/17) form</small></p> <p><small>* Contingent beneficiaries do not need to submit an application if benefits are contingent upon a specific future event or circumstance.</small></p>	
<input type="checkbox"/> <b><u>RENEWAL</u></b> <b>Application Fee:</b> \$ 1000 Non-refundable (Owner-Licensee and Endorsed Licensee) <b>Delinquent Application Fee:</b> \$ 1000 Non-refundable (Owner-Licensee and Endorsed Licensee) <b>Background Deposit:</b> \$ 725 (Owner-Licensee) Other applicants may be responsible for background deposits upon notification from the Bureau of Gambling Control. <i>Any unused portion of a background deposit will be refunded.</i>	

**SECTION 1 – TYPE OF APPLICATION (check one box)**

Submit the information listed below with the required fees/deposits with your initial or renewal application.

**Owner-Licensee:** The owner of the gambling enterprise for which the license certificate shall be issued

Sole Proprietors: Submit one application with all sections completed *except* 3a and 3b

All other Owner-Licensee Types, including Trusts (As indicated in section 3a): Complete all sections *except* 4

**Endorsed Licensee:** Shall be endorsed on the gambling enterprise license certificate

Individual Applicants, including Trustors and Trustees (As indicated in section 4): Complete sections 4, 5(B), and 7

Entity Applicants, including Trusts (As indicated in section 3a): Complete sections 3, 5(B), and 7

**SECTION 2a – GAMBLING ESTABLISHMENT (CARDROOM) INFORMATION**

Attach a current organization chart for the gambling establishment (cardroom) that includes the owner licensee, all endorsed licensees, and all key employees.

Gambling Establishment (Cardroom) Name:

Street Address:

Mailing Address (If different than above):

Telephone Number:

( )

Fax Number:

( )

Website Address (if any):

Hours of Operation:

24 hrs/365 days

Hours as indicated:

	MON	TUES	WED	THURS	FRI	SAT	SUN
Open							
Close							

**SECTION 2b – EMPLOYEE WORK PERMIT CERTIFICATION (check one box)**

I certify that all gambling enterprise employees (employees of this gambling establishment) have complied with Business and Professions Code section 19912 by either:

Holding a valid gambling enterprise employee work permit issued in accordance with the applicable ordinance of the city or county in which his or her duties are performed, or,

Holding a valid gambling enterprise employee work permit issued by the California Gambling Control Commission.

**SECTION 3a – ENTITY STRUCTURE (check one box)**

Attach a current organization chart for the entity indicating the names and titles of any officers, shareholders, partners, members, etc. that are associated with the entity.

General Partnership

Limited Partnership

Joint Venture

Limited Liability Company

Other: \_\_\_\_\_

Corporation:

Publicly Traded

Private:

Sub-Chapter S

Sub-Chapter C

Trust:

Revocable

Irrevocable

**SECTION 3b – ENTITY INFORMATION**

Please provide the information below for the entity structure indicated in section 3a. Identify all individual officers (President, Secretary, Treasurer, and Chief Financial Officer), directors, shareholders, partners, members, etc., of the entity. For Trusts, identify the Trustor and any Trustees. For officers and directors of corporations with no ownership interest, enter 0% in the ownership column. If a section does not apply, write "N/A" (not applicable). If additional space is needed, please use separate sheets of paper.

Entity Name:

Street Address:

Telephone Number:  
(    )

Fax Number:  
(    )

Entity / Individual's Name	Title	Ownership / Membership Interest Percentage	Compensation Arrangement (salary, hourly wage, incentives, bonuses, etc.)
		%	
		%	
		%	
		%	
		%	
		%	

**SECTION 4 – INDIVIDUAL APPLICANT INFORMATION**

**Indicate your association with the business. (Check all that apply)**

- |                                          |                                     |                                                      |                                              |
|------------------------------------------|-------------------------------------|------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Officer    | <input type="checkbox"/> Financial Interest Holder   | <input type="checkbox"/> Trustor             |
| <input type="checkbox"/> General Partner | <input type="checkbox"/> Director   | <input type="checkbox"/> Community Property Interest | <input type="checkbox"/> Trustee             |
| <input type="checkbox"/> Limited Partner | <input type="checkbox"/> Landlord   | <input type="checkbox"/> Other: _____                | <input type="checkbox"/> Current Beneficiary |
| <input type="checkbox"/> Shareholder     | <input type="checkbox"/> LLC Member |                                                      |                                              |

Last Name:

First Name:

Middle Initial:

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 4 for note):

Apt. / Unit Number:

City:

County:

State:

Zip Code:

\*Mailing Address, if different than above:

Contact Numbers:

Home: (    )

Work: (    )

Cell: (    )

E-mail Address (if any):

Birthdate (mm/dd/yyyy):

Gender:

- Male    Female

\*\* Social Security Number (See page 4 for note):

**SECTION 5– RENEWAL INFORMATION**

Complete this section **only** if you are **renewing** your license. If you answer “Yes” to any of the questions below, please provide an explanation on a separate sheet of paper and attach it to the application.

**A) Gambling Establishment:**

- |                                                                                                                                                                                            |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Have there been any changes affecting ownership or controlling interest in this gambling establishment since last filing a State Gambling License application?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have there been any changes to the terms (financial or otherwise) of the gambling establishment's lease or a change of landlord since last filing a State Gambling License application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**B) Owner Licensee or Endorsed Licensee:**

- |                                                                                                                                                                              |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Have you been a party to any civil litigation since last filing a State Gambling 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 State Gambling 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 State Gambling 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 State Gambling License application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**C) Complete the following *only* if renewing as a Trust:**

- |                                                                                                                                                                                  |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Have there been (a) any amendments to the trust document or (b) any changes to a beneficiary, trustee, or trust asset since last filing a State Gambling License application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|

**SECTION 6– AUTHORIZED REPRESENTATIVE / DESIGNATED AGENT INFORMATION**

Last Name:	First Name:	Middle Initial:
Relationship to Applicant: <input type="checkbox"/> Owner <input type="checkbox"/> Attorney <input type="checkbox"/> Employee <input type="checkbox"/> Other: _____		Business Name, if applicable:
Mailing Address:		
Telephone Number: (    )	Fax Number: (    )	E-mail Address (if any):

**SECTION 7 – DECLARATION / SIGNATURE**

An applicant applying as an individual must sign on his or her own behalf. If applying as a business entity or trust, the chief executive officer or designated agent must sign on behalf of the entity.

*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.*

Name of Individual Completing this Application ( <i>typed or printed</i> ):	Title:
Signature:	Date:

\* You must provide your residence address to the Bureau. Unless a separate mailing address is provided, the Bureau will mail all correspondence to your residence address. Your residence address will not be displayed on the Bureau'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 section 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.

Effective July 1, 2012, the California Gambling Control Commission is required to deny an application and to suspend the license/registration/permit/approval of any applicant or licensee who has outstanding state tax obligations and appears on either the Franchise Tax Board's or Board of Equalization's certified list of the top 500 tax delinquencies over \$100,000 (Business and Professions Code section 494.5).