



Application for Gambling Establishment Key Employee License

**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 below for note) Apt. / Unit Number

City County State Zip Code

\*Mailing Address, if different than above

Contact Numbers  Cell  
 Home: ( ) Work: ( ) Ext: Other:  Fax

Birthdate (mm/dd/yyyy) Gender  Male  Female \*\*Social Security Number (See below for note)

**SECTION 2 – JOB TITLE / DESCRIPTION**

Job Title

Description of Job Duties

**SECTION 3 - RENEWAL INFORMATION**

Complete this section only if renewing your key employee 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.

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| 1. Have you been a party to any civil litigation since you last filed an application for a Key Employee License?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you acquired or increased a financial interest in a business that conducts lawful gambling outside the state since last filing a Key Employee License application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you been named in any administrative action affecting any license certification since you last filed an application for a Key Employee License?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you been convicted of any crime (misdemeanor or felony) since you last filed an application for a Key Employee License?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**SECTION 4 – AUTHORIZED REPRESENTATIVE / DESIGNATED AGENT INFORMATION**

Complete this section *only* if you choose to designate someone to represent you concerning your application or other matters regarding licensure.

Last Name First Name Middle Initial

Relationship to Applicant:  Attorney  Other: \_\_\_\_\_ Business Name, if applicable

Mailing Address

Telephone Number ( ) Fax Number ( ) E-mail Address (if any)

**SECTION 5 –DECLARATION / SIGNATURE**

*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 corrections, changes and other alterations, is true, accurate, and complete.*

Signature of Applicant in Full (no initials) 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 § 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).