



APPLICATION FOR INTERIM KEY EMPLOYEE LICENSE

BGC-035 (Rev. 04/13)

An individual, if holding a valid work permit for any gambling establishment, may immediately begin to work as an interim key employee provided that the individual meets the requirements and conditions pursuant to Title 4 of the California Code of Regulations Section 12354. The information below is required to be submitted to the Bureau of Gambling Control within 10 days of assuming key employee duties.

Instructions: Type or print legibly, in ink, all information requested on this application. Applications not fully and accurately completed will be returned.

Send the completed application to: Bureau of Gambling Control, P.O. Box 168024, Sacramento, CA 95816-8024, and attach the following:

- ✓ Non-refundable application fee of \$25.00.
- ✓ A copy of the applicant's valid work permit for any gambling establishment.
- ✓ A 2 X 2 inch color passport-style photograph taken no more than 30 days prior to the date of this application.

| SECTION 1 – APPLICANT INFORMATION | | |
|---|---------------------------------------|----------------|
| Applicant's Last Name | First Name | Middle Initial |
| Residence Address | | |
| Mailing Address (If different than above) | | |
| Phone Number (optional) | Social Security Number* | |
| SECTION 2 – EMPLOYER INFORMATION | | |
| Name of Gambling Establishment | | |
| Job Title | Date Key Employee Duties Were Assumed | |
| Description of Duties | | |
| 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 corrections, changes and other alterations, is true, accurate, and complete.</i> | | |
| Signature of Applicant | Date | |
| To be completed by the gambling enterprise employer representative. | | |
| <i>I declare that the above applicant has been offered a key employee position under my employ and I have authorized his/her assumption of the key employee duties listed above.</i> | | |
| Signature of Employer Representative | Title | |
| Printed Name | Date | |

* 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).