



State of California
California Gambling Control Commission
 2399 Gateway Oaks Drive, Suite 220
 Sacramento, CA 95833
 (916) 263-0700; Fax: (916) 263-0452
 www.cgcc.ca.gov

NOTICE OF CONTACT INFORMATION CHANGE

CGCC – 032 (Rev. 06/12)

To notify the Bureau of Gambling Control (Bureau) of a change in contact information (as required in Title 4, CCR, Section 12004), complete this form and submit it to: **Bureau of Gambling Control, Post Office Box 168024, Sacramento, CA 95816-8024.** *This form should only be used to notify the Bureau of a change in contact information. To notify the Bureau of the physical relocation of a gambling establishment, please use form CGCC-050 (New 06/12).*

Type or print (in ink) all required information on this form.

SECTION 1- INFORMATION																					
Name of License Holder:	License / Permit / Registration Number:																				
Type of License / Permit / Approval: <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Owner Licensee (Gambling Enterprise)</td> <td><input type="checkbox"/> Endorsed Licensee (Gambling Enterprise)</td> <td><input type="checkbox"/> Key Employee</td> <td><input type="checkbox"/> Work Permit</td> </tr> <tr> <td><input type="checkbox"/> TPPPPS - Owner</td> <td><input type="checkbox"/> TPPPPS - Supervisor</td> <td colspan="2"><input type="checkbox"/> TPPPPS - Player</td> </tr> <tr> <td><input type="checkbox"/> Gambling Business - Owner</td> <td><input type="checkbox"/> Gambling Business - Supervisor</td> <td colspan="2"><input type="checkbox"/> Gambling Business - Player</td> </tr> <tr> <td><input type="checkbox"/> Manufacturer or Distributor</td> <td><input type="checkbox"/> Designated Agent</td> <td colspan="2"></td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Other: _____</td> </tr> </table>		<input type="checkbox"/> Owner Licensee (Gambling Enterprise)	<input type="checkbox"/> Endorsed Licensee (Gambling Enterprise)	<input type="checkbox"/> Key Employee	<input type="checkbox"/> Work Permit	<input type="checkbox"/> TPPPPS - Owner	<input type="checkbox"/> TPPPPS - Supervisor	<input type="checkbox"/> TPPPPS - Player		<input type="checkbox"/> Gambling Business - Owner	<input type="checkbox"/> Gambling Business - Supervisor	<input type="checkbox"/> Gambling Business - Player		<input type="checkbox"/> Manufacturer or Distributor	<input type="checkbox"/> Designated Agent			<input type="checkbox"/> Other: _____			
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<input type="checkbox"/> Manufacturer or Distributor	<input type="checkbox"/> Designated Agent																				
<input type="checkbox"/> Other: _____																					
SECTION 2 – CHANGE OF CONTACT INFORMATION																					
<i>Check each appropriate box and fill out all information as applicable.</i>																					
<input type="checkbox"/> NEW Mailing Address:																					
<input type="checkbox"/> NEW Phone Number:	<input type="checkbox"/> NEW FAX Number:																				
<input type="checkbox"/> NEW Email Address:																					
SECTION 3 – DECLARATION																					
<i>I declare under penalty of perjury under the laws of the State of California that the foregoing information, and all information submitted with this form, is true, correct, and complete, and that I am authorized to submit this information to the Bureau.</i>																					
Signature: _____	Date: _____																				
Printed Name and Title: _____																					