

**Notice of Defense**

CGCC-CH1-03 (Rev. 09/21)

Page 1 of 2



State of California  
**California Gambling Control Commission**  
 2399 Gateway Oaks Drive, Suite 220  
 Sacramento, CA 95833-4231  
 (916) 263-0700; Fax: (916) 263-0452  
 www.cgcc.ca.gov

In the Matter of:

CGCC No.
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**If your application was approved with conditions, restrictions, or limitations pursuant to California Code of Regulations (CCR), Title 4, Section 12054(a)(2) or denied pursuant to CCR, Title 4, Section 12054(a)(3), failure to submit this Notice of Defense to the California Gambling Control Commission (Commission) and the Bureau of Gambling Control (Bureau) will result in that decision becoming final. The Notice of Defense must be received by the Commission within 30 calendar days of the Commission meeting where the application was approved with conditions, restrictions, or limitations or was denied.**

**If your application was referred to an evidentiary hearing at a Commission meeting pursuant to CCR Section 12056(a) or by the Executive Director pursuant to CCR, Title 4, Section 12060(a), failure to submit this Notice of Defense to the Commission and the Bureau may result in a default decision being issued by the Commission. The Notice of Defense must be received by the Commission and Bureau within 30 calendar days of service by the Commission or Bureau.**

**SECTION 1: HEARING REQUEST**

PLEASE ANSWER ONE OF THE FOLLOWING (IF APPLICABLE):

<input type="checkbox"/>	I REQUEST AN EVIDENTIARY HEARING WHERE THE COMMISSION WILL CONSIDER THE MERITS OF MY APPLICATION, THE BUREAU REPORT, AND ANY RECOMMENDATION OF THE BUREAU.
<input type="checkbox"/>	<p>I REQUEST AN EVIDENTIARY HEARING AT A SOUTHERN CALIFORNIA LOCATION WHERE THE COMMISSION WILL CONSIDER THE MERITS OF MY APPLICATION, THE BUREAU REPORT, AND ANY RECOMMENDATION OF THE BUREAU.</p> <p>I CONFIRM MY PRIMARY RESIDENCE IS LOCATED IN ONE OF THE FOLLOWING CALIFORNIA COUNTIES: IMPERIAL, KERN, LOS ANGELES, ORANGE, RIVERSIDE, SAN DIEGO, SAN LUIS OBISPO, SAN BERNARDINO, SANTA BARBARA, OR VENTURA;</p> <p>_____ (Initial Here)</p> <p>I ACKNOWLEDGE AND ACCEPT THERE MAY BE A SIGNIFICANT DELAY IN CONCLUDING A SOUTHERN CALIFORNIA HEARING.</p>

**SECTION 2: HEARING WAIVER**

PLEASE ONLY ANSWER THE FOLLOWING IF A HEARING IS NOT REQUESTED UNDER SECTION 1 ABOVE AND IF APPLICABLE:

<b>1</b>	<input type="checkbox"/> I ACKNOWLEDGE AND ACCEPT THAT THE CONDITIONS, LIMITATIONS AND RESTRICTIONS ATTACHED TO THE NOTICE WILL BE PLACED ON MY LICENSE, REGISTRATION, FINDING OF SUITABILITY OR OTHER APPROVAL, AND I WAIVE MY RIGHT TO AN EVIDENTIARY HEARING. (SEE BOX 2)
	<input type="checkbox"/> I WAIVE MY RIGHT TO AN EVIDENTIARY HEARING. (SEE BOX 2)
<b>2</b>	<p>THE WAIVER OF MY RIGHT TO AN EVIDENTIARY HEARING INCLUDES A WAIVER OF THE FOLLOWING ASSOCIATED RIGHTS:</p> <ul style="list-style-type: none"> <li>THE RIGHT TO BE HEARD AT THE HEARING</li> <li>THE RIGHT TO A COPY OF THE HEARING'S GOVERNING PROCEDURE</li> <li>THE RIGHT TO DISCOVERY</li> <li>THE RIGHT TO PRESENT ORAL EVIDENCE</li> <li>THE RIGHT TO PRESENT AND EXAMINE WITNESSES</li> <li>THE RIGHT TO INTRODUCE RELEVANT EXHIBITS</li> <li>THE RIGHT TO CROSS-EXAMINE OPPOSING WITNESSES</li> <li>THE RIGHT TO IMPEACH WITNESSES</li> <li>THE RIGHT TO OFFER REBUTTAL EVIDENCE</li> <li>THE RIGHT TO CHALLENGE EVIDENCE USED AGAINST ME</li> <li>THE RIGHT TO REQUEST RECONSIDERATION FOLLOWING THE DECISION'S ISSUANCE</li> <li>THE RIGHT TO PETITION FOR REVIEW OF THE DECISION UNDER SECTION 1085 OF THE CODE OF CIVIL PROCEDURE</li> </ul> <p>THE WAIVER OF AN EVIDENTIARY HEARING MAY RESULT IN A DEFAULT DECISION BEING ISSUED BY THE COMMISSION BASED UPON THE BUREAU REPORT, ANY SUPPLEMENTAL REPORTS BY THE BUREAU AND ANY OTHER DOCUMENTS OR TESTIMONY ALREADY PROVIDED OR WHICH MAY BE PROVIDED TO THE COMMISSION, OR THAT THE HEARING MAY CONTINUE TO OCCUR ON THE ORIGINALLY NOTICED DATE WITHOUT APPLICANT PARTICIPATION.</p>

**SECTION 3: LANGUAGE PREFERENCE**

PLEASE ANSWER ONE OF THE FOLLOWING [IF YOU REQUIRE ASSISTANCE, PLEASE CONTACT THE COMMISSION AT (916) 263-0700]:

<input type="checkbox"/>	I UNDERSTAND ENGLISH AND HAVE READ AND UNDERSTAND THIS FORM.	
<input type="checkbox"/>	I DO NOT UNDERSTAND ENGLISH AND HAVE HAD AN INTERPRETER READ AND EXPLAIN THIS FORM TO ME.	
<input type="checkbox"/>	I WILL REQUIRE AN INTERPRETER AT THE HEARING.	INTERPRETER LANGUAGE:

**SECTION 4: REPRESENTED BY AN ATTORNEY**

PLEASE ONLY ANSWER THE FOLLOWING IF YOU ARE REPRESENTED BY AN ATTORNEY:

<input type="checkbox"/>	I AM REPRESENTED BY AN ATTORNEY, WHOSE NAME, ADDRESS, TELEPHONE NUMBER, AND EMAIL ADDRESS APPEAR BELOW:	
NAME:		
MAILING ADDRESS:		
CITY, STATE AND ZIP CODE:		
TELEPHONE NUMBER:		
EMAIL ADDRESS:		
<input type="checkbox"/>	MY ATTORNEY REQUESTS THAT ALL NOTICES OR WRITTEN COMMUNICATIONS FOR PURPOSES OF THE EVIDENTIARY HEARING BE PROVIDED VIA EMAIL, INSTEAD OF VIA MAIL.	

**SECTION 5: SELF-REPRESENTED (WITH OR WITHOUT LAY REPRESENTATION)**

PLEASE ANSWER THE FOLLOWING IF YOU ARE NOT REPRESENTED BY AN ATTORNEY OR IF YOU HAVE THE ASSISTANCE OF A LAY REPRESENTATIVE:

<input type="checkbox"/>	I AM NOT REPRESENTED BY AN ATTORNEY. IF AND WHEN AN ATTORNEY IS RETAINED, IMMEDIATE NOTIFICATION OF THE ATTORNEY'S NAME, ADDRESS, TELEPHONE NUMBER, AND EMAIL ADDRESS WILL BE PROVIDED TO THE COMMISSION AND THE BUREAU SO THAT THE ATTORNEY WILL BE ON THE RECORD TO RECEIVE LEGAL NOTICES, PLEADINGS, AND OTHER PAPERS. MY ADDRESS, TELEPHONE NUMBER, AND EMAIL ADDRESS APPEAR BELOW:	
MAILING ADDRESS:		
CITY, STATE AND ZIP CODE:		
TELEPHONE NUMBER:		
EMAIL ADDRESS:		
<input type="checkbox"/>	I REQUEST THAT ALL NOTICES OR WRITTEN COMMUNICATIONS FOR PURPOSES OF THE EVIDENTIARY HEARING BE PROVIDED TO ME VIA EMAIL, INSTEAD OF VIA MAIL.	
<input type="checkbox"/>	I WILL HAVE THE ASSISTANCE OF A LAY REPRESENTATIVE DURING THE HEARING.	

**SECTION 6: SIGNATURE**

PLEASE FILL OUT THE FOLLOWING. FOR CAPACITY PLEASE LIST THE RELATIONSHIP TO THE APPLICANT (I.E. OWNER, OFFICER, DIRECTOR, MANAGING MEMBER, GENERAL PARTNER, ETC. WRITE N/A IF INDIVIDUAL SIGNING ON OWN BEHALF. LAY REPRESENTATIVES MAY NOT COMPLETE THIS SECTION ON BEHALF OF THE APPLICANT).

PRINTED NAME	SIGNATURE	CAPACITY	DATE (MM/DD/YYYY)