

Application for Contract Approval to Provide Proposition Player Services

CGCC-CH3-02 (New 05/20)
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BUREAU USE ONLY
BGC ID# _____



MAIL COMPLETED FORM AND FEE TO:
 BUREAU OF GAMBLING CONTROL
 P.O. Box 168024
 Sacramento, CA 95816-8024
 (916) 830-1700

COMMERCIAL/EXPRESS DELIVERIES ONLY
 BUREAU OF GAMBLING CONTROL
 ATTN: THIRD-PARTY PROVIDER UNIT
 2450 Del Paso Road, Suite 100
 Sacramento, CA 95834

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU COMPLETE THIS FORM

If a question does not apply to you, indicate with "N/A." Failure to provide the requested information may result in the abandonment or denial of this application. Any corrections, changes, or other alterations must be initialed and dated by the signatory.

The TPPPS business licensee is responsible for all costs incurred by the Bureau of Gambling Control (Bureau) while conducting the review. At the conclusion of the review, the signatory will receive an itemized accounting of all costs. Deposits received in excess of the actual costs incurred will be refunded to the applicant. A notice of contract approval will not be issued until all fees have been received.

Enclose a check or money order made payable to: Bureau of Gambling Control

SECTION 1: APPLICATION			
A) INDICATE THE TYPE OF CONTRACT APPROVAL REQUEST (CHECK APPROPRIATE BOX)			
<input type="checkbox"/> NEW	<input type="checkbox"/> EXPEDITED NEW	<input type="checkbox"/> AMENDMENT	<input type="checkbox"/> EXTENSION
B) TPPPS BUSINESS LICENSEE INFORMATION			
BUSINESS ENTITY NAME (IF APPLICABLE)			
FULL NAME(IF APPLICABLE): LAST		FIRST	MIDDLE
MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)			
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	

SECTION 2: CARDROOM BUSINESS LICENSEE INFORMATION		
BUSINESS ENTITY NAME		
MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS

SECTION 3: ADDITIONAL REQUIRED ITEMS

THE FOLLOWING ITEMS **MUST** BE SUBMITTED WITH THIS COMPLETED FORM, AS APPLICABLE. PROVIDE COPIES OF DOCUMENTS UNLESS OTHERWISE STATED. FAILURE TO PROVIDE THE REQUESTED INFORMATION MAY RESULT IN THE ABANDONMENT OR DENIAL OF YOUR APPLICATION.

MARK THE BOX NEXT TO EACH ATTACHED ITEM.

FOR A NEW CONTRACT OR THE EXTENSION OF AN EXISTING CONTRACT:

- APPOINTMENT OF DESIGNATED AGENT [CGCC-CHI-04 (New 05/20)] – **PROVIDE ORIGINAL**
- EXECUTED COPY OF THE CONTRACT
- NON-REFUNDABLE \$1,000 APPLICATION FEE
- DEPOSIT AS REQUIRED BY TITLE 11, CCR, SECTION 2037

FOR AN EXPEDITED REVIEW OF NEW CONTRACT (IN ADDITION TO THOSE ITEMS REQUIRED OF NEW CONTRACTS):

- EXPEDITED REVIEW PROCESSING FEE OF \$150

FOR AN AMENDED CONTRACT:

- APPOINTMENT OF DESIGNATED AGENT [CGCC-CHI-04 (New 05/20)] – **PROVIDE ORIGINAL**
- EXECUTED COPY OF THE AMENDED CONTRACT
- NON-REFUNDABLE \$500 AMENDMENT APPLICATION FEE
- DEPOSIT AS REQUIRED BY TITLE 11, CCR, SECTION 2037

ADDITIONAL DOCUMENTATION MAY BE REQUIRED BY THE BUREAU OF GAMBLING CONTROL.

SECTION 4: SIGNATURE

PRINTED NAME	SIGNATURE	CAPACITY	DATE (MM/DD/YYYY)
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This form must be signed by the appropriate person identified below:

- *If licensee is a corporation, LLC, or joint venture then by an authorized officer.*
- *If licensee is a general partnership or limited partnership then by an authorized partner.*
- *If licensee is a sole proprietor then by the owner.*
- *If licensee is a trust then by an authorized trustor or trustee.*
- *If licensee is a natural person then by the licensee.*