

Cardroom Business License: Annual Fee Calculation

CGCC-CH7-03 (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

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU COMPLETE THIS FORM

This form is for determining the amount of annual fees paid to the Bureau of Gambling Control. The fee schedules are based on the gross revenues of the cardroom business licensee and the number of authorized tables at the close of the cardroom business licensee’s previous fiscal year.

All responses must be truthful and complete. All responses and supplemental documentation are subject to verification and will be used to determine suitability under the Gambling Control Act and California Gambling Control Commission regulations. Any misrepresentation or failure to disclose required information or documentation may constitute cause for denial of the application or discipline of the licensee.

All information must be typed or printed legibly in blue or black ink. Any questions that do not apply should be indicated with “N/A” (Not Applicable). If the space available is insufficient, attach a separate sheet of paper and precede each answer with the applicable section and question number. Any corrections, changes, or other alterations must be initialed and dated by the applicant.

SECTION 1: CARDROOM BUSINESS LICENSEE INFORMATION	
ENTITY NAME	LICENSE NUMBER

SECTION 2: GAMBLING ACTIVITIES/REVENUE	
List the games offered and the gross revenue attributed to each game for the cardroom’s prior fiscal year.	
FISCAL YEAR REPORTING: _____ - _____ (mm/yy) (mm/yy)	
A. POKER STYLE GAMES	REVENUE
1)	\$
2)	\$
3)	\$
4)	\$
B. CALIFORNIA GAMES	REVENUE
1)	\$
2)	\$
3)	\$
4)	\$
C. OTHER GAMES	REVENUE
1)	\$

