

# Cardroom Business License: Gaming Tables

CGCC-CH7-07 (Rev. 09/22)  
Page 1 of 2

BUREAU USE ONLY
BGC ID# _____



**MAIL COMPLETED FORM AND FEE/DEPOSIT 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

All information must be typed or printed legibly in blue or black ink. 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 licensee/applicant.

SECTION 1: CARDROOM BUSINESS LICENSEE INFORMATION	
ENTITY NAME	LICENSE NUMBER

SECTION 2: REQUEST		
Select one and submit any additional required items.		
<input type="checkbox"/> Additional Permanent Tables  <u>Must include the following:</u> <ul style="list-style-type: none"> <li>Application fee pursuant to Title 4, CCR, Section 12090</li> <li>Review Deposit pursuant to Title 11, CCR, Section 2037</li> </ul>	<input type="checkbox"/> Additional Temporary Tables  <u>Must include the following:</u> <ul style="list-style-type: none"> <li>Application fee pursuant to Title 4, CCR, Section 12090</li> <li>Review Deposit pursuant to Title 11, CCR, Section 2037</li> </ul>	<input type="checkbox"/> Reduce Permanent Tables

SECTION 3: TABLE INFORMATION	
Current number of Authorized Permanent Tables:	
Requested Change or Temporary Tables:	
Total Number of Tables Proposed:	

SECTION 4: REQUEST FOR TEMPORARY TABLES
To be completed only if the request is for temporary tables.
PROPOSED DATE(S) AND TIME(S) OF THE EVENT (IF THE NUMBER OF TABLES VARY ON MULTIPLE DATES, ATTACH A LIST BY DATE)
NAME OF THE EVENT(S)
LOCATION OF THE EVENT(S) WITHIN THE GAMBLING ESTABLISHMENT
APPROVED GAMES OR GAMING ACTIVITIES TO BE OFFERED DURING THE EVENT (INDICATE IF ANY ARE STILL PENDING BUREAU APPROVAL)

**SECTION 5: DECLARATION**

I declare under penalty of perjury under the laws of the State of California that the information in this form is true, accurate, and complete, and that this declaration is executed by me at \_\_\_\_\_.

City and State

PRINTED NAME

SIGNATURE

CAPACITY

DATE (MM/DD/YYYY)

*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.*