

Appointment of Designated Agent

CGCC-CH1-04 (Rev. 07/22)
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BUREAU USE ONLY
BGC ID# _____



MAIL COMPLETED FORM 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

An applicant may designate a person(s) to serve as his/her agent(s) in addressing matters with the Bureau of Gambling Control (Bureau) and California Gambling Control Commission (Commission). The designation must specify any limit of authority of the agent(s). The Bureau retains the right to exercise its discretion to disapprove, in whole or in part, such designation(s) to the extent consistent with Title 11, Cal. Code Reg., Section 2030(a). The Bureau Chief has the authority to require a designated agent to be appointed, if it is determined that such a need exists to the extent consistent with Title 11, Cal. Code Regs., Section 2030(a) and (b). If not designating a person to serve as your agent, write "N/A" in sections two and three and complete the bottom portion of this form. If designating more than one individual submit one form for each designated agent. All information must be typed or printed legibly in blue or black ink. **This designation supersedes any previous appointment for this Designated Agent.** This designation will remain in effect until such time as the Bureau receives written notification of withdrawal of an appointment and/or a revised Appointment of Designated Agent for this designated agent.

Any designation does not infringe, limit, or waive any form of confidentiality or privacy.

SECTION 1: APPLICANT INFORMATION				
REQUESTOR				
<input type="checkbox"/> OWNER CATEGORY LICENSEE (BUSINESS)	<input type="checkbox"/> OWNER CATEGORY LICENSEE (INDIVIDUAL)	<input type="checkbox"/> KEY EMPLOYEE OR TPPPS SUPERVISOR LICENSEE	<input type="checkbox"/> WORK PERMIT, TPPPS WORKER LICENSEE	
<input type="checkbox"/> GAMING RESOURCE SUPPLIER	<input type="checkbox"/> TRIBAL KEY	<input type="checkbox"/> OTHER _____		
NAME OF REQUESTOR				
TYPE OF ASSOCIATED BUSINESS				
<input type="checkbox"/> CARDROOM BUSINESS LICENSEE	<input type="checkbox"/> TRIBAL GAMING RESOURCE SUPPLIER/FINANCIAL SOURCE (VENDOR)	<input type="checkbox"/> TPPPS BUSINESS LICENSE		
NAME OF ASSOCIATED BUSINESS				

SECTION 2: DESIGNATED AGENT INFORMATION				
If no designated agent is being appointed, indicate N/A.				
NAME OF DESIGNATED AGENT				
RELATIONSHIP TO APPLICANT				
<input type="checkbox"/> PROVIDED BY EMPLOYER	<input type="checkbox"/> EMPLOYEE	<input type="checkbox"/> ATTORNEY	<input type="checkbox"/> CERTIFIED PUBLIC ACCOUNTANT	OTHER _____
MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)				
PRIMARY TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	COMMISSION LICENSE NUMBER(S), IF APPLICABLE

<p>DOES THE DESIGNATED AGENT’S SCOPE OF AUTHORITY INCLUDE REPRESENTATION IN ALL MATTERS ON YOUR BEHALF WITH THE BUREAU OR COMMISSION? IF NO, SPECIFY THE LIMITED SCOPE OF AUTHORITY OF THE DESIGNATED AGENT BELOW. UN-INITIALED AREAS WILL MEAN AUTHORITY HAS NOT BEEN GRANTED.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>_____ THE DESIGNATED AGENT IS APPOINTED TO ASSIST IN THE PREPARATION OF FORMS, APPLICATIONS AND OTHER PAPERWORK FOR SUBMITTAL TO THE BUREAU AND COMMISSION. INITIAL</p> <p>_____ THE DESIGNATED AGENT IS APPOINTED TO COMMUNICATE TO THE BUREAU ON MY BEHALF. INITIAL</p> <p>_____ THE DESIGNATED AGENT IS APPOINTED TO COMMUNICATE WITH COMMISSION STAFF ON MY BEHALF. INITIAL</p> <p>_____ THE DESIGNATED AGENT IS APPOINTED TO REPRESENT ME BEFORE THE COMMISSION AT A NON-EVIDENTIARY HEARING MEETING. INITIAL</p> <p>_____ THE DESIGNATED AGENT IS ADDITIONALLY APPOINTED TO: _____ INITIAL</p>	Please note: this cannot include a designation to assist in an evidentiary hearing

<p>SECTION 3: DESIGNATED AGENT ACKNOWLEDGMENT If no designated agent is being appointed, indicate N/A.</p>		
<p>THE DESIGNATED AGENT MUST COMPLETE THIS SECTION:</p>	<p>IF APPLICABLE, PROVIDE A VALID LICENSE NUMBER ISSUED BY EITHER THE COMMISSION, CALIFORNIA STATE BAR, OR CALIFORNIA BOARD OF ACCOUNTANCY.</p>	
<p>_____ I UNDERSTAND THAT I AM EXPECTED TO ACT IN ACCORDANCE WITH THE SCOPE OF AUTHORITY PROVIDED BY THIS DESIGNATION UNTIL SUCH TIME AS THE DESIGNATION IS SUPERSEDED OR I PROVIDE NOTIFICATION OF WITHDRAWAL TO THE DESIGNATOR AND THE BUREAU. INITIAL</p> <p>_____ I UNDERSTAND THAT FAILURE TO ACT WITHIN THE SCOPE OF THE AUTHORITY PROVIDED FOR ME IN THIS DESIGNATION MAY BE USED AS JUSTIFICATION FOR REVOKING MY DESIGNATION AND ABILITY TO SERVE AS A DESIGNATED AGENT. INITIAL</p>		
PRINTED NAME	SIGNATURE	DATE (MM/DD/YYYY)

<p>SECTION 4: SIGNATURE OF APPLICANT</p>			
PRINTED NAME	SIGNATURE	CAPACITY	DATE (MM/DD/YYYY)

- This form must be signed by the appropriate person identified below:*
- *If applicant/licensee is a corporation, LLC, or joint venture then by an authorized officer.*
 - *If applicant/licensee is a general partnership or limited partnership then by an authorized partner.*
 - *If applicant/licensee is a sole proprietor then by the owner.*
 - *If applicant/licensee is a trust then by an authorized trustor or trustee.*
 - *If applicant/licensee is a natural person then by the applicant/licensee.*