

Notification of Employee Separation

CGCC-CH2-03 (New 05/20)

Page 1 of 2

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

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 applicant.

SECTION 1: OWNER CATEGORY LICENSEE INFORMATION

TYPE OF LICENSE

CARDROOM BUSINESS LICENSE

TPPPS BUSINESS LICENSE

NAME OF BUSINESS

SECTION 2: EMPLOYEE CATEGORY LICENSEE INFORMATION

Provide the following information about the employee category licensee who has separated employment.

FULL NAME: LAST

FIRST

MIDDLE

A) EMPLOYEE CATEGORY LICENSE

Provide one of the following:

LICENSE NUMBER

Key Employee License

Commission Work Permit

TPPPS Supervisor License

TPPPS Worker License

PLEASE PROVIDE THE REASON(S) FOR SEPARATION:

SECTION 3: 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.*