

# APPLICATION FOR GAMBLING BUSINESS LICENSE FOR SUPERVISOR, PLAYER OR OTHER EMPLOYEE

BGC 534 (Rev. 10/2017)



Bureau of Gambling Control  
 P. O. Box 168024  
 Sacramento, CA 95816-8024  
 (916) 830-1700

Pursuant to Business and Professions Code section 19853, except as provided in California Code of Regulations, Title 4, Section 12221, no person may perform in the capacity of a supervisor, player or "other employee" in the operation of gambling business without a license issued by the California Gambling Control Commission.

**Send the completed application package with required fees/deposits (listed below) to: Bureau of Gambling Control, P. O. Box 168024, Sacramento, CA 95816-8024.** Please make all checks payable to the Bureau of Gambling Control.

Please submit the following with the **renewal application** only:

- Two 2X2 inch, passport-style color photographs taken within the last 12 months
- Photocopy of your current State Driver's License or State Identification Card

Applicant's Full Name			
Name of Gambling Business (Business)			License or Registration Number
Job Title	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Player	<input type="checkbox"/> Other Employee
Description of Job Duties			

**Please check one box indicating whether you are applying for an *initial* or *renewal* license.**

**INITIAL**

**Application Fee:** \$750 Non-refundable (Supervisor)  
 \$500 Non-refundable (Player and Other Employee)

**Background Deposit:** \$2,500 (Supervisor)

No background deposit is required at time of application submission for a player or other employee; however, you may be required to submit a background deposit upon notification by the Bureau that an investigation is required.

*The unused portion of any background deposit will be refunded.*

**Note: The Bureau of Gambling Control (Bureau) will issue a directive to submit a supplemental information package to begin your background investigation. At that time, you will be required to supply the deposit amount indicated above, pursuant to California Code of Regulations, Title 11, Section 2037, and any additional documentation (bank statements, taxes, employment agreements, etc.) required by the Bureau.**

**RENEWAL**

**Application Fee:** \$750 Non-refundable (Supervisor)  
 \$500 Non-refundable (Player and Other Employee)

**Background Deposit:** \$450 (Supervisor)

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**SECTION 1 - APPLICANT INFORMATION**

Other names you have used or been know by (aliases, maiden name,nicknames, other name changes, legal or otherwise)

\*Residence Address (See below note)

\*Mailing Address, (If different than above)

Home Phone Number

Work Phone Number

Cell Phone number

Fax Phone Number

Birthdate (mm/dd/yyyy)

Gender

Male

Female

\*\*Social Security Number (See below for note)

**SECTION 2 - RENEWAL INFORMATION**

Complete this section only if renewing your gambling business license. If you answer "Yes" to any of the questions below, please provide an explanation on a separate sheet of paper and attach to the application

- |   |  |
|---|--|
| 1. Have you been a party to any civil litigation since you last filing a gambling business license application?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Have you been named in any administrative action affecting any license certification since you last filed an application for a gambling business license application?        | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Have you been convicted of any crime (misdemeanor or felony) since last filing a gambling business license application?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Have you acquired or increased a financial interest in a business that conducts lawful gambling outside the state since last filing a gambling business license application? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

**SECTION 3 - AUTHORIZED REPRESENTATIVE / DESIGNATED AGENT INFORMATION**

Full Name

Relationship to Applicant:

 Self  Attorney  Other: \_\_\_\_\_

Business Name (If applicable)

Mailing Address

Telephone Number

Fax Phone Number

E-Mail Address (if any)

**SECTION 4 - DECLARATION / SIGNATURE***I declare under penalty of perjury under the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate, and complete.*

Signature of Applicant in Full

Date

Signature of Designated Agent

Date

\*You must provide your residence address to the Bureau. Unless a separate mailing address is provided, the Bureau will mail all correspondence to your residence address. Your residence address will not be displayed on the Bureau's website and will not be provided to the public as a result of a request pursuant to the Public Records Act (Government Code section 6250 et seq.) or Business and Professions Code section 19821(b).

\*\*Disclosure of your U.S. social security number is mandatory. Business and Professions Code section 30 and Public Law 94-455 (42 USC section 405(c) (2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code section 17520 or for verification of licensure. If you fail to disclose your social security number, your application will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Effective July 1, 2012, the Commission is required to deny an application and to suspend the license/registration/permit/approval of any applicant or licensee who has outstanding state tax obligations and appears on either the Franchise Tax Board's or Board of Equalization's certified list of top 500 tax delinquencies over \$100,000 (Business and Professions Code section 494.5).

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LICENSE INSTRUCTIONS**

Type or print legibly, in ink, all information requested on this application. If a question does not apply, write "N/A" (Not Applicable). You must provide truthful information in all your responses. All answers to questions in this application and on all supplemental documentation will be subject to verification. Any misrepresentation or failure to disclose information may constitute sufficient cause for denial or revocation of your license.

Retain a photocopy of the complete application packet for your permanent records. A separate application and fee is required for each applicant.

Applications not fully and accurately completed (including all required supporting materials) will be returned to the sender for completion. If the application is returned at any point in the processing, the applicant will need to follow the directions included with it and resubmit it in a timely manner. If additional space is needed, use a separate sheet of paper and precede each response with the applicable section and item. Attach the paper to the back of the application. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Any corrections, changes or other alterations must be initialed and dated by the applicant. If any or all information is not provided, the application may be delayed, returned for completion, or denied.