



DEPARTMENT OF JUSTICE  
**BUREAU OF GAMBLING CONTROL**  
(916) 263-3408  
(916) 263-3403 facsimile

**KEY EMPLOYEE REPORT**

Submitted pursuant to California Code of Regulations, Title 11, Division 3, Chapter 1, section 2060  
(Type or print clearly in ink.)

1. Name of Gambling Establishment: \_\_\_\_\_
2. Identify every individual who is, or who has been since the filing of the previous report, actively engaged in the administration or supervision of the gambling establishment's operation as defined in Business and Professions Code section 19805(u). Attach additional sheets as necessary.

Employee Name	Social Security Number	Job Title	Description of job duties, responsibilities and authority.

\_\_\_\_\_  
Signature of Owner Licensee/ Designated Agent                      Date

\_\_\_\_\_  
Print Name/Title