

APPLICATION FOR GAMBLING ESTABLISHMENT KEY EMPLOYEE LICENSE

BGC 031 (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 19854, of the Gambling Control Act, every key employee shall apply for and obtain a key employee license issued by the California Gambling Control Commission. A key employee license entitles the holder to work as a key employee in any key employee position at any gambling establishment.

Instructions:

Type or print legibly, in ink, all information requested on this application. If a question does not apply, write "N/A" (Not Applicable). Applications not fully and accurately completed will be returned.

You must provide truthful information in all your responses in this application. All information provided and all answers to questions will be subject to verification. Any misrepresentation or failure to disclose information required on the application may constitute sufficient cause for denial or revocation.

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.

Applicant's Full Name

Gambling Establishment (Cardroom) Name Not currently employed by a gambling establishment

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

INITIAL

Application Fee: \$750 Non-refundable

Background Deposit: \$2,400

The unused portion of any background deposit will be refunded.

Attach the following to the application:

- * A completed *Key Employee Supplemental Background Investigation Information, BGC-APP. 016A (Rev.10/17) form.*
- * One 2 X 2 inch color passport-style photograph taken no more than 30 days prior to the date of this application.

RENEWAL

License Number: _____

Application Fee: \$750 Non-refundable

Background Deposit: No background deposit is required at time of application submission; however, you may be required to submit a background deposit upon notification by the Bureau of Gambling Control.

The unused portion of any background deposit will be refunded.

Attach the following to the application:

- * One 2 X 2 inch color passport-style photograph taken no more than 30 days before submission to the Bureau.

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SECTION 1 - APPLICANT INFORMATION

Other name 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 <input type="checkbox"/> Male <input type="checkbox"/> Female	**Social Security Number (See below for note)	

SECTION 2 - JOB TITLE / DESCRIPTION

Job Title

Description of Job Duties

SECTION 3 - RENEWAL INFORMATION

Complete this section only if renewing your key employee 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 filed an application for a Key Employee License?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you acquired or increased a financial interest in a business that conducts lawful gambling outside the state since last filing a Key Employee License application?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you been named in any administrative action affecting any license certification since you last filed an application for a Key Employee License?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you been convicted of any crime (misdemeanor or felony) since you last filed an application for a Key Employee License?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 4 - AUTHORIZED REPRESENTATIVE / DESIGNATED AGENT INFORMATION

Complete this section *only* if you choose to designate someone to represent you concerning your application or other matters regarding licensure.

Full Name		
Relationship to Applicant: <input type="checkbox"/> Attorney <input type="checkbox"/> Other: _____		Business Name (If applicable)
Mailing Address		
Telephone Number	Fax Phone Number	E-Mail Address (if any)

SECTION 5 - 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 (No Initials)	Date
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*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 California Gambling Control 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).