

# Application for Employee Category License

CGCC-CH2-04 (Rev. 11/21)

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BUREAU USE ONLY
BGC ID# _____



**MAIL COMPLETED FORM AND FEE 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**

This form is used to provide information for individuals required to apply for an Employee Category License.

All responses must be truthful and complete. All responses are subject to verification and will be used to determine suitability under gambling laws and regulations. Any misrepresentation or failure to disclose required information or documentation may constitute cause for denial of the application or discipline of the licensee. The burden of proving his/her qualifications to receive an Employee Category License is on the applicant.

An applicant may be subject to administrative action for failing to provide all information, documentation, and assurances as required by the Act or requested by the California Gambling Control Commission (Commission) or the Bureau of Gambling Control (Bureau), or failing to reveal any material facts, or providing misleading or untrue information as to a material fact.

By filing an application, an applicant understands that pursuant to Business and Professions Code section 19828, the Bureau or Commission may make public any communication or publication from, or concerning an applicant's application or corresponding background investigation. By submitting this application, an applicant accepts any risks of adverse action, financial loss, or public notice which may result from any Commission or Bureau action taken with respect to the application, as the action is absolutely privileged and so shall not form a basis for imposing liability for defamation or constitute a ground for recovery in any civil action consistent with Business and Professions Code section 19828.

An applicant may request an application be withdrawn pursuant to Title 4, Cal. Code Regs., Section 12015.

It is the responsibility of each applicant to obtain copies of, and be familiar with, the laws and regulations governing the applicant's Employee Category License. As an applicant, it is your responsibility to ensure that you thoroughly understand the questions in this application. If you do not understand any question(s), it is your responsibility to obtain appropriate, competent assistance in order to fully and accurately complete the application.

All information must be typed or printed legibly in blue or black ink. Any questions that do not apply should be indicated with "N/A" (Not Applicable). 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.

\_\_\_\_\_  
Applicant's Full Name

\_\_\_\_\_  
Associated Owner Category Licensee

\_\_\_\_\_  
Date of Photograph

**Affix a passport quality  
photography taken  
within the last 30  
calendar days here.**

**PLEASE PRINT NAME  
ON BACK OF  
PHOTOGRAPH**

<b>SECTION 1: PERSONAL INFORMATION</b>		
FULL NAME: LAST	FIRST	MIDDLE

<b>SECTION 2: APPLICATION</b>
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A) TYPE OF APPLICATION (CHECK APPROPRIATE BOX)
<input type="checkbox"/> KEY EMPLOYEE LICENSE <span style="margin-left: 300px;"><input type="checkbox"/> TPPPS SUPERVISOR LICENSE</span>
<input type="checkbox"/> COMMISSION WORK PERMIT <span style="margin-left: 300px;"><input type="checkbox"/> TPPPS WORKER LICENSE</span>

B) SELECT IF THIS IS AN APPLICATION FOR AN INITIAL OR RENEWAL LICENSE (CHECK APPROPRIATE BOX)
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<input type="checkbox"/> <b><u>INITIAL APPLICATION</u></b> <b><u>MUST INCLUDE THE FOLLOWING (AS APPLICABLE):</u></b> <ul style="list-style-type: none"> <li>Application fee required in Title 4, CCR, Section 12090</li> </ul> <input type="checkbox"/> <b><u>ADDITIONAL REQUEST FOR A TEMPORARY EMPLOYEE CATEGORY LICENSE/COMMISSION WORK PERMIT – (AS APPLICABLE)</u></b> <b><u>MUST INCLUDE THE FOLLOWING:</u></b> <ul style="list-style-type: none"> <li>Additional temporary license fee required in Title 4, CCR, Section 12090</li> </ul>	<input type="checkbox"/> <b><u>RENEWAL APPLICATION</u></b> <b><u>MUST INCLUDE THE FOLLOWING (AS APPLICABLE):</u></b> <ul style="list-style-type: none"> <li>Application fee required in Title 4, CCR, Section 12090</li> </ul>
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**NOTE: INITIAL APPLICANTS DO NOT COMPLETE SECTION 3.**

C) JOB INFORMATION
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JOB TITLE
JOB DESCRIPTION

<b>SECTION 3: RENEWAL INFORMATION</b>
<b>Complete this section only for a renewal application. If you answer “YES” to any of the questions below, please provide a detailed explanation for each item marked “YES” on a separate sheet of paper and attach to the application.</b>

<b>ALL APPLICANTS</b>	
1. Have you been named in any administrative action affecting any license certification since last filing a license or Commission work permit application?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you been convicted of any crime (misdemeanor or felony) since last filing a license or Commission work permit application? Note: It is your responsibility to verify the circumstances and status of all crimes and you should err on the side of disclosure as failing to disclose a conviction can weigh against your application being approved.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>KEY EMPLOYEE OR TPPPS SUPERVISOR</b>	
3. Have you been a party to any civil litigation since last filing a license or Commission work permit application?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you acquired or increased your financial interest in a business that conducts lawful gambling outside the State since last filing a license or Commission work permit application?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Have you entered into any new agreements since last applying for a license? If yes, attach a list of agreements including the amount and all contracting parties.	<input type="checkbox"/> YES <input type="checkbox"/> NO

#### SECTION 4: ADDITIONAL REQUIRED ITEMS

THE FOLLOWING ITEMS **MUST** BE SUBMITTED, AS APPLICABLE, WITH THIS COMPLETED FORM. PROVIDE COPIES OF DOCUMENTS UNLESS OTHERWISE STATED. ONLY DOCUMENTS THAT ARE DATED AND SIGNED BY THE APPLICANT WILL BE ACCEPTED. FAILURE TO PROVIDE REQUIRED ITEMS MAY RESULT IN DENIAL OF YOUR APPLICATION. PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 19868, SUBDIVISION (a), THE APPLICATION PACKAGE WILL NOT BE DEEMED COMPLETE UNTIL ALL REQUIRED FORMS, DOCUMENTATION, AND FEES HAVE BEEN COMPLETED AND COMPLETED AND RECEIVED BY THE STATE. MARK THE BOX NEXT TO EACH ATTACHED ITEM.

- COMPLETED REQUEST FOR LIVE SCAN SERVICE (BCIA 8016), INCLUDING THE ATI NUMBER
- AUTHORIZATION TO RELEASE INFORMATION, CGCC-CH2-13 – **PROVIDE ORIGINAL**
- INITIAL APPLICANTS MUST ALSO ATTACH A COMPLETED SUPPLEMENTAL BACKGROUND INFORMATION FORM, AS INDICATED BELOW:  
Key Employee License and TPPPS Supervisor License: Key Employee or TPPPS Supervisor: Supplemental Information, CGCC-CH2-08  
Commission Work Permit and TPPPS Worker License: Commission Work Permit or TPPPS Worker: Supplemental Information, CGCC-CH2-10

#### SECTION 5: 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

DATE (MM/DD/YYYY)

*This form must be signed by the applicant.*