



Commission Use Only
Fee Received: _____
Date to DGC: _____

## APPLICATION FOR STATE GAMBLING LICENSE

Please refer to the instructions when completing the application. Type or print (in ink) all information requested on this application form. If additional space is needed, please note response on a separate sheet of paper and attach to the application.

**SECTION 1: TYPE OF LICENSE**      Initial       Renewal

**SECTION 2: ENTITY TYPE**

**SECTION 3: APPLICANT AND ESTABLISHMENT INFORMATION**

Applicant's Full Legal Name: \_\_\_\_\_ Gender: Male  Female  N/A

Other Names: \_\_\_\_\_

Name of Gambling Establishment: \_\_\_\_\_

Business Address: \_\_\_\_\_

Street	City	State	Zip Code
Mailing Address (if different than Business Address):			

Street	City	State	Zip Code
Business Telephone Number:		Business Facsimile Number (if applicable):	
(    )	(    )		

**SECTION 4: AUTHORIZED REPRESENTATIVE**

I have been authorized by \_\_\_\_\_ to submit this application.

**SECTION 5: DECLARATION**

I declare under penalty of perjury under the laws of the State of California that the foregoing information, and all information submitted with this application is true, correct, and complete.

Applicant/ Authorized Representative Signature: \_\_\_\_\_

Print Name: _____	Date: _____
	/    /

Title: \_\_\_\_\_

Designated Agent Name	Telephone Number:
	(    )

# APPLICATION FOR STATE GAMBLING LICENSE INSTRUCTIONS

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. The applicant is responsible for providing the appropriate information needed to determine eligibility for the issuance of a State Gambling License each time an application is submitted. If a question is not applicable, indicate with "N/A." 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.

Items required for the application to be considered complete:

- Application for State Gambling License (CGCC-030)
- A non-refundable \$500 application fee (*payable to: the California Gambling Control Commission*)

In addition to completing this application, applicants must also furnish supplemental information as required by Title 4, California Code of Regulations, section 12270. See, especially, the form entitled *Instructions to Applicants, DGC-APP .007 (Rev. 09/03 04)* for additional information.

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## SECTION 1: TYPE OF LICENSE

Indicate whether you are applying for an initial or a renewal license by checking the appropriate box.

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## SECTION 2: ENTITY TYPE

Indicate the entity type from the list below:

Sole Proprietor	Shareholder	Limited Liability Company (LLC)	Partnership
Corporation	LLC Member	General Partner	Limited Partnership
Limited Partner	Joint Venture	Trustee	Trust (specify type)
Director	Beneficiary	Financial Interest	Funding Source
Corporate Interest Trust	Officer	Landlord	Community Property Interest
Other Interest			

If "other interest," enter the entity type in the blank provided in Section 2.

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## SECTION 3: APPLICANT AND ESTABLISHMENT INFORMATION

If applying as an individual, provide your full legal name and any other names (aliases, etc.). If applying as a business entity, provide the legal name of the entity and any alternative names for the same business entity. You must notify the Commission of any name, address or telephone number changes. Your information is used to provide proper identification of your file, to contact you, and/or to determine your eligibility. Personal information contained in the *Application for State Gambling License CGC- 030* may be disclosed to the public in accordance with the Gambling Control Act (Business and Professions Code section 19821(b)).

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## SECTION 4: AUTHORIZED REPRESENTATIVE

If the gambling establishment is a sole proprietorship and the sole proprietor signs the application in Section 5, then indicate "N/A" in Section 4. If, however, the sole proprietor elects to designate a specific individual as an authorized representative for the purposes of the application, then the name of the sole proprietor should be entered in the space provided in Section 4 of the application. If a corporation or other business entity owns the gambling establishment, then the name of the business entity must be entered in the space provided in Section 4.

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## SECTION 5: DECLARATION

Sign and date the application under penalty of perjury. An application must be signed and dated to be considered complete. The designated agent information must also be included, if applicable.