
Applicant's Initials / Date

**SAN JOSE POLICE DEPARTMENT
DIVISION OF GAMING CONTROL
ADMINISTRATOR OF GAMING CONTROL**

**GENERAL AUTHORIZATION OF DISCLOSURE OF INFORMATION
ON CARDROOM WORK PERMIT APPLICANT**

The person whose signature appears below has filed an application for a cardroom work permit with the Administrator of Gaming Control for the City of San Jose pursuant to Chapter 16.40 of Title 16 of the San Jose Municipal Code. The Administrator has the authority under Section 16.06.030 of Chapter 16.06 of Title 16 of the San Jose Municipal Code to investigate the applicant's qualifications for the cardroom work permit and to require the applicant to provide the information the Administrator seeks in order to make a determination to either grant, deny or set limitations and conditions on the work permit.

Any information, documents, records, or writings that a person provides pursuant to this authorization shall be used solely for the administration of Title 16 of the San Jose Municipal Code and shall not be disclosed by the Administrator except as required by applicable law.

This authorization is effective as of the date of execution and shall remain in effect for 180 days thereafter or until the Administrator makes a determination to either grant, deny or set limitations and conditions on the work permit, whichever event occurs last.

The applicant states as follows:

1. I hereby authorize and request all persons to whom this authorization is presented, having any information, documents, records, or writings of any nature whatsoever relating to or concerning me, to disclose such information, documents, records, or writings as the Administrator of Gaming Control or any authorized designee of the Administrator may request.
2. I hereby authorize and request all persons having information, documents, records, or writings of any nature or kind whatsoever relating to or concerning me, to permit the Administrator of Gaming Control or any authorized designee of the Administrator to review and copy any and all such information, documents, records, or writings as the Administrator or any authorized designee of the Administrator may request to review and copy.
3. I hereby authorize a photocopy of this authorization, duly executed by me, to be treated for all intents and purposes as valid as the original.

Executed at _____, on the _____ day of _____, 20____.
City State

Applicant Signature

Print Name of Applicant

Subscribed and sworn to me this _____ day
of _____, 20____

(SEAL)

Notary Public