



**SAN JOSE POLICE DEPARTMENT**  
**Division of Gaming Control**  
**675 North First Street**  
**Suite 1000**  
**San Jose, CA 95112**



**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, and et seq. of the San Jose Municipal Code. The Administrator has the authority under Section 16.06.030 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 conduct a thorough initial background in regards to issuance of a 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 so long as the applicant is permitted to work in a cardroom located within the City of San Jose.

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

State of California, County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_ personally  
(insert name & title of officer)

appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)