



**SAN JOSE POLICE DEPARTMENT**  
**Division of Gaming Control**  
**210 North Fourth Street**  
**Suite 202**  
**San Jose, CA 95112**



**Division of Gaming Control Use Only**

Permit Fees \$ \_\_\_\_\_ Fingerprint Fees \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Permit I.D. # \_\_\_\_\_

Paid by (amount)  Cash \_\_\_\_\_  Check \_\_\_\_\_  Credit Card \_\_\_\_\_

Gaming Control Staff Personnel: \_\_\_\_\_ I.D. # \_\_\_\_\_ Date: \_\_\_\_\_

Position(s) approved: \_\_\_\_\_ Date: \_\_\_\_\_

Permanent I.D. Expiration Date: \_\_\_\_\_

Gaming Officer Approval: \_\_\_\_\_ I.D. # \_\_\_\_\_

**CASE ID:** \_\_\_\_\_

**ATI:** \_\_\_\_\_

Bay 101  Casino M8trix  Name of Funding Source: \_\_\_\_\_

Original  Renewal  Lost Badge  Name Change  Position Change

Position(s) you are applying for or current position(s): \_\_\_\_\_

**Personal Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Drivers License/ I.D. Card # \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Male  Female Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_



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1. Date your application was filed with the State of California for a Third Party Provider (TPP) License: \_\_\_\_\_
2. You currently have a  TPP Registration       TPP License
3. Your State of California TPP Registration/License number: \_\_\_\_\_
4. Date your State of California TPP Registration/License expires: \_\_\_\_\_
5. Is your State of California TPP Registration/License valid and in good standing?  Yes       No  
 If no, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Do you know of any investigation or proceeding that might impact your State of California TPP Registration/License?  Yes       No  
 If yes, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING:**

I have read, understood and personally completed this application, and I acknowledge that any misrepresentation of facts or failure to reveal information requested may be sufficient cause to deny, suspend or revoke a work permit pursuant to San Jose Municipal Code Section 16.40.070.

In addition, I am aware that any work permit I may be issued is the property of the San Jose Police Department / Division of Gaming Control and the City of San Jose. I understand that if my employment with the Funding Source is terminated, I am required to immediately surrender the work permit to the Division of Gaming Control, and that failure to do so could be grounds for prosecution by the San Jose Police Department / Division of Gaming Control and the City of San Jose.

*By signing below, I certify under penalty of perjury under the laws of the State of California that the information contained in this application is true and correct.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executed at: \_\_\_\_\_, California.