



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



GAMING WORK PERMIT APPROVAL FORM

Bay 101 M8trix Position(s) you are applying for or current position(s): _____
 Original Renewal Re-Hire Lost Badge Name Change Dual Rate Position Change Cardroom Transfer

Last Name: _____ First Name: _____ DOB: _____

****FOR DUAL RATED POSITIONS ONLY ****

DUAL RATED Positions must complete this portion of application / Position(s) must be exactly as listed in the Job Compendium of the cardroom

Current position(s): _____ Current Permit # _____

Second position requested: _____

Additional Info: _____

Management Approval: _____ Print Name: _____ Date: _____

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: _____

- Division of Gaming Control Use Only -

Position(s) approved: _____ Date: _____

Permanent I.D. Expiration Date: _____

Gaming Officer Approval: _____ I.D. # _____

Gaming Sergeant Approval:
 (Dual Rate Positions) _____ I.D. # _____

CASE ID: _____

ATI: _____



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GAMING WORK PERMIT APPLICATION

The following is the work permit application approval process, please read the instructions carefully:

1. Complete a Work Permit Application thoroughly and accurately.
2. Date, print and sign your name in a legible fashion.
3. Please notify the Cardroom where you wish to work when you have completed the Application, so that the Cardroom can schedule an appointment for you to come to the DGC for fingerprinting in order to obtain your criminal history from the California Department of Justice and to pay the applicable work permit application fee, which is included on the attached Work Permit Application Fee Schedule. You may pay the fee by check, money order, cash, or any credit card. Debit cards are not accepted.
4. The Cardroom will schedule an appointment with the DGC for the Fingerprints and fee payment. The Cardroom will notify you of your appointment date and time.
5. You must bring the original Application and valid Identification, such as a driver's license, state identification card, military identification, or passport, with you to your appointment. **(Note: Applicants who do not have the original application, and valid ID will be turned away).**
6. Once the application review/investigative process has been completed, the DGC will provide you with written notice granting or denying your application. Your application may be granted with or without limitations and conditions being placed on the work permit. If your application is denied, the written notice will provide the grounds for the denial and will provide you with an opportunity for an administrative hearing in which you can contest the denial.
7. The DGC will notify the appropriate Cardroom when the Applicant's Work Permit (badge) is ready to be picked up if the application is approved. The employing Cardroom will pick up your Work Permit Badge, and arrange for you to receive it. The DGC will also notify the appropriate Cardroom if your application has been denied.
8. No Work Permit may be issued unless and until the requisite application fees have been paid, the background investigation has been completed and the applicant is deemed qualified pursuant to SJMC, Chapter 16.40, and et seq.

Bay 101 M8trix Positions(s): _____

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Personal Information:

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ Apt: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____
(If different than home address)

Mailing Address: _____ Apt: _____ City: _____ State: _____ Zip: _____

Drivers License/ I.D. # _____ State Issued: _____ Date of Birth: _____ SSN #: _____

Male Female Hair: _____ Eyes: _____ Height: _____ Weight: _____



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Criminal History:

1. Have you ever been convicted of a felony, not including any convictions that have been expunged or dismissed as provided by law? YES NO
2. Within the ten (10) year period immediately preceding the submission of this application have you been convicted of any misdemeanor involving dishonesty, moral turpitude, prostitution, sale or possession for sale of a controlled substance, gambling, or any other crime substantially related to the qualifications, functions, or duties of the cardroom or gambling business, not including any convictions that have been expunged or dismissed as provided by law. YES NO.

Employment History:

1. Have you ever been employed by a cardroom, casino, or funding source? YES NO
 If "yes" name of cardroom/casino and location:

2. If "yes" provide date of employment and position held:

3. Have you ever been dismissed from any cardroom, casino, or funding source? YES NO
 If "yes" please state the reason(s) for your dismissal, the date you were dismissed, the name and address of the cardroom/casino/funding source, the name of your former supervisor(s) and a contact phone number:

4. Have you ever had a gambling license or work permit, gambling registration, or finding of suitability denied, revoked or suspended? YES NO
 If "yes" please state the reasons for the denial, revocation or suspension and give date, location / jurisdiction where this occurred:

5. For the purpose of this permit, who will be your employer?

Bay 101 Casino M8trix Other: _____

Address: _____ City: _____ State: ____ Zip: _____

Business Phone: _____ Supervisor's Name: _____



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References:

Please list three (3) references that are not related to you:

1.	Name	Relationship
	Address	Phone
2.	Name	Relationship
	Address	Phone
3.	Name	Relationship
	Address	Phone

PLEASE READ CAREFULLY BEFORE SIGNING:

I have read the foregoing application and know the consequences thereof; that the statements contained on this application contain a full and true account of the information requested; that any misrepresentation of facts or failure to reveal information requested may be deemed sufficient cause to deny the issuance of a Work Permit I am aware that late notification or an omission or misrepresentation made on the application may be grounds for the revocation, denial or suspension of Work Permit pursuant to San Jose Municipal Code, Section 16.40.070

In addition, I am aware that the Work Permit that I may be issued is the sole property of the San Jose Police Department / Division of Gaming Control and the City of San Jose. I understand that should my Cardroom or Funding Source employment be terminated, I am required to immediately surrender the Work Permit. 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.

I certify under penalty of perjury under the laws of the State of California that the statements I have made on this application are true and correct. I have completely read this application and by signature acknowledge that I understand it.

Applicant Signature: _____ Date: _____

Executed at: _____, California.

THIS IS AN APPLICATION ONLY, NOT A PERMIT



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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 the 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 for 12 months from the date of signature on this Authorization.

The applicant states as follows:

1. I understand that by signing this authorization I am permitting the release of all records pertaining to me, including but not limited to employment, military, court, criminal, and licensing and permit records.
2. 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.
3. 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.
4. I hereby authorize a photocopy of the 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 acknowledge to me that he/she/they executed the same in his/hers/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the persons(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)