

COUNTY OF YUBA
APPLICATION FOR CARD ROOM LICENSE

Name _____

Date _____

List any other aliases or names by which you have been known _____

Residence Address _____

Home Phone _____

Tax ID # _____
(SSN)

Date of Birth _____

Have you ever been convicted within the last ten (10) years in federal court or any other state of :

- a. Any gambling offense Yes No
- b. Violations of narcotic laws Yes No
- c. Offenses involving dishonesty Yes No
- d. Offenses involving moral turpitude Yes No

Have you ever within the past five (5) years had any licenses or permits, which have been denied or revoked.
 Yes No

If yes to any of these questions, please provide further detail on a separate piece of paper.

Location of Card Room _____

Business Phone _____

Number of Tables _____

Hours of Operation _____

Wagering Limits _____

True name and address of applicants and all others financially interested in this business:

Name & Address of Property Owner: _____

Applicant(s) understands and agrees that any business or activity conducted or operated under such application shall be operated in full conformity with all the laws of the state, and with the applicable laws and regulations of Yuba County, and that any violation of any such laws or regulations in such a place of business, or in connection therewith, shall render any permit and license therefore subject to suspension or revocation.

Applicant(s) named in the application understands that criminal history information, including a fingerprint based criminal history background check, will be sought from the State Department of

Justice. That the application shall be considered by the Tax Collector only after the Sheriff has conducted a full investigation and filed a report pursuant to section 6.20.050 and that those county agencies required to investigate the card room premises shall have reasonable access to the premises and to the applicants, to enable those agencies to properly and thoroughly conduct their investigation.

Applicant(s) understands and agrees that if a license is issued, the Sheriff or a designated representative of that office shall have authority to inspect the premises and records of any licenses without a search warrant.

Should a license is issued, each applicant agrees and understands that the Sheriff or a designated representative of that office shall have authority to inspect the premises and records of any licensee without a search warrant.

Applicant(s) understands that any and all employees of the establishment must have a valid work permit and that such work permit is subject to revocation or denial by the State Department of Justice, Division of Gambling Control.

I, _____, hereby certify under penalty of perjury under the laws of the State of California that all information provided in the application is true, correct and complete. And that I have read and received the statements in the ordinance regulating the operation and licensing of cards rooms in the unincorporated area of the County of Yuba and prescribing penalties for the violation thereof.

Signature

The Sheriff's Department will take fingerprints of all applicant(s) and persons financially interested. Applicant(s) must provide two (2) passport-sized photographs at that time.

Dan M. Mierzwa, Treasurer & Tax Collector

Fee Paid \$ _____

Received by: _____, Deputy

Copies to:

Building
Sheriff
Applicant(s)

Community Development
Environmental Health