STATE OF CALIFORNIA DEPARTMENT OF JUSTICE

# Request for Approval of Playing Book Form

BGC-APP. 036 New 05/09

BUREAU OF GAMBLING CONTROL
P.O. Box 168024
Sacramento, CA 95816-8024
(916) 263-3408; Fax (916) 263-3403

**PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE YOU COMPLETE THIS FORM**

The owner of a Gambling Business (GB) must complete this form to receive Bureau approval of the playing book form prior to operating in any gambling establishment. In addition, the owner of the Third-Party Provider of Proposition Player Services (TP) must complete this form to obtain prior Bureau approval to utilize an amended playing book form in any gambling establishment.

Type or print legibly in blue or black ink an answer to every question. If a question does not apply to you, indicate with "N/A." If the space available is insufficient, use a separate sheet and precede each answer with the applicable item number. Any corrections, changes, or alterations must be initialed and dated. Line One: Use an "X" to identify the type of entity for which the playing book form will be used; and Line Two: Use an "X" to specify the type of enclosed form and to verify the proper fee is enclosed.

**Mail To: Bureau of Gambling Control at PO Box above or 1425 River Park Drive, Suite 400, Sacramento, CA 95815**

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|---|---|---|
| 1. | ☐ THIRD-PARTY PROVIDER OF PROPOSITION PLAYER SERVICES (TP) | ☐ GAMBLING BUSINESS (GB) |
| 2. | ☐ INITIAL PLAYING BOOK FORM ENCLOSED (GB ONLY)<br>☐ AMENDED PLAYING BOOK FORM ENCLOSED (TP or GB) | ☐ $75 CHECK OR MONEY ORDER ENCLOSED<br>PAYABLE TO: BUREAU OF GAMBLING CONTROL |
| 3. | NAME OF TP OR GB | |
| 4. | PHYSICAL ADDRESS OF MAIN OFFICE FOR TP OR GB *(street, city, state, and zip code)* | |

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|---|---|---|---|
| 5. | TELEPHONE NUMBER *(include area code)* | E-MAIL ADDRESS | FAX NUMBER *(include area code)* |
| 6. | NAME OF DESIGNATED AGENT FOR TP OR GB | | |
| | MAILING ADDRESS *(street, city, state, and zip code)* | | |
| | TELEPHONE NUMBER *(include area code)* | E-MAIL ADDRESS | FAX NUMBER *(include area code)* |
| 7. | IF APPLICABLE, BRIEFLY EXPLAIN WHAT HAS BEEN AMENDED AND THE REASON FOR THE AMENDMENT | | |

**I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

| OWNER'S PRINTED NAME | SIGNATURE | DATE |
|---|---|---|
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