



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) <input type="checkbox"/> Cash _____ <input type="checkbox"/> Check _____ <input type="checkbox"/> Credit Card _____			
Gaming Control Staff Personnel: _____		I.D. # _____	Date: _____
Position(s) approved: _____		Date: _____	
Permanent I.D. Expiration Date: _____			
Gaming Officer Approval: _____		I.D. # _____	
<input type="checkbox"/> Badge Picked-up: _____			
CASE ID: _____			
ATI: _____			

☐ Bay 101 ☐ Casino M8trix ☐ Name of Funding Source: _____

☐ Original ☐ Renewal ☐ Re-Hire ☐ Lost Badge ☐ Name Change ☐ Position Change ☐ Cardroom Transfer

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: _____

(If different than home address)

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

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

☐ 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.