

DEPARTMENT OF JUSTICE DIVISION OF GAMBLING CONTROL P.O. Box 168024 Sacramento, CA 95816 (916) 263-3408 (916) 263-3403 Facsimile

EMPLOYEE WORK PERMIT CERTIFICATION

(Type or print clearly in ink.)

Pursuant to Business and Professions Code Section 19912, the California Gambling Control Commission (Commission) shall not issue a state gambling license until the applicant has submitted to the Division a certification that all gambling enterprise employees of the gambling establishment possess a valid work permit.

Name	e of Gambling Establishment:	
Loca	tion:	
Maili	ing Address:	
Telep	phone Number: ()	
I here	eby certify that all gambling enterprise employees of the	e gambling establishment identified above:
9	Hold a valid gambling enterprise employee work pe ordinance of the duties are performed.	* *
9	Hold a valid gambling enterprise employee work pe Control Commission.	rmit issued by the California Gambling
I swe	ear under penalty of perjury that the foregoing is tru	e and correct.
	Owner Licensee/Designated Agent Printed Name	Title
	Owner Licensee/Designated Agent Signature	 Date