

**Application for Registration to Provide Gambling Equipment and/or Services at Nonprofit Organization Fundraiser**

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Bureau of Gambling Control
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draft

INSTRUCTIONS: Type or print (in ink) all information requested on this application form. If additional space is needed, please note response on a separate sheet of paper and attach to the application. Any corrections, changes, or other substitutions must be initialed and dated by the applicant. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.** Enclose a **\$100 non-refundable Registration Fee by check or money order payable to the California Department of Justice with application for registration.**

Section 1	1. APPLICANT'S FULL NAME (person completing form)	2. TITLE (if applicable)	
	3. RESIDENCE ADDRESS (street, city, state, zip code)	4. TELEPHONE NUMBER	
	5. BUSINESS NAME	6. DOING BUSINESS AS [DBA] (if different than Business Name)	
	7. BUSINESS MAILING ADDRESS (street, city, state, zip code) (if different than residence)	8. BUSINESS TELEPHONE NUMBER	
	9. BUSINESS FAX NUMBER	10. E-MAIL ADDRESS	11. WEBSITE ADDRESS
Section 2	12. IDENTIFY THE BUSINESS' LEGAL STRUCTURE (check all that apply).		
	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership
	<input type="checkbox"/> Corporation	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Parent
	<input type="checkbox"/> Publicly Traded Cooperation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Subsidiary
Section 3	13. DEFINE THE TYPE OF BUSINESS (check all that apply).		
	<input type="checkbox"/> Gambling Equipment Supplier	<input type="checkbox"/> Gambling Services Provider	<input type="checkbox"/> Management Contractor
	14. DESCRIBE THE TYPE OF CONTROLLED GAMES, PRODUCTS AND/OR SERVICES PROVIDED BY THE BUSINESS.		

Certification

I declare under penalty of perjury under the laws of the State of California that the foregoing information, and all information submitted with this application is true, correct, and complete. I further certify that our business carries liability insurance and holds a valid business license in the County of _____, City of _____. Additionally, our business and its representatives agree to comply with all applicable laws and administrative regulations regarding nonprofit organization fundraisers in the State of California.

Signature_____
Date_____
Printed Name