

# Request for Approval of Playing Book Form

BGC-APP. 036 (Rev. 12/11)



**BUREAU OF GAMBLING CONTROL**  
 P.O. Box 168024 Sacramento, CA 95816-8024  
 (916) 227-3584; FAX (916) 227-2308

**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 P.O. Box 168024, Sacramento, CA 95816-8024, or for commercial / personal delivery only, 4949 Broadway, Sacramento, CA 95820.**

1.	<input type="checkbox"/> THIRD-PARTY PROVIDER OF PROPOSITION PLAYER SERVICES (TP)		<input type="checkbox"/> GAMBLING BUSINESS (GB)	
2.	<input type="checkbox"/> INITIAL PLAYING BOOK FORM ENCLOSED (GB ONLY)		<input type="checkbox"/> \$75 CHECK OR MONEY ORDER ENCLOSED PAYABLE TO: BUREAU OF GAMBLING CONTROL	
	<input type="checkbox"/> AMENDED PLAYING BOOK FORM ENCLOSED (TP or GB)			
3.	NAME OF TP OR GB			
4.	PHYSICAL ADDRESS OF MAIN OFFICE FOR TP OR GB <i>(street, city, state, and zip code)</i>			
5.	TELEPHONE NUMBER <i>(include area code)</i>	E-MAIL ADDRESS	FAX NUMBER <i>(include area code)</i>	
6.	NAME OF DESIGNATED AGENT FOR TP OR GB			
	MAILING ADDRESS <i>(street, city, state, and zip code)</i>			
	TELEPHONE NUMBER <i>(include area code)</i>	E-MAIL ADDRESS	FAX NUMBER <i>(include area code)</i>	
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