

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER <b>Z-</b>	REGULATORY ACTION NUMBER <b>2017-1016-01 N</b>	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

AGENCY WITH RULEMAKING AUTHORITY  
Department of JusticeAGENCY FILE NUMBER (if any)  
DOJ-17-011**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California

NOV 29 2017

1:42PM

2017 OCT 16 P 1:51

OFFICE OF  
ADMINISTRATIVE LAW**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed <input type="checkbox"/> Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

1a. SUBJECT OF REGULATION(S) Update of Forms		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) <del>See Attached Attachment 1</del> <i>per agency Regu 11/24/17</i>	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)		ADOPT	
TITLE(S) 11		AMEND Sections 2030, 2038, and 2060	
REPEAL			
3. TYPE OF FILING			
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input checked="" type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify)	
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input checked="" type="checkbox"/> §100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify)
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal	
<input type="checkbox"/> Other (Specify)			
7. CONTACT PERSON Melan Noble	TELEPHONE NUMBER (916) 210-7011	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) Melan.Noble@doj.ca.gov

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

DATE

*Sean McCluskie*

10/13/17

TYPED NAME AND TITLE OF SIGNATORY

Sean McCluskie, Chief Deputy to the Attorney General

For use by Office of Administrative Law (OAL) only

**ENDORSED APPROVED**

NOV 29 2017

Office of Administrative Law

## **Article 4. Licensure Qualifications and Requirements.**

### **2030. DESIGNATED AGENT.**

(a) An applicant or a licensee may designate a person(s) to serve as their agent(s), on a form Appointment of Designated Agent, BGC-APP. 008 (Rev. ~~11-07-07-2017~~), incorporated by reference into Title 4, CCR, section 12342. The Bureau retains the right to exercise its discretion to disapprove, in whole or in part, such designation.

(b) In the discretion of the Bureau, an applicant or licensee may be required to appoint a designated agent(s) if the Bureau determines the need for such an agent(s) exists.

Note: Authority cited: Sections 19826 and 19827 of the Business and Professions Code; and Stats. 1997, c. 867 (S.B.8), Section 66.5. Reference: Sections 19826.

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### **2038. REQUIRED FORMS.**

In accordance with Title 11, CCR, section 2071, an applicant shall request approval from the Bureau prior to offering for play any game or gaming activity. The following application forms and instructions for making such requests are hereby incorporated by reference:

(a) BGC-APP.026 (Rev. ~~11-07-09/2017~~) Application for Game Review

(b) BGC-APP.027 (Rev. ~~11-07-09/2017~~) Application for Gaming Activity Review

Note: Authority cited: Sections 19826(f) and (g), Business and Professions Code. Reference: Sections 19826(f) and (g) and 19866, Business and Professions Code.

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## **Article 6. General Reporting**

### **2060. EMPLOYEE REPORTS.**

(a) Upon request of the Bureau, a licensee shall promptly supply a list of all employees and each employee's job classification and job description.

(b) Within 10 days after making any changes in the organizational structure, an owner licensee shall submit to the Bureau an updated chart identifying such changes.

(c) On or before January 15 and July 15 of each year, each owner licensee shall submit a report identifying key employees, on a form provided by the Bureau, Key Employee Report, form BGC-LIC. 101 (Rev. ~~11-07-07-2017~~), incorporated by reference into Title 4, CCR, section 12342.

Note: Authority cited: Sections 19826(f) and 19827, Business and Professions Code, and Stats. 1997, c. 867 (S.B.8), Section 66.5. Reference: Sections: 19805(q) and 19826, Business and Professions Code.

**Appointment of Designated Agent...**

BGC-APP. 008 (Rev. 4/07 09/2017)



DEPARTMENT OF JUSTICE  
BUREAU OF GAMBLING CONTROL  
(916) 263-3408 916-830-1700  
(916) 263-3403 facsimile

**APPOINTMENT OF DESIGNATED AGENT**

Bureau of Gambling Control (Bureau) regulations, California Code of Regulations, Title 11, Division 3, Chapter 1, section 2030, allows an applicant or a licensee to designate a person(s) to serve as their agent(s). The designation shall specify the role and responsibility of the agent(s). The Bureau retains the right to exercise its discretion to disapprove, in whole or in part, such designation(s). The Chief has the authority to require a designated agent to be appointed, if it is determined that such a need exists. A separate form is required for each designation.

(Type or Print clearly in ink.)

1. Name of Owner Licensee/Applicant: \_\_\_\_\_
2. Type of Entity: ( ) Sole Proprietor ( ) General Partnership ( ) Limited Partnership ( ) Corporation  
( ) Limited Liability Company (LLC) ( ) Joint Venture ( ) Other \_\_\_\_\_
3. Name of Gambling Establishment: \_\_\_\_\_
4. Address of Gambling Establishment: \_\_\_\_\_
5. Telephone Number: (\_\_\_\_) \_\_\_\_\_
6. Name of Designated Agent: \_\_\_\_\_
7. Relationship to Gambling Establishment: ( ) Owner Licensee ( ) Attorney ( ) Employee  
( ) Other Specify: \_\_\_\_\_
8. Mailing Address: \_\_\_\_\_
9. Physical Address: \_\_\_\_\_
10. Telephone Number: (\_\_\_\_) \_\_\_\_\_  
(During normal business hours)
11. Limit of Authority of Designated Agent: \_\_\_\_\_

The undersigned hereby appoints the above named person as the designated agent for all purposes in dealing with the Bureau except as noted above in item 11.

This authorization will remain in effect until such time as the Bureau receives written notification of withdrawal of an appointment and/or a subsequent approved Appointment of Designated Agent form.

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

\_\_\_\_\_  
Applicant/Licensee Printed Name\*

\_\_\_\_\_  
Title

\_\_\_\_\_  
Applicant/Licensee Signature\*

\_\_\_\_\_  
Date

\* An Appointment of Designated Agent form must be signed by each of the following persons:

- A) If applicant/licensee is a sole proprietor, by the owner.
- B) If applicant/licensee is a general partnership, by all partners.
- C) If applicant/licensee is a limited partnership, by the general partner.
- D) If applicant/licensee is a corporation, LLC, or joint venture, by the highest ranking officer.

**Application for Controlled Game Review**

BGC-APP. 026 (Rev. 11/07 09/2017)

California Department of Justice  
 Bureau of Gambling Control  
 P. O. Box 168024  
 Sacramento, CA 95816-8024  
 Phone: (916) 263-3408 830-1700  
 Fax: (916) 263-3403



## APPLICATION FOR CONTROLLED GAME REVIEW

**Instructions:** All applicants complete Section I. On a separate sheet(s) of 8 x 11 ½ inch white paper provide type-written descriptions and explanations as requested in Section II and Section III. This form must be signed and dated by the applicant. The explanation page(s) must be attached and submitted with this application to the Bureau of Gambling Control. Only one controlled game may be submitted per form.

A non-refundable application fee of \$500 and a deposit of ~~\$315~~ \$550 must accompany the Application for Controlled Game Review. Please make your check payable to the Bureau of Gambling Control and send the entire package to the following address:

Regular Mail Delivery:

California Department of Justice  
 Bureau of Gambling Control  
 P.O. Box 168024  
 Sacramento, CA 95816-8024

Commercial/Personal Delivery:

California Department of Justice  
 Bureau of Gambling Control  
 1425 River Park Drive, Ste 400  
 2450 Del Paso Road, Suite 100  
 Sacramento, CA ~~95815~~ 95834

### SECTION I - APPLICANT INFORMATION

Name of Gambling Establishment:		
Address of Gambling Establishment:		
Applicant's Name:		Title:
Mailing Address:		
City:	State:	Zip:
Telephone Number: (    )		Fax Number: (    )

### SECTION II - OWNERSHIP OF GAME

1. Identify any copyright or trademark registration(s) and provide copies, if applicable.
2. Attach a copy of the patent application or patent related to this game, if applicable.
3. Attach any agreement between the inventor of the game and another person or entity.
4. If applicant is not the game inventor, provide the name of the inventor.

**SECTION III - GAME INFORMATION/SPECIFICS**

1. Name of the controlled game.
2. Copies of published/proposed promotions or advertisement literature must accompany this application.
3. A detailed description of rules of the controlled game must be attached and must include the following information: <ul style="list-style-type: none"><li>a. Standards of play.</li><li>b. "Standard" 52-card deck or other type of card deck.</li><li>c. Describe dealing procedures.</li><li>d. Number of players in the game.</li><li>e. Description of how and when are house fees collected.</li><li>f. Betting limits.</li><li>g. Betting scheme.</li><li>h. How winners determined and paid.</li></ul>
4. Describe a "round of play." Also provide a video of the controlled game being played, if available.
5. Describe the type of gaming table utilized for this game.
6. List other equipment used.
7. Provide a glossary of terms used in the controlled game.

This application must be signed by the person requesting the controlled game review. I declare under penalty of perjury under the laws of the State of California that the information contained in this form and all attachments is true and correct.

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Applicant's Signature

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Date

**Application for Gaming Activity Review**

BGC-APP. 027 (Rev. 11/02 09/2017)

California Department of Justice

Bureau of Gambling Control

P. O. Box 168024

Sacramento, CA 95816-8024

Phone: (916) 263-3498 830-1700

Fax: (916) 263-3403

**APPLICATION FOR GAMING ACTIVITY REVIEW***(Jackpots, Cashpots, Bonuses, Promotions, Tournaments, etc.)*

All applicants complete Section I. For Tournaments or Special Events, Section II must be completed. For all other gaming activities Section III must be completed. On a separate sheet(s) of 8 x 11 ½ inch white paper provide typewritten descriptions and explanations as requested in Section II and Section III. This form must be signed and dated by the applicant. The explanation page(s) must be attached and submitted with this application to the Bureau of Gambling Control. Only one gaming activity may be submitted per form.

A non-refundable application fee of \$500 and a deposit of \$315 ~~550~~ must accompany the Application for Gaming Activity Review. Please make your check payable to the Bureau of Gambling Control and send the entire package to the following address:

Regular Mail Delivery:

California Department of Justice

Bureau of Gambling Control

P.O. Box 168024

Sacramento, CA 95816-8024

Commercial/Personal Delivery:

California Department of Justice

Bureau of Gambling Control

~~1425 River Park Drive, Ste 400~~2450 Del Paso Road, Suite 100Sacramento, CA 95815 95834**SECTION I - APPLICANT INFORMATION**

Name of Gambling Establishment:		
Address of Gambling Establishment:		
Applicant's Name:		Title:
Mailing Address:		
City:	State:	Zip:
Telephone Number: (   )		Fax Number: (   )

**Application for Gaming Activity Review**

BGC-APP. 027 (Rev. 4/4/07 09/2017)

**SECTION II - TOURNAMENTS OR SPECIAL EVENTS**

1. Name of Tournament or Special Event.
2. Name of controlled game(s) to be offered during the Tournament or Special Event.
3. Attach a copy of the application and fees submitted to the California Gambling Control Commission for any additional temporary tables related to this gaming activity.
4. Location of event within the gambling establishment.
5. Gaming activity(ies) to be offered during Tournament or Special Event.
6. Tournament structure (Including Buy-Ins, Re-Buys, Add-Ons, etc.)
7. Prize amount; source of funds.
8. Prize structure.
9. Amount of any administrative or other type of fee retained by the house for operating the Tournament or Special Event.
10. Provide copies of any published/proposed promotions or advertisement literature related to this Tournament or Special Event..
11. Identify any entity or person, other than those licensed as the house, involved in the Tournament or Special Event.

**SECTION III - JACKPOTS, CASHPOTS, BONUSES, PROMOTIONS, etc.**

1. Name of Proposed Gaming Activity:
2. Name each controlled game that is associated with this gaming activity.
3. Describe any jackpot or any other type of prize awarded.
4. If a cash prize is involved, is the amount of the prize progressive (increases) or a fixed amount?
5. Explain if the gaming activity is house funded or player funded.
6. Describe any special fee collection involved in this gaming activity, for example, a jackpot fee collection.
7. Describe how the jackpot will be seeded and how any prizes will be awarded.
8. Explain any prize distribution including prizes given to the winner, loser, or any other player or patron.
9. Explain any re-seeding of the fund once the prize is won.
10. Explain any minimum or maximum number of players required to be dealt into the game for the table to be eligible for the gaming activity and prize.
11. Explain if the house is retaining any administrative or any other type of fee for operating the gaming activity.
12. Describe any opportunity(s) for a person to play for the prize without placing any live wagers or paying any table fees.
13. Provide copies of any published/proposed promotion or advertisement literature.
14. Identify any entity or person other than those licensed as the house involved in the gaming activity.
15. Describe the type of table and equipment utilized for the gaming activity.

This application must be signed by the person requesting the gaming activity review. I declare under penalty of perjury under the laws of the State of California that the information contained in this form and all attachments is true and correct.

Applicant's Signature

Date



DEPARTMENT OF JUSTICE  
BUREAU OF GAMBLING CONTROL  
(916) 263-3408 830-1700  
(916) 263-3403 facsimile

### KEY EMPLOYEE REPORT

Submitted pursuant to California Code of Regulations, Title 11, Division 3, Chapter 1, section 2060  
(Type or print clearly in ink.)

1. Name of Gambling Establishment: \_\_\_\_\_
2. Identify every individual who is, or who has been since the filing of the previous report, actively engaged in the administration or supervision of the gambling establishment's operation as defined in Business and Professions Code section 19805(u-x). Attach additional sheets as necessary.

Employee Name	Social Security Number	Job Title	Description of job duties, responsibilities and authority.

\_\_\_\_\_  
Signature of Owner Licensee/ Designated Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name/Title