TURLOCK POLICE DEPARTMENT APPLICATION FOR CARD ROOM PERMIT

□ Owner/Manager
□ Owner/wanager
□ Floor Supervisor
□ Dealer
□ Waitress
□ Cashier
□ Other (Specify)
□ New □ Renewal

OFFICE USE ONLY							
Application Received Fees Paid							
Amount		Date					
Fingerprint Appointment							
Status of Application	Da	ite	Time				
		Date					
Permit Valid							
Date	to	Date					

I hereby submit my application for a permi	t under TMC 3-1-400, Card Roo	m Regulations:		
Applicant Name:		DC	OB:	
Last	First	Middle		
Aliases, or Other Names Used:		Sex: Male	□ Female □	
Address: Number Street		City	Zip Code	
Prior Addresses:	9000	075	7.0.4	
(List for past 3 years) Number	Street	City	Zip Code	
Phone: Home	Cell		Msg/Other	
California Driver's License No./ID Card No.).:			
Physical Description: Height Weight	Hair Color Eye Color	Scars / Marks / Tattoos		
			uahatian ay nayala	
Have you ever been convicted, including r	•	·	•	
after committing a felony or a misdemeand	or? (You may exclude minor traf	fic offenses.) Yes □	No □	
If you answered yes, list the nature of the Prior convictions will not necessarily exclu				
Have you worked at another similar busine If yes, where and when?	ess, either as an owner or emplo	•		
Business where you intend to work:				
	Name	Address	Address	
Name and Signature of Manager/Owner:				
Traine and eignature of managen e mier.	Name		Date	
I attest that I have received a copy of the	Turlock Municipal Code Section	3-1-400 et seq.		
I further attest, under penalty of perjury, the	at all of the information containe	d in this application is true a	and correct.	
Name	Date	3		

ADDITIONAL INFORMATION REQUIRED FOR OWNER OF CARD ROOM

Name of Busine	ess:		_	
Address of Bus	iness:		_	
Phone Number	of Business:		_	
State Gaming L	icense Number:			
If a corporation necessary.)	or partnership, names and addr	resses of all office	ers, directors, or partners. (
If unincorporate	ed association, names of all princ	 cipals. (Use addi	tional paper if necessary.)	
	State, and approximate dates when	nere and when the	e applicant conducted a sim	
Name(s) and ac	ddress(es) of the owner(s) of the	place or premise	es in or at which the Card R	
Number	Street		City	Zip Code
Card Room per	s) who will be in charge of and l mits, as specified in the Turlock		the order and due observa	ance of the provisions for the
Days and Hours Estimated Atter	s of Operations:		- -	
	n the sole party, either directly o erson or entity is or will be in any			
Signature	Owner	_	Date	
I attest that all o	of the above information is true a	and correct, unde	r the penalty of perjury.	
Signature	Employee	<u> </u>	Date	