SANTA CRUZ POLICE DEPARTMENT
CARD ROOM PERMIT APPLICATION
FEE: (Non-Refundable) $129.00 New and $68.00 Renewal
(Must submit 1"x1" face photo with application)

APPLICANT NAME: _____
LAST FIRST MIDDLE

RESIDENCE ADDRESS:_____
STREET CITY TELEPHONE

Race_____ Age_____ Hgt_____ Wt_____ Hair_____ Eyes_____ Birthdate_____

Birthplace _____SSN#_____ Are you a citizen of the United States? _____

CARD ROOM OWNER APPLICANT? _____ CARD ROOM DEALER APPLICANT? _____

NAME OF BUSINESS_____

ADDRESS OF BUSINESS _____ TELEPHONE_____
Do you have ownership interest in this or any other card room?
If yes, explain and list all businesses and persons involved in ownership on the reverse side.

TYPE OF EMPLOYMENT TO BE DONE BY APPLICANT: _____

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HAVE YOU EVER BEEN CONVICTED OF A FELONY CRIME OR A CRIME INVOLVING MORAL TURPITUDE? _____ If yes, explain on reverse side of application. A felony conviction **MUST** be disclosed, even if the charge has been dismissed under provisions of Section 1203.4 of the California Penal Code.

HAVE YOU EVER BEEN DENIED A LIQUOR, CARD ROOM, TAXI DRIVER, FIREARMS, ETC., LICENSE OR PERMIT? _____ If yes, explain on reverse side.

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I UNDERSTAND THAT A REGULAR CARD ROOM PERMIT WILL BE ISSUED BASED UPON PRELIMINARY CHECKS FOR ANY CRIMINAL BACKGROUND. PROVIDED THAT NO OTHER CRIMINAL HISTORY IS DISCOVERED UPON FULL INVESTIGATION, BASED UPON YOUR FINGERPRINTS WHICH HAVE BEEN SUBMITTED TO THE CALIFORNIA DEPARTMENT OF JUSTICE, THE CARD WILL CONTINUE TO REMAIN IN FORCE. IN THE EVENT THAT CRIMINAL HISTORY RECORDS ARE DISCOVERED UPON EXAMINATION OF YOUR FINGERPRINTS, YOU WILL BE NOTIFIED OF THE CANCELLATION OF YOUR CARD ROOM PERMIT AND WILL, AT THAT POINT, BECOME IN VIOLATION OF THE SANTA CRUZ MUNICIPAL ORDINANCE CODES IF YOU CONTINUE TO WORK IN CARD ROOMS.

I certify that all the above statements are true and correct. I fully understand that falsification of this application will result in denial of a permit or revocation if issued. I further understand that I am subject to arrest and/or revocation of the permit for any violations of the Santa Cruz Municipal Code, State, or Federal laws.

APPLICANT SIGNATURE: _____ DATE:_____

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FOR DEPARTMENTAL USE ONLY **PERMIT NUMBER _____ DATE ISSUED**

RECORDS CHECK: SCPD _____ SCSO _____
Initials/Date Initials/Date

WARRANT CHECK: SCPD _____ SCSO _____
Initials/Date Initials/Date

COPY OF DL ATTACHED _____ 1X1 PHOTO ATTACHED_____FEE PAID_____
Initials/Date Initials/Date Initials/Date

APPROVED: _____ **DISAPPROVED:** _____

PERMIT MUST BE RETURNED TO POLICE DEPARTMENT AT END OF EMPLOYMENT