

CITY OF CHICO
APPLICATION FOR CARDROOM EMPLOYEE WORK PERMIT

PERMIT#: _____ Original Application
 _____ Renewal Application

NOTE: THIS APPLICATION WHEN SIGNED BY THE FINANCE DIRECTOR
 WILL BECOME A VALID PERMIT WHICH WILL EXPIRE ON JUNE 30, _____.

APPLICANT INFORMATION

NAME: _____ SOCIAL SECURITY NO: _____
 ADDRESS: _____ DRIVER'S LICENSE NO: _____
 CITY: _____ DATE OF BIRTH: _____
 PHONE: _____ PLACE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

LIST ALL RESIDENCES DURING THE PAST TEN YEARS WITH DATES:

FROM	TO	STREET ADDRESS	CITY	STATE

HAVE YOU EVER BEEN ARRESTED AND/OR CONVICTED OF A CRIME: ___ YES ___ NO
 IF YES, STATE DATE, CHARGE, AND DISPOSITION OF EACH CASE:

CARDROOM INFORMATION

BUSINESS NAME: _____
 BUSINESS LOCATION: _____

Note: Work Permit is valid at multiple cardroom locations within the Chico city limits.

CERTIFICATION

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT, THAT I HAVE BEEN GIVEN A COPY OF CHICO MUNICIPAL CODE CHAPTER 5.32-CARDROOMS, AND THAT I AM AWARE OF THE REGULATIONS CONTAINED THEREIN. I FURTHER UNDERSTAND THAT FALSE OR WILLFUL OMISSION OF INFORMATION IS GROUNDS FOR DENIAL AND/OR REVOCATION OF THIS PERMIT.

Applicant Signature _____ Date _____

FINANCE OFFICE USE ONLY

DATE SUBMITTED: _____ PHOTO IDENTIFICATION: _____*

FEE: _____ RECEIVED BY: _____

CR #: _____

*Attach Copy of Photo ID

POLICE DEPARTMENT REVIEW	FINANCE DIRECTOR APPROVAL
_____ APPROVED _____ DENIED	_____ APPROVED _____ DENIED
Chief of Police Signature _____ Date _____	Finance Director Signature _____ Date _____