

**ADDITIONAL INFORMATION
REQUIRED FOR OWNER OF CARD ROOM**

Name of Business: _____

Address of Business: _____

Phone Number of Business: _____

State Gaming License Number: _____

If a corporation or partnership, names and addresses of all officers, directors, or partners. (Use additional paper if necessary.)

If unincorporated association, names of all principals. (Use additional paper if necessary.)

Address, City, State, and approximate dates where and when the applicant conducted a similar business, either alone or in conjunction with others:

Name(s) and address(es) of the owner(s) of the place or premises in or at which the Card Room is located.

Number Street City Zip Code

List the person(s) who will be in charge of and be responsible for the order and due observance of the provisions for the Card Room permits, as specified in the Turlock Municipal Code:

Days and Hours of Operations: _____

Estimated Attendance: _____

I attest that I am the sole party, either directly or indirectly, interested in the Card Room for which a permit is sought; and, that no other person or entity is or will be in any manner interested therein, directly or indirectly, during the continuance of the permit.

Signature Owner

Date

I attest that all of the above information is true and correct, under the penalty of perjury.

Signature Employee

Date