

**SANTA CRUZ POLICE DEPARTMENT  
CARD ROOM PERMIT APPLICATION**

**Fee: \*Please See Unified Master Fee Schedule\***  
**Please Submit a copy of Photo Identification with Application.**

**Please Check: New\_\_ Renewal\_\_**

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 TURPTITUDE? \_\_\_\_\_  
If yes, explain on the 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 the 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 of 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 \_\_\_\_\_ SC SO \_\_\_\_\_  
Initials/Date Initials/Date

WARRANT CHECK: SCPD \_\_\_\_\_ SC SO \_\_\_\_\_  
Initials/Date Initials/Date

COPY OF DL ATTACHED \_\_\_\_\_ 1x1 PHOTO ATTACHED \_\_\_\_\_ FEE PAID \_\_\_\_\_  
Initials/Date Initials/Date Initials/Date

APPROVED: \_\_\_\_\_ DENIED \_\_\_\_\_

**PERMIT MUST BE RETURNED TO POLICE DEPARTMENT AT END OF EMPLOYMENT**