CASINO MANAGER APPLICATION

Organization's Name: _____

Applicant Name: _____
Last First Middle

Address: _____ City:_____ Zip: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Date of Birth: _____ Place of Birth: _____

Driver's Lic. or ID No.: _____ Social Security Number: _____

Employer: _____ Address: _____

Work Phone: _____ Home Phone:_____ Other Phone: _____

List ALL criminal convictions, if any, with a full explanation of the circumstances.
(Do not include traffic offenses.)

	Charge	Date of Conviction	Explanation
1			
2			
3			

I declare under penalty of perjury that the statements made above are true and correct to the best of my knowledge. I understand that any false statements or information are grounds for the denial of this application and that I may be subject to prosecution per San Diego Municipal Code, Section 11.0401(b). I certify that I am a volunteer of the above listed non-profit organization and I have been designated as a Manager. I have familiarized myself with the laws regulation casino parties in the City of San Diego and I will advise all volunteers of the same. I understand that while I am acting in the capacity of a casino manager, it will be my responsibility to supervise the conduct of all casino games and be present on the premises while such games are conducted.

Signature: _____ Date: _____

FOR POLICE DEPARTMENT USE ONLY

Records Check: _____Int.By: _____

Comments:_____

_____

_____

_____

PCCO Approved/Denied: _____Date: _____