



TOWN OF PARADISE

5555 Skyway, Paradise, CA 95969 (530)872-6291 Fax (530) 872-877-5059

INSTRUCTIONS TO APPLICANT

Card Rooms - Initial/Card Room Employee Work Permit - Initial or Renewal

In order to obtain or renew your local regulatory permit for Card Rooms and/or Card Room Employee Work Permit in the Town of Paradise, please complete the following items and return them to Paradise Police Department.

- Completed and Signed Card Room Application
- Completed and signed Card Room Supplemental Information Sheet
- Completed and signed Card Room Employee Application
- Card Room License fee
 - Initial Fee made payable to the Town of Paradise (See current Master Fee Schedule)
- Card Room Employee Work Permit fee
 - Initial Fee made payable to the Town of Paradise (See current Master Fee Schedule)
 - OR**
 - Renewal Fee made payable to the Town of Paradise (See current Master Fee Schedule)
- Completed Live Scan fingerprint application (Card Room and for each Employee)
- Payment of Live Scan fees (Card Room and for each Employee)

A Live Scan fingerprint appointment will be made at the time the completed application is submitted and approved by the Planning Director. Payment for Live Scan services is payable at the time of the Live Scan appointment. Live Scan fees are non-refundable. No applications will be approved until the fingerprint results are returned by the Department of Justice. Please note: There is no specific time frame in which the Department of Justice is required to return results of fingerprints.

You will be notified when your application(s) has been approved. At that time an appointment will be scheduled to receive your Card Room and/or Card Room Employee Work Permit license and ID Card.

- Approval by Police Department
- Approval by Fire Department
- Approval by Planning Director

Card Room licenses and Card Room Employee Work Permits are valid for twelve months (12) from the date of issue. To renew, please submit an updated application and follow the process above.

It is the responsibility of the applicant to know and understand the relevant Town municipal code section and any other State or Federal codes which may apply.

The Town of Paradise Municipal Codes and current Master Fee Schedule can be found at www.townofparadise.com.

• It is unlawful for any person or entity to violate or fail to comply with the provisions of chapter 5.16 of the Paradise Municipal Code. Such violation shall be punishable as an infraction. • Under Federal and State law, a One Dollar (\$1.00) fee may be collected in addition to any other fees for compliance with disability access laws.

TOWN OF PARADISE

Administrative Services Department, 5555 Skyway, Paradise, CA 95969 -- (530) 872-6291
Paradise Police Department, 5595 Black Olive Dr. Paradise, CA 95969 -- (530) 872-6241 or (530) 872-6161

Town of Paradise License Application

Initial

Renewal

TO BE COMPLETED BY APPLICANT

Applicant Name: _____

Home Address: _____

City: _____ State _____ ZIP: _____

Home Phone: _____

DOB: _____

SSN: _____

CDL: _____ State _____ Expires: _____

Mobile _____

E-Mail _____

Business Name: _____

Business Location: _____

City: _____ State _____ ZIP: _____

Phone: _____

Business Mailing Address: _____

Tax Exempt?

Charitable?

Charitable Purpose? _____

List All Residences in the Last Five Years

Address: _____ From _____ To _____

Address: _____ From _____ To _____

Address: _____ From _____ To _____

Have you ever been convicted of a felony, as defined by California law?

YES NO

If YES, Date of conviction: _____ Offense _____

Have you ever been required to register with a law enforcement agency pursuant to Section 290 of the Penal Code?

YES NO

If YES, Date _____ Law Enforcement Agency _____

It shall be unlawful for any person knowingly to falsify or conceal any fact or make any false or fraudulent statement or misrepresentation in any matter or proceeding within the jurisdiction of any department or agency of the Town (Ordinance 16, Section 15-11).

I declare under the penalty of perjury that the foregoing is true and complete to the best of my knowledge and belief.

Signature: _____ Date _____

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Application Specific Information - Card Room

Event Location: _____

Event Date(s): _____ Event Times: _____ to _____
_____ Event Times: _____ to _____

TOWN OF PARADISE USE ONLY

- SIGNED TOWN OF PARADISE 5.16 LICENSE APPLICATION RECEIVED BY: _____ DATE: _____
- SIGNED TOWN OF PARADISE 5.16 SUPPLEMENTAL INFORMATION RECEIVED BY: _____ DATE: _____
- SIGNED TOWN OF PARADISE 5.16 EMPLOYEE LICENSE APP. RECEIVED BY: _____ DATE: _____
- RECEIPT OF LICENSE FEES PAID RECEIVED BY: _____ DATE: _____

AMOUNT PAID: _____ RECEIPT # _____

- LIVE SCAN FINGERPRINT COMPLETED AND FEES PAID RECEIVED BY: _____ DATE: _____
 - FBI Return Received
 - DOJ Return Received

- APPROVED By Police Department REJECTED BY: _____ DATE: _____
- APPROVED By Fire Department REJECTED BY: _____ DATE: _____
- APPROVED By Planning Director REJECTED BY: _____ DATE: _____

PERMIT LICENSE # _____ ID CARD _____ EXPIRATION DATE _____

Copies Routed To: Police Fire Planning Dir.

COMMENTS REGARDING REJECTION OR OTHER: _____

**SUPPLEMENTAL INFORMATION SHEET
CARDROOM**

***** Please Type or Print Legibly. Use Back Page for Additional Information *****

Description of building and/or structure or portion thereof in which the cardroom is to be maintained:

Business owner(s) name(s) or any person who has a financial interest in the cardroom:

Have you ever been convicted of any crime? (Exclude minor traffic offenses)

Yes [] No [] Date: _____ Offense: _____

Jurisdiction location: _____

Have you ever owned or had financial interest in any other cardroom in any other city, county or state? Yes [] No [] If yes, see below:

Date: _____ Name of Card Club: _____ City/State _____

Date: _____ Name of Card Club: _____ City/State _____

Have you ever been employed by a cardroom in any other city, county or state?

Yes [] No [] If yes, see below:

Date: _____ Name of Card Club: _____ City/State _____

Date: _____ Name of Card Club: _____ City/State _____

List the complete names and addresses of each person to be employed in the cardroom:

- _____
- _____
- _____
- _____

**SUPPLEMENTAL INFORMATION SHEET – CARDROOM
PAGE 2**

Have you ever had a license to establish, operate or maintain a cardroom revoked or denied?

I am aware that this Cardroom license is subject to suspension or revocation by the Chief of Police for violation of any provision of the Cardroom Ordinance. I understand that I am required to wear in plain sight, an identification card, issued by the Police Department.. at all times while on the cardroom premises. I acknowledge that I have read and understand the Town Ordinances governing and regulating cardrooms.

I solemnly swear that the information/answers that I have completed and made to each and all of the questions contained herein are full and true to the best of my knowledge and belief. I understand that any false statement knowingly made will disqualify me for the cardroom license herein applied for, pursuant to Chapter 5.16, Sections 5./16.010 et seq.

Signature: _____ Date: _____



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0040500
ORI (Code assigned by DOJ)

Card Rooms
Authorized Applicant Type

Card Rooms
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Paradise Police Department
Agency Authorized to Receive Criminal Record Information
5595 Black Olive Drive
Street Address or P.O. Box
Paradise CA 95969
City State ZIP Code

06068
Mail Code (five-digit code assigned by DOJ)
V. Lynch
Contact Name (mandatory for all school submissions)
(530) 872-6161
Contact Telephone Number

Applicant Information:

Last Name
Other Name (AKA or Alias) Last
Date of Birth Sex Male Female
Height Weight Eye Color Hair Color
Place of Birth (State or Country) Social Security Number
Home Address Street Address or P.O. Box

First Name Middle Initial Suffix
First Suffix
Driver's License Number
Billing Number (Agency Billing Number)
Misc. Number (Other Identification Number)
City State ZIP Code

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number _____

Employer (Additional response for agencies specified by statute):

Employer Name
Street Address or P.O. Box
City State ZIP Code

Mail Code (five digit code assigned by DOJ)
Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator
Transmitting Agency LSID

Date
ATI Number Amount Collected/Billed

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Town of Paradise License Application Initial Renewal

TO BE COMPLETED BY APPLICANT

Applicant Name: _____	Business Name: _____
Home Address: _____	Business Location: _____
City: _____ State _____ ZIP: _____	City: _____ State _____ ZIP: _____
Home Phone: _____	Phone: _____
DOB: _____ SSN: _____	Business Mailing Address: _____
CDL: _____ State _____ Expires: _____	Tax Exempt? <input type="checkbox"/>
Mobile _____ E-Mail _____	Charitable? <input type="checkbox"/> Charitable Purpose? _____

List All Residences in the Last Five Years

Address: _____ From _____ To _____

Address: _____ From _____ To _____

Address: _____ From _____ To _____

Have you ever been convicted of a felony, as defined by California law? YES NO

If YES, Date of conviction: _____ Offense _____

Have you ever been required to register with a law enforcement agency pursuant to Section 290 of the Penal Code?

YES NO If YES, Date _____ Law Enforcement Agency _____

It shall be unlawful for any person knowingly to falsify or conceal any fact or make any false or fraudulent statement or misrepresentation in any matter or proceeding within the jurisdiction of any department or agency of the Town (Ordinance 16, Section 15-11).

I declare under the penalty of perjury that the foregoing is true and complete to the best of my knowledge and belief.

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Application Specific Information - Card Room - Employee

TO BE COMPLETED BY APPLICANT

Applicant Name, Home Address, City, State, ZIP, Home Phone, DOB, SSN, CDL, State, Expires, Mobile, E-Mail, Business Name, Business Location, City, State, ZIP, Phone, Business Mailing Address

List All Residences in the Last Five Years

Address, From, To (repeated three times)

Have you ever been convicted of a felony, as defined by California law?

YES NO checkboxes

If YES, Date of conviction:

Offense

Have you ever been required to register with a law enforcement agency pursuant to Section 290 of the Penal Code?

YES NO checkboxes

If YES, Date

Law Enforcement Agency

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I declare under the penalty of perjury that the foregoing is true and complete to the best of my knowledge and belief.

Signature:

Date

TOWN OF PARADISE USE ONLY

SIGNED TOWN OF PARADISE 5.16 LICENSE APPLICATION

RECEIVED BY:

DATE:

RECEIPT OF INITIAL OR RENEWAL LICENSE FEES PAID

RECEIVED BY:

DATE:

AMOUNT PAID:

RECEIPT #

LIVE SCAN FINGERPRINT COMPLETED AND FEES PAID

RECEIVED BY:

DATE:

FBI Return Received

DOJ Return Received

APPROVED

REJECTED

BY:

DATE:

By Police Department

PERMIT LICENSE #

ID CARD

EXPIRATION DATE

Copies Routed To:

Police

COMMENTS REGARDING REJECTION OR OTHER:



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0040500

ORI (Code assigned by DOJ)

Card Rooms - Employee Work Permit

Authorized Applicant Type

Card Rooms-Employ. Work Permit

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Paradise Police Department

Agency Authorized to Receive Criminal Record Information

06068

Mail Code (five-digit code assigned by DOJ)

5595 Black Olive Drive

Street Address or P.O. Box

V. Lynch

Contact Name (mandatory for all school submissions)

Paradise

City

CA 95969

State ZIP Code

(530) 872-6161

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex

Male

Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

Number

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

DOJ

FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed