Treasurer & Tax Collector
County of Yuba
915 8th Street, Suite 103
Marysville CA 95901

EMPLOYEE PERMIT APPLICATION
As per 6.20.100 for Card Room Employee Work Permit
Please type or print legibly

NEW ( ) RENEWAL ( )

Name: _____
First, Middle, Last

Address: _____

Date of Birth_____ Telephone # _____

Social Security Number: _____

Driver's License Number _____ Expires: _____

BUSINESS NAME: _____

Have you ever been denied an employee work permit? NO YES (circle one)
IF YES
Where:_____

When: _____

Have you ever been arrested: NO YES (circle one)
IF YES
When:_____

What for: _____

Where: _____

ALL PERMIT FEES ARE NON-REFUNDABLE FEE $15.00

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

_____ Date:_____
(Applicant's Signature)

ROUTING INFORMATION: Original: TTC Copy to Sheriff Copy to Applicant