

JEFF LEIKAUF

SHERIFF - CORONER - PUBLIC ADMINISTRATOR COUNTY OF EL DORADO STATE OF CALIFORNIA

February 13. 2025



Jennifer Kavanagh

Citrus Heights, CA 95610

Dear Ms. Kavanagh,

This letter is to notify you that your application for Cardroom Employee Work Permit has been denied. The decision to deny your application is based on information discovered in our background investigation. We received information regarding

In your application, you failed to disclose this therefore, your application is denied per El Dorado County Ordinance 9.45.130 (D)- False Statements.

Sec. 9.45.130. - Standards for denial of work permit.

The Sheriff, or the Board of Supervisors on appeal, shall deny an application for a work permit upon a finding, based upon substantial evidence, that any of the following is true:

A. State license denial. Any of the grounds for denial of a State gambling license enumerated in California Business and Professions Code § 19850, as it may be amended from time to time, exists as to the applicant.

B. State objection to permit issuance. The State Department of Justice, Division of Gambling Control has objected to the issuance of a work permit to the applicant.

C. Previous license revocation. The applicant has had a similar license or registration permit revoked for cause by any jurisdiction within the past five years.

D. False statements. The applicant has made a false statement of material fact in the application.

E.Character of applicant. The applicant is not a fit and proper person to be employed in a cardroom.

Should you desire to appeal this decision, you may do so in writing within thirty (30) days of receipt of this letter to Captain Falkenstein at 200 Industrial Drive, Placerville, CA 95667.

If you have any questions, please do not hesitate to contact me at 530-621-5877 Tuesday – Friday between 0730-1730.

Sincerely,

Jeff Leikauf Sheriff-Coroner Public Administrator

By:

Krister Jensen Records Supervisor

	and the second s	
46	U.S. Postal Service [™] CERTIFIED MAIL [®] RECEIPT Domestic Mail Only	
23	For delivery information, visit our website at www.usps.com®.	
Iu	OFFICIAL USE	
_	OFFICIAL	O O Bon
4000 OH90	Certified Mail Fee \$ Extra Services & Fees (check box, add fee as appropriate) Return Receipt (flandcopy)	Postmark Here
5	Sent To Jennifer Kavanagh	
7015	Street and Apt. No., or PO Box No. City, State, 21P+4* City Height ICA 961010	
	PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instruct	