



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

March 13, 2025

COPY

Sarah Caldie

[REDACTED]
Fair Oaks, CA 95628

Dear Ms. Caldie,

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. [REDACTED]

[REDACTED] your application is denied per El Dorado County Ordinance 9.45.130 (D)- False Statements. [REDACTED]

[REDACTED] does not meet proper moral character to be employed in a cardroom per El Dorado County Ordinance 9.45.130(E).

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.

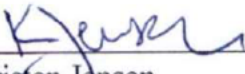
Should you desire to appeal this decision, you may do so in writing within fifteen (15) days of receipt of this letter to the Board of Supervisors per County Ordinance 9.45.120(F).

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:


Kristen Jensen
Records Supervisor

9569 0710 5270 0915 6509 53

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To	
Street and Apt. No.,	Sarah Caldie
City, State, ZIP+4®	
PS Form 3800, Jan 2008 Use reverse for instructions	