

BINGO LICENSE APPLICATION FORM

CHECK ONE: _____ New License _____ Renewal _____ Year

1. Organization:
Name: _____
Address: _____
Telephone Number: _____

(Please complete the attached Form A - List of Officers)

2. Person(s) responsible for the operation of the Bingo games:
Name(s): _____
Address: _____
Telephone No.: _____
Birthdate: _____ Driver's License No.: _____

3. Number of Bingo games proposed within a one-month period: _____

4. Proposed Days and Hours of Operation:
(a) Days: _____ (b) Hours: _____

5. Location and occupancy of proposed Bingo operation:
(a) Address: _____
(b) Proposed number of occupants: _____
List the purposes for which the organization uses this facility other than Bingo: _____

NOTE: State law prohibits the issuance of a Bingo license if the sole use of the proposed location is the conduct of Bingo games.

6. Is the proposed Bingo location owned by the Organization, leased by the Organization, or donated to the Organization?
Owned _____ Leased _____ Donated _____
If the proposed Bingo location is leased or donated, provide the following information:
Owner's Name: _____
Owner's Address: _____
Owner's Telephone Number: _____
When does the lease or donation expire? _____
What, if any, special conditions are associated with the lease or donation? _____

7. Is your organization exempt from the payment of the bank and corporation tax under the provisions of the California Revenue and Taxation Code?

YES _____ NO _____

If yes, please attach a copy of evidence of tax exempt status under the California Revenue and Taxation Code received from Franchise Tax Board.

If a Mobilehome Association or Senior Citizen Association, please attach copies of any Articles or Charter and Bylaws.

NOTE: Updated exemption letters are required for license renewals.

8. Person(s) responsible for filing the "Santa Clara County Monthly Report for Bingo Activity"

NAME: _____

ADDRESS: _____

TELEPHONE NO: _____

9. Name of other organization(s) using the same location for the conduct of bingo games:

Days & hours of operation for the aforementioned organizations:

The undersigned organization representative(s)

(a) Certify that all equipment used in the operation of Bingo games is, or will be, owned by the organization making application for this license, and

(b) Consent that any duly authorized representative of the county may inspect the premises where Bingo games are to be conducted and may inspect, upon demand during normal business hours, while a Bingo license is in effect and for a period of three (3) years thereafter, any and all books, records, accounts, and reports maintained in connection with Bingo games.

We certify, under penalty of perjury, that the foregoing is true and correct.

Signature of Organization President

Date

Signature of Organization Secretary

Date

Signature of Property Owner

Date

LIST OF OFFICERS

1.	_____	_____
	(NAME)	(OFFICE OR POSITION)
	_____	_____
	(ADDRESS)	(BIRTHDATE)/(DRIVER'S LICENSE)
	_____	_____
	(CITY STATE ZIP)	(SIGNATURE)
2.	_____	_____
	(NAME)	(OFFICE OR POSITION)
	_____	_____
	(ADDRESS)	(BIRTHDATE)/(DRIVER'S LICENSE)
	_____	_____
	(CITY STATE ZIP)	(SIGNATURE)
3.	_____	_____
	(NAME)	(OFFICE OR POSITION)
	_____	_____
	(ADDRESS)	(BIRTHDATE)/(DRIVER'S LICENSE)
	_____	_____
	(CITY STATE ZIP)	(SIGNATURE)
4.	_____	_____
	(NAME)	(OFFICE OR POSITION)
	_____	_____
	(ADDRESS)	(BIRTHDATE)/(DRIVER'S LICENSE)
	_____	_____
	(CITY STATE ZIP)	(SIGNATURE)
5.	_____	_____
	(NAME)	(OFFICE OR POSITION)
	_____	_____
	(ADDRESS)	(BIRTHDATE)/(DRIVER'S LICENSE)
	_____	_____
	(CITY STATE ZIP)	(SIGNATURE)
6.	_____	_____
	(NAME)	(OFFICE OR POSITION)
	_____	_____
	(ADDRESS)	(BIRTHDATE)/(DRIVER'S LICENSE)
	_____	_____
	(CITY STATE ZIP)	(SIGNATURE)

SHERIFF'S APPROVAL OF SECURITY PERSONNEL

Please provide the following information regarding the security firm:

1. NAME _____
ADDRESS _____
TELEPHONE NUMBER _____ STATE LICENSE NUMBER _____

Please forward the following information for each individual to be employed for security purposes at bingo games:

1. NAME _____
ADDRESS _____
TELEPHONE NO. _____
DATE OF BIRTH _____
DRIVER'S LICENSE NO. _____

2. NAME _____
ADDRESS _____
TELEPHONE NO. _____
DATE OF BIRTH _____
DRIVER'S LICENSE NO. _____

3. NAME _____
ADDRESS _____
TELEPHONE NO. _____
DATE OF BIRTH _____
DRIVER'S LICENSE NO. _____

4. NAME _____
ADDRESS _____
TELEPHONE NO. _____
DATE OF BIRTH _____
DRIVER'S LICENSE NO. _____

NOTE: USE ADDITIONAL SHEETS AS NECESSARY TO PROVIDE ADDITIONAL INFORMATION

TO BE COMPLETED BY SHERIFF'S PERSONNEL ONLY

REVIEWED BY _____

Date: _____

REMARKS _____

FORM C

AUTHORIZATION TO INSPECT FINANCIAL RECORDS

TO: _____
(Name of Bank)

(Address)

RE: _____
(Account Number)

To whom it may concern:

This letter authorizes you to allow a complete inspection of the above referenced account(s) by any member of the Santa Clara County Sheriff's Department bearing this letter.

(Name of Individual or Organization)

(Signature)

(Office or Position)

(Date)

FORM D

Persons Responsible for Operation of Bingo Game

1. _____
(Name) (Birthdate)

(Street) (City) (State) (Zip)
()

(Telephone No.) (Driver's License No.)
2. _____
(Name) (Birthdate)

(Street) (City) (State) (Zip)
()

(Telephone No.) (Driver's License No.)
3. _____
(Name) (Birthdate)

(Street) (City) (State) (Zip)
()

(Telephone No.) (Driver's License No.)
4. _____
(Name) (Birthdate)

(Street) (City) (State) (Zip)
()

(Telephone No.) (Driver's License No.)
5. _____
(Name) (Birthdate)

(Street) (City) (State) (Zip)
()

(Telephone No.) (Driver's License No.)
6. _____
(Name) (Birthdate)

(Street) (City) (State) (Zip)
()

(Telephone No.) (Driver's License No.)