BINGO LICENSE APPLICATION FORM

CHD	CK ONE: New License
1.	Organization: Name: SANTA CLARA COUNTY FAIRGROUNDS MANAGEMENT CORPORATION Address: 344 TULLY Rd SAN JOSE CA 95111 Telephone Number: 408-494-3114
	(Please complete the attached Form A - List of Officers)
2.	Person(s) responsible for the operation of the Bingo games: Name(s): Address: Address: Telephone No.: Driver's License No.: Birthdate: 2/14/81 Driver's License No.: Birthdate: Person(s) Address: Address: Address: Driver's License No.: Birthdate: Address: Address: Driver's License No.:
3.	Number of Bingo games proposed within a one-month period:
4.	Proposed Days and Hours of Operation: (a) Days: Wednesday, Thursday (b) Hours: 4:00 pm - 11:00pm
5.	Iocation and occupancy of proposed Bingo operation: (a) Address: San Jose CA. 95111 (b) Proposed number of occupants: 350 - List the purposes for which the organization uses this facility other than Bingo: OFF-TRACK Betting Satellite Wagaing
	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 Name: Owner's Address: Owner's Telephone Number: Owner's Telephone Number: When does the lease or donation expire? Owner's Telephone Number: Owner's Telephone Number: