

BINGO LICENSE APPLICATION FORM

CHECK ONE: New License X Renewal 2024
Year

1. Organization:
Name: San Martin Lions Club
Address: 12415 Murphy Ave.
San Martin, CA 95046
Telephone Number: (408) 683-4448

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

2. Person(s) responsible for the operation of the Bingo games:
Name(s): Marie Dollar
Address: 1287 Swanetr Dr.
Gilroy, CA 95020 Telephone No.: (408) 710-8811
Birthdate: 10/04/51 Driver's License No.: A0335314

3. Number of Bingo games proposed within a one-month period: 4

4. Proposed Days and Hours of Operation:
(a) Days: Wednesdays (b) Hours: 4pm to about 9pm

5. Location and occupancy of proposed Bingo operation:
(a) Address: 12415 Murphy Ave.
San Martin, CA 95046
(b) Proposed number of occupants: 140-180
List the purposes for which the organization uses this facility other than Bingo: Meeting - Non Profit Organizations

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 Rent X
If the proposed Bingo location is leased or donated, provide the following information:
Owner's Name: Roads & Airports
Owner's Address: 2500 Cunningham Ave.
San Jose, CA 95146
Owner's Telephone Number: (408) 918-7700
When does the lease or donation expire? Month to Month
What, if any, special conditions are associated with the lease or donation? To keep property in working order

LIST OF OFFICERS

1. Annie Black
 (NAME)
200 E San Martin Ave.
 (ADDRESS)
San Martin, CA 95046
 (CITY STATE ZIP)

President
 (OFFICE OR POSITION)
09/22/1964 C4741246
 (BIRTHDATE)/(DRIVER'S LICENSE)
Annie Black
 (SIGNATURE)

2. Jeanine Healy
 (NAME)
3395 E. Dunne Ave.
 (ADDRESS)
Morgan Hill, CA 95037
 (CITY STATE ZIP)

Treasurer
 (OFFICE OR POSITION)
06/29/1951 A0377024
 (BIRTHDATE)/(DRIVER'S LICENSE)
Jeanine Healy
 (SIGNATURE)

3. Marie Dollar
 (NAME)
1287 Swaner Dr.
 (ADDRESS)
Gilroy, CA 95020
 (CITY STATE ZIP)

Secretary
 (OFFICE OR POSITION)
10/04/1951 A0335314
 (BIRTHDATE)/(DRIVER'S LICENSE)
Marie Dollar
 (SIGNATURE)

4. _____
 (NAME)

 (ADDRESS)

 (CITY STATE ZIP)

 (OFFICE OR POSITION)

 (BIRTHDATE)/(DRIVER'S LICENSE)

 (SIGNATURE)

5. _____
 (NAME)

 (ADDRESS)

 (CITY STATE ZIP)

 (OFFICE OR POSITION)

 (BIRTHDATE)/(DRIVER'S LICENSE)

 (SIGNATURE)

6. _____
 (NAME)

 (ADDRESS)

 (CITY STATE ZIP)

 (OFFICE OR POSITION)

 (BIRTHDATE)/(DRIVER'S LICENSE)

 (SIGNATURE)

SHERIFF'S APPROVAL OF SECURITY PERSONNEL

Please provide the following information regarding the security firm:

- 1. NAME Robert Caballero
- ADDRESS 3395 E. Dunne Ave.
- TELEPHONE NUMBER (408) 210-5514 STATE LICENSE NUMBER (408) 210-5514

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: BANK OF AMERICA
(Name of Bank)
780 Blossom Hill Rd, Los Gatos
(Address)
RE: 06848-07674
(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.

MARIE DOLLAR
(Name of Individual or Organization)
Marie Dollar
(Signature)
SECRETARY
(Office or Position)
4/16/24
(Date)

Persons Responsible for Operation of Bingo Game

1. **Marie Dollar** **10/04/51**

 (Name) (Birthdate)
1287 Swaner Dr. **Gilroy** **CA** **95020**

 (Street) (City) (State) (Zip)
(408) 710-8811 A0335314

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

2. **Robert Caballero** **12/06/56**

 (Name) (Birthdate)
3395 E. Dunne Ave **Morgan Hill** **CA** **95037**

 (Street) (City) (State) (Zip)
(408) 210-5514 N4765737

 (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.)

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 X 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: Marie Dollar
ADDRESS: 1287 Swanetr Dr.
 Gilroy, CA 95020 TELEPHONE NO: (408) 710-8811

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

 N/A

 Days & hours of operation for the aforementioned organizations:

 N/A

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.

<u> <i>Gene M. Black</i> </u>	<u> 2/20/2024 </u>
Signature of Organization President	Date
<u> <i>Marie Dollar</i> </u>	<u> 2/20/24 </u>
Signature of Organization Secretary	Date
<u> <i>Eric Peterson</i> </u>	<u> 4/3/2024 </u>
Signature of Property Owner	Date

SANTA CLARA COUNTY PLANNING DEVELOPMENT APPLICATION

PROPERTY OWNER'S NAME <u>SANTA CLARA COUNTY ROADS AIRPORTS</u>	Phone <u>408-918-7700</u>	Email	Prefer correspondence: Email <input type="checkbox"/> Mail <input type="checkbox"/>
Mailing Address <u>2500 CUNNINGHAM AVE.</u>	City <u>SAN JOSE, CA.</u>	Zip <u>95148</u>	
APPLICANT OR APPELLANT NAME <u>MARIE DOLLAR - SAN MARTIN LIONS CLUB</u>	Phone <u>408-710-8811</u>	Email	Prefer correspondence: Email <input type="checkbox"/> Mail <input type="checkbox"/>
Mailing Address <u>P.O. BOX 33</u>	City <u>SAN MARTIN, CA.</u>	Zip <u>95046</u>	
ADDRESS OF SUBJECT PROPERTY: <u>12415 MURPHY AVE</u>		APN: <u>82511017</u>	
EXISTING USE OF PROPERTY: <u>LIONS CLUB / BINGO</u>		ACCESS RESTRICTIONS (gate, dog, etc.): <u>GATE</u>	
The ACKNOWLEDGEMENTS AND AGREEMENTS FORM on the reverse side of this application must be completed and signed by the property owner(s).			

FOR DEPARTMENT USE ONLY

FILE NUMBER: 241 - 72-29

PROJECT DESCRIPTION: _____

APPLICATION TYPES	FEE(S)	COMMENTS / SUBMITTAL MATERIALS
Architecture and Site Approval / ASX		
Building Site Approval / BA (Urban / Rural)		
Certificate of Compliance		
Design Review / DRX		
CEQA (EA / Cat Ex / Prior CEQA / EIR)		
Compatible Use Determination (WA / OSE)		
Geologic Report / Letter		
Grading Approval / Abatement		
Lot Line Adjustment / Lot Merger		
Pre-Screening		
Special Permit		
Subdivision		
Use Permit		
Variance		
Other		
TOTAL FEES		

Application fees are not refundable.

Submittal reviewed
and received by: _____
Date: _____

Coordinates: X _____ Y _____
Zoning: _____
General Plan: _____
Parcel Size: _____

USA / SOI _____
WA / OSE / HCP _____
Early Outreach: L1 / L2 _____
Previous Files: _____