BINGO LICENSE APPLICATION FORM

CHEY	CK ONE: X New License	Renewal	2024
			Year
1.	Organization:		
	Name: San Martin Lions Club		
	Address: 12415 Murphy Ave.	7	
	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	ion of the Bingo gar	nes:
	Name(s): Marie Dollar		
	Address: 1287 Swanetr Dr.	(400) 740 004	
	direy, erredeze	one No.: (408) 710-881	
	Birthdate: 10/04/51 Driver's	License No.: A03353	314
3	Number of Bingo games proposed within	n a one-month period	d:4
4.	Proposed Days and Hours of Operation (a) Days: Wednesdays (b)	:) Hours: 4pm to abo	out 9pm
5.	Location and occupancy of proposed B. (a) Address: 12415 Murphy Ave.	ingo operation:	
	San Martin, CA 95046	10.100	
	(b) Proposed number of occupants: 12 List the purposes for which the organ	nization uses this i	facility other
	than Bingo: Meeting - Non Profit Organiza	tions	2
	dian biligo. Moting Non-Your Cigariaza	CIOTIO	
	NOTE: State law prohibit if the sole use of conduct of Bingo g	s the issuance of a the proposed locat ames.	Bingo license ion is the
6.	Is the proposed Bingo location owned the Organization, or donated to the Owned Leased	by the Organization Organization? Donated	,
	If the proposed Bingo location is le	ased or donated, pro	ovide the
	following information:		
	Owner's Name: Roads & Airport		** ***********
	Owner's Address: 2500 Cunningha	m Ave.	
	San Jose, CA 95		
	Owner's Telephone Number:	(408) 918-7700	o Month
	When does the lease or donation	expire: Wonth t	th the lease
	What, if any, special condition or donation? To keep property in	s are associated wi	ui ule rease
	or domestion.		
			The state of the s

FORM A

LIST OF OFFICERS

1.	Annie Black	President		
	(NAME)	(OFFICE OR POSITION)		
	200 E San Martin Ave.	09/22/1964 C4741246		
	(ADDRESS)	(BIRTHDATE)/(DRIVER'S LICENSE)		
	San Martin, CA 95046	(every) to a vici		
	(CITY STATE ZIP)	(SIGNATURE)		
2.	Jeanine Healy	Treasurer		
	(NAME)	(OFFICE OR POSITION)		
	3395 E. Dunne Ave.	<i>06/29/1951 A0377024</i>		
	(ADDRESS)	(BIRTHDATE)/(DRIVER'S LICENSE)		
	Morgan Hill, CA 95037	0 . 7/0.0		
	(CITY STATE ZIP)	(SIGNATURE)		
3.	Marie Dollar	Secretary		
	(NAME)	(OFFICE OR POSITION)		
	1287 Swaner Dr.	10/04/1951 A0335314		
	(ADDRESS)	(BIRTHDATE)/(DRIVER'S LICENSE)		
	Gilroy, CA 95020	Masii Dallar		
	(CITY STATE ZIP)	(SIGNATURE)		
4				
4.	(NAME)	(OFFICE OR POSITION)		
	(ADDRESS)	(BIRTHDATE)/(DRIVER'S LICENSE)		
4.				
(C	ITY STATE ZIP)	(SIGNATURE)		
5.				
J .	(NAME)	(OFFICE OR POSITION)		
	-	Es a comp		
	(ADDRESS)	(BIRTHDATE)/(DRIVER'S LICENSE)		
	*			
	(CITY STATE ZIP)	(SIGNATURE)		
	(CIII	(======,		
6.	(NAME)	(OFFICE OR POSITION)		
	(iverile)	(OFFICE ON FOOTIEON)		
		(DIDWIDAME) // DDITED (G. I TOWNS)		
	(ADDRESS)	(BIRTHDATE)/(DRIVER'S LICENSE)		
	(CITY STATE ZIP)	(SIGNATURE)		

SHERIFF'S APPROVAL OF SECURITY PERSONNEL

	provide the following inform	ation regardi	ng the security	firm:
1. NA	Robert Caballero			
	ADDRESS 3395 E. Dunne Ave.			
ŗ	TELEPHONE NUMBER (408) 210-5			(408) 210-5514
Please for sec	forward the following information curity purposes at bingo games	ation for eac	h individual to	be employed
1. NA	Æ	2.	NAME	
ADI	DRESS	¥	ADDRESS	
TEI	LEPHONE NO.		TELEPHONE NO.	
DA!	TE OF BIRTH		DATE OF BIRTH	
DR	IVER'S LICENSE NO		DRIVER'S LICEN	SE NO.
3. NAI	ME	4.	NAME	
ADI	DRESS		ADDRESS	
TE	LEPHONE NO.		TELEPHONE NO.	
DA!	TE OF BIRTH		DATE OF BIRTH	
DR	IVER'S LICENSE NO		DRIVER'S LICEN	SE NO.
NOTE:	USE ADDITIONAL SHEETS AS NECT	ESSARY TO PRO	VIDE ADDITIONAL	INFORMATION
	TO BE COMPLETED BY			
REVIEW	ED BY		Date:	
REMARK	s			
				

FORM C

AUTHORIZATION TO INSPECT FINANCIAL RECORDS

TO: BANK OF AMERICA (Name of Bank)
780Blussom Hill Rd, Los Gatos
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.
· Maria Dalian
(Name of Individual or Organization)
Marie Dollan
(Signature)
SECRETARY (Office or Position)
(Office or Position)
4/11/24
(Date)
······································

FORM D

Persons Responsible for Operation of Bingo Game

. 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 I	icense No.)
. 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 L	icense No.)
(Name)		(Birthdate)	
(Street)	(City)	(State)	(Zip)
(Telephone No.)		(Driver's L	icense No.)
(Name)		(Birthdate)	
(Street)	(City)	(State)	(Zip)
(Telephone No.)		(Driver's L	icense No.)
(Name)	12 3 3	(Birthdate)	STATE STATE
(Street)	(City)	(State)	(Zip)
(Telephone No.)		(Driver's Li	icense No.)
(Name)		(Birthdate)	-
(Street)	(City)	(State)	(Zip)
() (Telephone No.)		(Driver's Li	cense No 1

*		0	Signa	ture of Pro	operty Owner	Date	
		Su	in feterson	or organi:	zation Secretary	4/3/2024	
	5 #75 =0	Ma	uie Da	ller	zation Comptan	5/20/24	
corr	ect.	(du	N P Signature	of Organia	Zation President	2/20/2024 Date	
		y, under	penalty of	perjury, tl	nat the foregoin	ng is true and	
	(b)	may inspead and may a Bingo . thereafte	ect the prem inspect, upo license is i	ises where n demand do n effect au all books,	Bingo games are uring normal bund for a period records, accoun	we of the county to be conducted siness hours, while of three (3) years nts, and reports	
The	under (a)	Certify is, or w		ipment use	d in the operat:	ion of Bingo games ing application for	
		Days & h	ours of oper	ation for N/A	the aforemention	ned organizations:	
9.		of other ingo game:	_	n(s) using N/A	the same locat	ion for the conduct	
8.		rt for Bi	ponsible for ngo Activity Marie Dollar 1287 Swanetr Gilroy, CA 950	Dr.	e "Santa Clara 	E NO: (408) 710-8811	
*	If ye the (Board If a attack NOTE	Californi 1. Mobileho ch copies : Update	e attach a can a Revenue and me Association of any Artide exemption	d Taxation on or Seni cles or Ch letters ar	Code received or Citizen Asso arter and Bylaw e required for	license renewals.	
7.	corporation tax under the provisions of the California Revenue and						

SANTA CLARA COUNTY PLANNING DEVELOPMENT APPLICATION

PROFERTY OWNER'S NAME		Phone	Email	Prefer correspondence:	
SANTA CLARA COVENTY ROADS - A	P 200 8 55	408-918-7700			Mail 🗌
Mailing Address	E POICE 3	City	************	Zlp	
2500 CUNNINGHAN AVE		JANJOSE,	\mathcal{O}_{Λ}	95148	
APPLICANT OR APPELLANT NAME		Phone 408-710-8811	Emali	Prefer correspondence:	Email 🗌
In a control of the	Name	SAN MARTIN LION			Mall
MARIE DOLLAR Mailing Address		City	15 Clu	Zip	
		Olly 7.1.			
7.0.Box 33		SAN MARTIN,		Gt. 95046	
ADDRESS OF SUBJECT PROPERTY: 12415	: */	in .	PN: _ 8<	2511017	
EXISTING USE OF PROPERTY: 1005 Cit	1B/BIN	60 ACCESS RESTRICTIONS (ate, dog, e	IC.): EATE	
The ACKNOWLEDGEMENTS AND AGREEMENTS FOR	M on the reverse s	ide of this application must be completed er	d signed by	the property owner(s).	
The second with the second way of the second second and the second secon	FOR DEPA	RTMENT USE ONLY		Control of the Contro	
A		THE PARTIE			
FILE NUMBER: 241 - T	12-29			**************************************	
<i>§</i>					
PROJECT DESCRIPTION:					
	-				
APPLICATION TYPES	FEE(S)	COMMENTS / SU	BMITTA	L 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				3.13.13.11.11.2.2.2.2.2.2.2.2.2.2.2.2.2.	
Grading Approval / Abatement					
Lot Line Adjustment / Lot Merger					
Pre-Screening ·					
			~~~		
Special Permit					
Subdivision					
Use Permit					
Variance					
Other					
TOTAL FEES			·		
Application fees are not refundable.	Coordinate	es: XY	1	JSA / SOI	
••				NA / OSE / HCP	
Submittal reviewed and received by:					
	General D	lan:		Early Outreach: L1	1 L2