

BINGO LICENSE APPLICATION FORM

CHECK ONE:  X  New License   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:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>1. NAME _____</li> <li>ADDRESS _____</li> <li>TELEPHONE NO. _____</li> <li>DATE OF BIRTH _____</li> <li>DRIVER'S LICENSE NO. _____</li> </ul> | <ul style="list-style-type: none"> <li>2. NAME _____</li> <li>ADDRESS _____</li> <li>TELEPHONE NO. _____</li> <li>DATE OF BIRTH _____</li> <li>DRIVER'S LICENSE NO. _____</li> </ul> |
| <ul style="list-style-type: none"> <li>3. NAME _____</li> <li>ADDRESS _____</li> <li>TELEPHONE NO. _____</li> <li>DATE OF BIRTH _____</li> <li>DRIVER'S LICENSE NO. _____</li> </ul> | <ul style="list-style-type: none"> <li>4. NAME _____</li> <li>ADDRESS _____</li> <li>TELEPHONE NO. _____</li> <li>DATE OF BIRTH _____</li> <li>DRIVER'S LICENSE NO. _____</li> </ul> |

NOTE: USE ADDITIONAL SHEETS AS NECESSARY TO PROVIDE ADDITIONAL INFORMATION

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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.)



## 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		
<b>TOTAL FEES</b>		

**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: \_\_\_\_\_