

Live Up.

APPLICATION FOR BINGO LICENSE

NEW
 RENEWAL

Organization Name _____
Street Address _____
Mailing Address _____
Telephone Number _____

Annual License Fee \$50.00
License to expire one year from date of issue.

BINGO INFORMATION:

Date Bingo Game(s) to Begin: _____
Day(s) of Game(s): _____
Hours of Game(s): _____
Address Where Bingo Game(s) to be held: _____
Name of Building: _____
Building Owned Leased How Long Zoning District
Occupancy capacity of room where games conducted (tables and chairs included) _____
Name of Bank where funds will be deposited: _____
Account Number: _____

• STATEMENTS BY APPLICANTS •

1. I hereby declare the above named is an eligible organization as specified in Section 4 of Ordinance No. 76-06-415, and has met compliance by attaching here to for evidence a letter from the State Franchise Tax Board as proof of exemption from the payment of the Bank and Corporation Tax under Section 2370Id of the Revenue and Taxation Code.

ATTACHMENT: State Franchise Tax Board Letter, dated _____

2. I hereby declare that I have read and have knowledge of all provisions within attached Ordinance No. 76-06-415, Ordinance No. 77-09-427, and Resolution No. 39-77.

3. Applicants hereby agree to conduct Bingo Games in strict accordance with the provisions of Section 326.5 of the Penal Code of the State of California; Ordinance No. 76-06-415; Ordinance 77-09-427, and any amendments thereto that may be enacted from time to time. Further agree and understand that the license to conduct Bingo Games may be revoked by the City upon violation of any such provisions.

4. I hereby declare that no individual corporation, partnership, or other legal entity except the licensee shall hold a financial interest in the conduct of such bingo games.

5. I hereby declare under penalty or perjury that the information and statements in this application are to the best of my knowledge and belief true and correct.

APPLICANTS ORGANIZATION BOARD OF DIRECTORS - (At least two (2) officers including the presiding officer)

Date _____ Title _____ Signature _____
Street _____ City _____ Zip _____ Telephone _____
Date _____ Title _____ Signature _____
Street _____ City _____ Zip _____ Telephone _____
Date _____ Title _____ Signature _____
Street _____ City _____ Zip _____ Telephone _____