BINGO LICENSE APPLICATION FORM

CHECK ONE:  ____ New License   ____ Renewal   ____ Year

1. Organization:
   Name: ______________________________________________________
   Address: __________________________________________________
   Telephone Number: ____________________________
   
   (Please complete the attached Form A - List of Officers)

2. Person(s) responsible for the operation of the Bingo games:
   Name(s): __________________________________________________
   Address: __________________________________________________
   Telephone No.: ____________________________
   Birthdate: ____________________________
   Driver's License No.: ____________________________

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

4. Proposed Days and Hours of Operation:
   (a) Days: ____________________________
   (b) Hours: ____________________________

5. Location and occupancy of proposed Bingo operation:
   (a) Address: __________________________________________________
   (b) Proposed number of occupants: ______
   List the purposes for which the organization uses this facility other than Bingo:
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________

   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 Address: __________________________________________________
   Owner's Telephone Number: __________________________________________
   When does the lease or donation expire? __________________________
   What, if any, special conditions are associated with the lease or donation? __________________________________________________
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 __________   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:  
   ADDRESS:  
   TELEPHONE NO: 

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

   
   Days & hours of operation for the aforementioned organizations:

   

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.

   Signature of Organization President     Date

   Signature of Organization Secretary     Date

   Signature of Property Owner     Date

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FORM B

SHERIFF'S APPROVAL OF SECURITY PERSONNEL

Please provide the following information regarding the security firm:

1. NAME ____________________________________________________________
   ADDRESS _________________________________________________________
   TELEPHONE NUMBER ___________________________ STATE LICENSE NUMBER ______

Please forward the following information for each individual to be employed for security purposes at bingo games:

1. NAME ____________________________ 2. NAME ______________________
   ADDRESS _________________________________________________________
   ____________________________ ____________________________
   TELEPHONE NO. ___________ TELEPHONE NO. ___________
   DATE OF BIRTH ___________ DATE OF BIRTH ___________
   DRIVER'S LICENSE NO. ______ DRIVER'S LICENSE NO. ______

3. NAME ____________________________ 4. NAME ______________________
   ADDRESS _________________________________________________________
   ____________________________ ____________________________
   TELEPHONE NO. ___________ TELEPHONE NO. ___________
   DATE OF BIRTH ___________ DATE OF BIRTH ___________
   DRIVER'S LICENSE NO. ______ 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 B
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FORM C

AUTHORIZATION TO INSPECT FINANCIAL RECORDS

TO: ________________________________
    (Name of Bank)

____________________________________
    (Address)

RE: ________________________________
    (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.

____________________________________
    (Name of Individual or Organization)

____________________________________
    (Signature)

____________________________________
    (Office or Position)

____________________________________
    (Date)
Persons Responsible for Operation of Bingo Game

1. 
   (Name)  
   (Birthdate)  
   (Street)  
   (City)  
   (State)  
   (Zip)  
   ( )  
   (Telephone No.)  
   (Driver's License No.)

2. 
   (Name)  
   (Birthdate)  
   (Street)  
   (City)  
   (State)  
   (Zip)  
   ( )  
   (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)  
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   (Telephone No.)  
   (Driver's License No.)

5. 
   (Name)  
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   (City)  
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   (Telephone No.)  
   (Driver's License No.)

6. 
   (Name)  
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   (City)  
   (State)  
   (Zip)  
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   (Telephone No.)  
   (Driver's License No.)