



# Bingo Application

## Type of Application

New     Renewal

## Organization Information

Name:
Address (No P.O. Box):
Organization Status: <input type="checkbox"/> Charitable <input type="checkbox"/> Educational <input type="checkbox"/> Religious <input type="checkbox"/> Fraternal
Other Status:

## Organization Contact Information

Work Phone #:
Cell Phone #:
Email Address:

## Officers of the Organization

Name	Address	Position	Signature

## Applicant Identifying Information

Last Name:	First Name:	MI:
Address (No P.O. Box):		
Date of Birth:	Social Security #:	
California Driver's License #:		

## Applicant Contact Information

Home Phone #:	Work Phone #:
Cell Phone #	Email Address:

### Bingo Location Information

Business Name:
Business Physical Address:
Business Mailing Address: <input type="checkbox"/> Same as above

### Bingo Location Property Owner or Manager Information

<input type="checkbox"/> Owned by Organization	<input type="checkbox"/> Leased	<input type="checkbox"/> Rented
Owner's/Manager's Name:		
Address:		
Phone Number:		

### Use of Bingo Premises

Provide a statement of the purpose for which the premises will be used:
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### Days and Hours of Operation

<b>Must be between 10:00 am – Midnight</b> <b>No more than two days in a seven day period</b>
Days of Operation:
Start time:
End time:

### Ownership of Bingo Equipment

Equipment Description	Owner

### Organization Bank Account Information

Bank Name:	
Address:	
Phone Number:	
Account Number:	
Contact Person:	
Authorized Signature(s):	Title:
Authorized Signature(s):	Title:

**Person(s) Responsible for Accounting Information**

(1) Last Name:	First Name:	MI:
Address (No P.O. Box):		
Date of Birth:	Social Security #:	
California Driver's License #:		
(2) Last Name:	First Name:	MI:
Address (No P.O. Box):		
Date of Birth:	Social Security #:	
California Driver's License #:		

**Name Each Individual, Partnership, Corporation or other Legal Entity that has a Financial Interest in the Bingo Games**

Name	Address	Phone #	Type

**Each Staff Member or Person Operating or Assisting in the Operation of the Bingo Games**

Name	Date of Birth

**New Application Fingerprinting Information (not for Renewals)**

Bingo applicants and all persons either operating or assisting in the operation of the bingo game must be fingerprinted. Read the "Request for Livescan Instruction Sheet." Once all have been completed, notify the Permits office (866-2188) that you have completed your appointment so they can monitor the results from the Department of Justice.

**New Application Attachment Checklist (not for Renewals)**

- Copies of certificates or letters evidencing exempt status under the designated section of the California Revenue and Taxation Code received from the Franchise Tax Board.
- Copies of fingerprint applications and receipts.
- Two portrait photographs at least 2"x2" in size of all applicants and all persons either operating or assisting in the operation of the bingo game.

**Signature & Verification**

- I affirm that the information provided in this application, including in all attachments, is true and correct.
- I understand that a material omission or misstatement of fact in this license application is grounds for denial, suspension, or revocation of a Bingo permit.
- I certify that all information contained in this application is complete and accurate.
- I consent that the Police Department may investigate any bank accounts containing profits derived from bingo games.
- I agree to abide by all rules and regulations set forth in Campbell Municipal Code Section 5.29.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Turning in the New Application (not for Renewals)**

Bring with you the completed application and all attachments and the Police Department Application Fee. Once your fingerprints and application are processed, you will be contacted with the results.

**Bingo Applications to the Police Department are accepted by Appointment Only  
408-866-2188**

<b>FOR CAMPBELL PD INTERNAL USE ONLY</b>				
<b>Application Received</b>	<b>Fingerprints Cleared</b>	<b>Police Approval</b>	<b>Fire Approval</b>	<b>Zoning Approval</b>
_____	_____	_____	_____	_____
<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>
_____	_____	_____	_____	_____
<b>Name</b>	<b>Name</b>	<b>Name</b>	<b>Name</b>	<b>Name</b>
_____	_____	_____	_____	_____
<b>Health Officer Approval</b>	<b>Building Insp. Approval</b>	<b>Application Granted</b>	<b>Application Denied</b>	<b>Permit Issued</b>
_____	_____	_____	_____	_____
<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>
_____	_____	_____	_____	_____
<b>Name</b>	<b>Name</b>	<b>Name</b>	<b>Name</b>	<b>Name</b>
_____	_____	_____	_____	_____