



William D. Gore, Sheriff

**SAN DIEGO COUNTY**  
**SHERIFF'S DEPARTMENT**

License Division, 9621 Ridgehaven Court, P.O. Box 939062  
San Diego, CA 92193-9062

**APPLICATION FOR PUBLIC BINGO GAME LICENSE**

**Fee: \$ 50.00**

**File#**

Chapter 4, Division 7, Title 3 of the San Diego County Code of Regulatory Ordinances decrees that no person shall conduct any bingo game in the unincorporated areas of San Diego County unless such person is a member of a non-profit, charitable organization, a senior citizens organization or a mobile home park association, acting on behalf of such organization which has been issued a license by the Sheriff.

*(Fee is non-refundable)*

**YOU MUST SUBMIT THE FOLLOWING ITEMS WITH THIS APPLICATION:**

1. Photo identification and proper fee
2. Zoning Status \_\_\_\_\_ & Assessor's parcel number \_\_\_\_\_ of property where activity will occur
3. Statement of Responsibility signed by Bingo Manager and Assistant Manager
4. Miscellaneous Information Form completed by each staff member working the bingo games
5. One 1 1/2" x 1 1/2" photo must be included by each staff member working the bingo games
6. California State Franchise Tax Board Letter of Exemption and latest I.R.S. Tax Exemption Filing
7. Copy of organization's Constitution, Articles of Incorporation or By-laws
8. Verification of ownership of the premises where Bingo will be conducted or written agreement signed by the property owner permitting such use of the premises. This location must have been in use by the Qualifying Organization for at least twelve (12) consecutive months immediately preceding the filing of this application
9. Fire Department approval \_\_\_\_\_

**PRINT OR TYPE ONLY**

NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

ALL OTHER NAMES USED (include maiden name) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

SEX \_\_\_\_\_ HAIR \_\_\_\_\_ DRIVER'S LICENSE NO. \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYES \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

RESIDENCE ADDRESS \_\_\_\_\_  
Number Street City Zip

**ALL PREVIOUS RESIDENCES FOR PAST FIVE (5) YEARS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIST ALL CHARGES RESULTING IN CONVICTION OR PLEA OF NOLO CONTENDERE IN PAST TEN (10) YEARS:**

<u>DATE</u>	<u>CHARGE</u>	<u>AGENCY</u>	<u>DISPOSITION</u>	<u>NAME ON DISPOSITION</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**BINGO APPLICATION - PAGE TWO**

NAME OF QUALIFIED ORGANIZATION \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**OFFICERS:** PRES. \_\_\_\_\_ SECRETARY: \_\_\_\_\_  
VICE-PRES. \_\_\_\_\_ TREASURER: \_\_\_\_\_

NAME OF BUILDING WHERE BINGO WILL BE PLAYED: \_\_\_\_\_

TELEPHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

*HOW LONG HAS BUILDING BEEN USED BY THIS ORGANIZATION ?* \_\_\_\_\_

OWNER OF PREMISES \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**ON WHAT DAYS WILL BINGO BE CONDUCTED?** (Circle no more than 2)

Mon.              Tue.              Wed.              Thurs.              Fri.              Sat.              Sun.

**HOURS:**              From \_\_\_\_\_              To \_\_\_\_\_

AGE OF GROUP PARTICIPANTS (Must be at least 18 years of age) \_\_\_\_\_

**THE NAMES AND ADDRESSES OF NOT LESS THAN TWO, BUT NOT MORE THAN THREE PERSONS WHO SHALL BE KNOWN AS THE BINGO MANAGER OR ALTERNATE MANAGER (S) ARE REQUIRED.**

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Title \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Title \_\_\_\_\_

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AGREE TO HAVING ALL REQUIRED NOTICES, UNLESS OTHERWISE SPECIFIED, SENT BY U.S. MAIL TO MY ADDRESS GIVEN ON THIS APPLICATION. I HAVE READ AND UNDERSTAND THE SECTIONS OF THE **SAN DIEGO CODE OF REGULATORY ORDINANCES** PERTAINING TO BINGO LICENSES. FURTHER, I UNDERSTAND THAT WITHIN 30 DAYS AFTER EACH BINGO GAME, A FULL AND COMPLETE FINANCIAL STATEMENT OF ALL MONIES RECEIVED WILL BE FILED WITH THE SHERIFF, ON FORMS PRESCRIBED BY THE SHERIFF.

DATE \_\_\_\_\_ **SIGNATURE OF APPLICANT:** \_\_\_\_\_

DATE \_\_\_\_\_ **APPLICATION RECEIVED BY:** \_\_\_\_\_

**BINGO APPLICATION - PAGE THREE**

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**AGENCY USE ONLY**

**FOR USE OF FIRE DISTRICT**

APPROVED < >    DISAPPROVED < >  
REASON \_\_\_\_\_  
BY \_\_\_\_\_ DATE \_\_\_\_\_  
TITLE \_\_\_\_\_  
FIRE PROTECTION DISTRICT \_\_\_\_\_  
\_\_\_\_\_

**FOR USE OF DPLU**

APPROVED < >    DISAPPROVED < >  
REASON \_\_\_\_\_  
BY \_\_\_\_\_ DATE \_\_\_\_\_  
TITLE \_\_\_\_\_  
CODE SECTION \_\_\_\_\_

**FOR USE OF DEH (NOISE)**

APPROVED < >    DISAPPROVED < >  
REASON \_\_\_\_\_  
BY \_\_\_\_\_  
DATE \_\_\_\_\_

**FOR USE OF SHERIFF'S INVESTIGATION**

APPROVED < >    DISAPPROVED < >  
REASON \_\_\_\_\_  
BY \_\_\_\_\_  
DATE \_\_\_\_\_