



**SAN DIEGO COUNTY  
SHERIFF'S DEPARTMENT**

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

FEE: \$336.00

APPLICATION FOR CASINO PARTY LICENSE

FILE #CP \_\_\_\_\_

FEE is **NOT** refundable

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The San Diego County Code of Regulatory Ordinances decrees that no person shall conduct any Casino Party in the unincorporated area of the San Diego County unless such person is a member of a non-profit, charitable organization acting on behalf of such organization and has been issued a license by the Sheriff.  
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**YOU MUST SUBMIT THE FOLLOWING ITEMS WITH YOUR APPLICATION:**

- Photo identification (I.E., California Driver's License) and Correct fee
- Signed "Statement of Responsibility" BY MANAGER & ASSISTANT MANAGER
- List of prizes to be distributed and their cash values FLYER, OR BROCHURE STATING CASINO IS FREE TO PUBLIC
- Miscellaneous Information Sheet for EVERY volunteer and/or EMPLOYEE staffing Casino Party
- Contractual agreement for gaming equipment and/or devices
- Zoning status \_\_\_\_\_ and Assessor's parcel number \_\_\_\_\_ of property where activity will occur.
- IRS Tax Exemption status and most recent Calif. State Franchise Tax Board Letter of Exemption
- Documents verifying applicant organization is owner of the premises, or a written agreement signed by property owner permitting such use of premises
- Fire Dept. Clearance signed and dated.

Other \_\_\_\_\_

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(PRINT OR TYPE, ONLY)

NAME OF

ORGANIZATION \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
TELEPHONE

LOCAL ADDRESS \_\_\_\_\_  
(Number) (Street) (City) (Zip)

OFFICERS: PRESIDENT \_\_\_\_\_ VICE PRES. \_\_\_\_\_

SECRETARY \_\_\_\_\_ TREASURER \_\_\_\_\_

APPLICANT \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Last Name) (First) (Middle) TELEPHONE

ALL OTHER NAMES USED

Include Maiden \_\_\_\_\_

WHAT IS YOUR CONNECTION WITH THIS ORGANIZATION? \_\_\_\_\_

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

SEX \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR \_\_\_\_\_ EYES \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ SOC. SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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LIST ALL RESIDENCES FOR PAST 5 YEARS:

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LIST BELOW **ALL** CHARGES RESULTING IN CONVICTION OR PLEA OF NOLO CONTENDERE:

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

LOCATION OF EVENT \_\_\_\_\_  
(Number) (Street) (City) (Zip)  
OWNER OF PREMISES \_\_\_\_\_ ( ) \_\_\_\_\_  
Telephone \_\_\_\_\_

DATE OF EVENT \_\_\_\_\_ HOURS: From \_\_\_\_\_ to \_\_\_\_\_

**DESIGNATED MANAGERS:**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

GAMING EQUIPMENT/DEVICES WILL BE FURNISHED BY:

ADDRESS \_\_\_\_\_ ( ) \_\_\_\_\_  
(Number) (Street) (City) (Zip) TELEPHONE \_\_\_\_\_

**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 THE ADDRESS GIVEN ON THIS APPLICATION. I HAVE READ AND UNDERSTAND THE SECTIONS OF THE COUNTY CODE OF REGULATORY ORDINANCES PERTAINING TO CASINO PARTIES.**

\_\_\_\_\_  
(Date) (Applicant's Signature)

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR USE OF DPLU-NOISE**

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_  
REASON \_\_\_\_\_  
BY \_\_\_\_\_ DATE \_\_\_\_\_

**FOR USE OF DPLU - ZONING**

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_  
REASON \_\_\_\_\_  
BY \_\_\_\_\_ DATE \_\_\_\_\_

**FOR USE OF SHERIFF'S INVESTIGATOR**

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_  
REASON \_\_\_\_\_  
BY \_\_\_\_\_ DATE \_\_\_\_\_

**FOR USE OF FIRE DISTRICT**

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_  
REASON \_\_\_\_\_  
BY \_\_\_\_\_ DATE \_\_\_\_\_  
TITLE \_\_\_\_\_  
FIRE PROTECTION DIST \_\_\_\_\_