



SAN DIEGO COUNTY SHERIFF'S OFFICE

LICENSING DIVISION

9621 Ridgehaven Court, PO Box 939062
San Diego, CA 92193-9062



APPLICATION FOR PUBLIC BINGO GAME LICENSE

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.

FEES: \$50 Annual

Fees are non-refundable

FILE# _____

The following items must be submitted with this application

1. Correct fees
2. Copy of photo ID
3. Statement of Responsibility signed by the Bingo Manager and Assistant Manager
4. Miscellaneous Information form completed by each staff member working the Bingo games
5. One 2" x 2" photo must be included by each staff member working the Bingo games
6. Background application for applicant, officers and/or partners (LIC 05 BACKGROUND)
7. Release & Waiver form
8. Documentation that applicant is the owner of the premises or a written agreement, signed by the owner, permitting such use of the premises. This location must have been in use by the Qualifying Organization for at least twelve consecutive months immediately preceding the filing of this application
9. Zoning status _____
10. Assessor's Parcel number of property where activity will occur _____
11. Copy of the Organization's Constitution, Articles of Incorporation or By-laws
12. California State Franchise Tax Board Letter of Exemption AND latest IRS Tax Exemption filing
13. Fire clearance by the local Fire Department _____
14. Other _____

Full Name _____
Last Name First Name Middle Name

Any other name used, aliases past and present (include maiden name) _____

Phone Number _____ Email _____ Date of Birth _____

Place of Birth _____ Alien Registration Number _____ U.S. Citizen? Yes / No

Gender _____ California Driver's License _____ Social Security # _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

Residence Address _____

Mailing Address _____

LIST ALL ARRESTS RESULTING IN A CONVICTION OR NOLO CONTENDRE IN PAST 10 YEARS

DATE	PLACE	CHARGE	DISPOSITION



ON WHAT DAYS WILL BINGO BE CONDUCTED? Circle no more than two

Days of operation: MON TUES WED THURS FRI SAT SUN

Hours of operation: FROM _____ AM/PM TO _____ AM/PM

AGE OF GROUP PARTICIPANTS (Must be at least 18 years old) _____

Name of Qualified Organization _____

Address _____

Phone _____

OFFICERS

President _____ Vice President _____

Secretary _____ Treasurer _____

Name of building where Bingo will be played _____

Address _____

Phone _____

How long has this building been used by this Organization? _____

Owner of premises _____

Address _____

Phone _____

Names and addresses of not less than two, but no more than three persons who shall be known as the Bingo Manager or Alternate Bingo Manager(s) are required

Manager ☐ Alternate Manager ☐

Name _____

Address _____

Manager ☐ Alternate Manager ☐

Name _____

Address _____

Manager ☐ Alternate Manager ☐

Name _____

Address _____



NAME OR ORGANIZATION _____

I hereby certify under penalty of perjury that the statements made in this application are true and correct to the best of my knowledge and belief. I understand that any false statements or information are grounds for denial of this application. I agree to have all the required notices, unless otherwise specified, sent by U.S. mail to the address given on the application. The right of reasonable inspection shall be a condition for issuance of this license.

Applicant's signature _____ Date _____

Accepted by (staff) _____ Date _____

SHERIFF STATION _____

___APPROVED ___DISAPPROVED

COMMENTS _____

BY _____

DATE _____

SHERIFF LICENSING

___APPROVED ___DISAPPROVED

COMMENTS _____

BY _____

DATE _____

PDS - Noise

___APPROVED ___DISAPPROVED

COMMENTS _____

BY _____

DATE _____

PDS - Zoning

___APPROVED ___DISAPPROVED

COMMENTS _____

BY _____

DATE _____

CODE SECTION _____

FIRE DEPT/FIRE MARSHAL

___APPROVED ___DISAPPROVED

COMMENTS _____

BY _____

DATE _____