SAN DIEGO COUNTY SHERIFF'S OFFICE

LICENSING DIVISION

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

BINGO – MISCELLANEOUS INFORMATION

File #_____

Please PRINT legibly

Full Name_____
Last Name First Name Middle Name

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

_____

Phone_____ 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 charges within the past 10 years (misdemeanors & felonies) resulting in conviction or plea of nolo contendere:

Date	Charge	Investigating Agency	Disposition

TO BE COMPLETED BY MANAGER

Applicant authorized for: _____ Bingo Assistant _____ Staff Member

Signature of Bingo Manager_____Date_____

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 Signature _____ Date_____

Accepted By (Licensing Staff) _____ Date _____