



SAN DIEGO COUNTY SHERIFF'S OFFICE

LICENSING DIVISION

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



APPLICATION FOR CASINO PARTY LICENSE

FEE: \$396.00

FILE #CP _____

Fees are non-refundable

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.

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 _____

(PRINT OR TYPE, ONLY)

NAME OF ORGANIZATION _____ (_____) TELEPHONE _____

LOCAL ADDRESS _____
(Number) (Street) (City) (Zip)

OFFICERS: PRESIDENT _____ VICE PRES. _____

SECRETARY _____ TREASURER _____

APPLICANT _____ (_____) TELEPHONE _____
(Last Name) (First) (Middle)

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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NAME OF
ORGANIZATION _____

LIST ALL RESIDENCES FOR PAST 5 YEARS:

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 _____ () TELEPHONE _____
(Number) (Street) (City) (Zip)

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.

Applicant's signature _____ Date _____

Accepted by: _____ Date: _____

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NAME OF
ORGANIZATION _____

PDS-NOISE

APPROVED _____ DISAPPROVED _____
REASON _____
BY _____ DATE _____

PDS - ZONING

APPROVED _____ DISAPPROVED _____
REASON _____
BY _____ DATE _____

SHERIFF'S INVESTIGATOR

APPROVED _____ DISAPPROVED _____
REASON _____
BY _____ DATE _____

FIRE DISTRICT

APPROVED _____ DISAPPROVED _____
REASON _____
BY _____ DATE _____
TITLE _____
FIRE PROTECTION DIST _____