

APPLICATION FOR BINGO PERMIT

PERMIT FEES: NEW ___ \$176.00

RENEWAL: ___ \$66.00 (NEW APPLICATION REQUIRED)

Only the following organizations may conduct bingo games within the City of Santa Cruz:

- A. Organizations exempt from payment of California Bank and Corporation tax under Revenue and Taxation Code, Section 23701a, b, d, e, f, g, or 1, and having a valid certificate or a letter from the Franchise Tax Board and the Internal Revenue Service supporting such exemption;
- B. Mobile home park associations;
- C. Senior Citizens' organizations.

1. NAME OF ORGANIZATION _____

LOCATION OF BINGO GAMES:

ADDRESS: _____ PHONE _____

TYPE OF BUILDING(church hall, etc.): _____ AREA (SQ.FT.)___

NUMBER OF OFF-STREET PARKING SPACES _____

2. NAMES, SIGNATURES, ADDRESSES, PHONE NUMBERS OF OFFICERS OF ORGANIZATION

Name	Signature	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Number of years organization has had continuous active existence at a fixed address in the City of Santa Cruz prior to application date. (Three years required.) _____

4. Days and hours of operation. _____
(limited to 12:00 noon to 11:00 p.m., one day per week.) Day of Week Hours

5. **REQUIRED ATTACHMENTS:** Copies of certificates or letters from the Franchise Tax Board and Internal Revenue Service evidencing exempt tax status; and/or mobile home park associations and senior citizens organizations may be required to provide copies of bylaws, resolutions establishing organization or articles of incorporation.

6. Written consent of owner of premises to allow Bingo games on premises.

Name	Residence Address	Business Phone
Business Address	Signature (indicates consent)	

7. Statement of ownership or lease of premises. (Attach to application.)

8. Purpose for which premises used by organization _____

9. Statement of ownership of Bingo equipment used in the operation. (Attach invoice with statement.)

10. Name of each individual, corporation, partnership, or legal entity which has financial interest in the conduct of the Bingo games.

Name	Address	Phone

11. Name and birthdate, residence, and business address of each staff member or person operating or assisting in the operation of the Bingo games.

Name	Birthdate	Residence	Business Address

12. Has any person who will operate or assist in the operation of Bingo games been convicted within the last five years of crimes involving lotteries, gambling, larceny, perjury, bribery, extortion, fraud, burglary, robbery, or similar crime? Yes___ No___ If yes, list below.

Name	Address	Business Phone

13. Consent for Chief of Police to investigate any bank account containing monies derived from Bingo games. (Principal officer's signature implies consent.)

14. I agree to conduct Bingo games in strict accordance with the provisions of Section 326.5 of the Penal Code and City Ordinance No. 77-33, as they may be amended from time to time, and agree that the permit to conduct Bingo games may be revoked by the Chief of Police upon violation of any such provisions. I certify (or declare), under penalty of perjury, that the foregoing is true and correct.

Executed on _____, 19__, at Santa Cruz California.

Requires two (2) signatures of officers of the applicant organization.

Name	Signature	Birthdate
------	-----------	-----------

Address	Phone
---------	-------

Name	Signature	Birthdate
------	-----------	-----------

Address	Phone
---------	-------

(Official Use Only - Do Not Mark on this Page)

15. **Review of Application:**

ATTENTION: Please check for departmental regulations and requirements and mark the appropriate space before forwarding to the next department. This form is dated and total processing thereof **must** be accomplished within 30 days per 5.44.10 of the Santa Cruz Municipal Code. Your promptness in this matter is appreciated.

Department	Approved	Not Approved	Reviewed By	Date	Remarks
Finance					
Planning					
Building					
Sanitation					
Fire					
Police					

POLICE INVESTIGATION

APPROVED BY: _____ DATE: _____

DISAPPROVED BY: _____ DATE: _____

PERMIT CONDITIONS:

Date Permit Mailed: _____ **Initials** _____