

# Imperial County Sheriff's Office

P.O. BOX 1040 \* 328 Applestill Road  
El Centro, California 92243-1040  
(442) 265-2125

## APPLICATION FOR PUBLIC BINGO GAME LICENSE

NEW \_\_\_\_\_ # \_\_\_\_\_

RENEWAL \_\_\_\_\_ DATE \_\_\_\_\_

ORGANIZATION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PERSON IN CHARGE OF  
BINGO GAMES: \_\_\_\_\_

(COMPLETE ATTACHED PAGE)

ADDRESS OR LOCATION OD BUILDING  
WHERE BINGO GAMES WILL BE HELD: \_\_\_\_\_

OWNER OR LESSEE  
OF BUILDING: \_\_\_\_\_

DAYS BINGO WILL  
BE CONDUCTED: \_\_\_\_\_

AGE GROUP OF  
PARTICIPANTS: \_\_\_\_\_

(MUST BE OVER 18 YEARS)

ORGANIZATION OFFICERS:

PRESIDENT: \_\_\_\_\_ VICE PRESIDENT: \_\_\_\_\_

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

PROOF OF NON PROFIT OR  
CHARITABLE STATUS ATTACHED \_\_\_\_\_ INFORMATION SHEET FOR ALL PERSONS  
STAFFING BINGO GAMES \_\_\_\_\_

AS A CONDITION OF THE APPLICATION, THE UNDERSIGNED PERSON CERTIFIES UNDER PENALTY OR PERJURY:

- (A) THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE
- (B) WITHIN 30 DAYS AFTER EACH INGO GAME A FULL AND COMPLETE FINANCIAL STATEMENT OF ALL MONIES COLLECTED, DISBURSED AND AMOUNT REMAINING FOR CHARITABLE PURPOSES WILL BE FILED WITH THE SHERIFF OF THE COUNTY OF IMOPERIAL ON FORMS PRESCRIBED AND FURNISHED BYT THE SHERIFF.

APPLICATION ACCEPTED BY:

\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

\_\_\_\_\_  
TITLE

APPROVED \_\_\_\_\_

DENIED \_\_\_\_\_

DATE \_\_\_\_\_

**BINGO GAMES - PERSON IN CHARGE:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Alias name or  
Maiden Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Sex \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

**Have you ever been convicted of any crime? Yes \_\_\_\_\_ No \_\_\_\_\_**

*If you answered YES, please complete the following:*

**LIST CONVICTIONS**

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Place: \_\_\_\_\_ Place: \_\_\_\_\_

Arresting Agency: \_\_\_\_\_ Arresting Agency: \_\_\_\_\_

Charge \_\_\_\_\_ Charge \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Office Assistant II, Records Division

**BINGO GAMES - STAFF:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Alias name or  
Maiden Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Sex \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

**Have you ever been convicted of any crime? Yes \_\_\_\_\_ No \_\_\_\_\_**

*If you answered YES, please complete the following:*

**LIST CONVICTIONS**

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Place: \_\_\_\_\_ Place: \_\_\_\_\_

Arresting Agency: \_\_\_\_\_ Arresting Agency: \_\_\_\_\_

Charge \_\_\_\_\_ Charge \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Office Assistant II, Records Division