



City of Calimesa

Application for a Bingo License

(To be filed with the City (30) thirty days prior to proposed date of any bingo game)

Written verification of the following **must** be submitted with the application, if it applies:

- A copy of the State Franchise Tax Board's determination that exempts the organization from the Bank and Corporation Tax by Section 23701a., 23701b, 23701d, 23701e, 23701f, 23701g or 237011 of the Revenue and Taxation Code.
- Improved vehicular access to the premises where the bingo game(s) are to be conducted and that such premises contain off-street vehicle parking facilities. Off street parking shall be on the basis of not less than one (1) parking space for each two (2) seats – one (1) seat is defined as an area of 7½ sq.ft. Such verification shall be obtained from the City of Calimesa Planning Department.
- Operation of the bingo game(s) shall be in compliance with Calimesa City Ordinance No. 91-11. Such verification shall be obtained from the City of Calimesa.
- A copy of organization's Resolution, By-laws, Articles of Incorporation or any other appropriate written documentation that authorizes applicant to apply for a bingo license on behalf of the organization.
- A copy of lease or proof of ownership of the premises where bingo game(s) are to be conducted.
- A list of the address(es) the organization has used in the City of Calimesa within a year immediately prior to this application. Describe specifically how the premises were used by the organization, for the purposes for which it was organized and the length of time for which the premises were used in this manner.
- A list of person(s) or organization(s), other than the applying organization, that has any financial interest in the conduct of the bingo games.
- Attach any other related items if necessary.

PLEASE TYPE OR PRINT LEGIBLY

Name and Address of the Organization _____

Telephone Number _____ Fax _____

INFORMATION OF PERSON APPLYING ON BEHALF OF THE ORGANIZATION

Name and Address _____

Telephone Number _____ Alternate Number _____

Position in Organization _____

USE OF PREMISES

How long has the organization been at this address? _____

During this time, how long have the premises been used by the organization for the purpose in which it was organized? _____

Describe specifically how your organization has used the premises for which it was organized _____

(If necessary use a separate sheet of paper)

Has the organization used any other premises within the City of Calimesa within a year immediately prior to filing this application? Yes No (A list of addresses shall be attached)

BINGO TIME AND LOCATION

Address _____

Days of the Week: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Time of Day: From _____ To _____

MEMBER LIST AND INFORMATION

Below, list names of all the members of the organization who will be in any way connected with the conduct of the bingo game(s), and any other relating information.

1) Name and Address of Member _____

Telephone Number _____ Date of Membership _____

Driver License Number _____ Date of Birth _____

2) Name and Address of Member _____

Telephone Number _____ Date of Membership _____

Driver License Number _____ Date of Birth _____

3) Name and Address of Member _____

Telephone Number _____ Date of Membership _____

Driver License Number _____ Date of Birth _____

(If necessary attach a separate sheet of paper.)

Are any members of the organization presently, or have been previously affiliated with any organization that conducts bingo games within the State of California? Yes No
If yes, provide the following information:

Name of Organization _____ Name of Member _____

Address of Organization _____

Address of Bingo Games _____

Will any person or organization (other than this organization) have a financial interest in the conduct of the bingo game(s)? Yes No (Attach names and addresses of person or organization interested.)

Has the applicant or any member on the license application been convicted of any felony?
 Yes No (List name(s), charge(s) and location(s) of conviction(s) below.)

Name _____ Location _____

Charge(s) _____

Name _____ Location _____

Charge(s) _____

Name _____ Location _____

Charge(s) _____

I declare under the penalty of perjury that all information provided in this document and attached hereto is true and correct.

Executed on _____ at _____
(City) (State)

*****FOR CITY USE ONLY*****

APPLICATION: <input type="checkbox"/> ORIGINAL <input type="checkbox"/> RENEWAL	
Amount Received \$ _____	Receipt No. _____
_____ Money Order _____ Cash _____ Check No. _____	
<input type="checkbox"/> Approved (Reason) _____	
<input type="checkbox"/> Disapproved (Reason) _____	
BY _____	
TITLE _____	

- ❖ Complete in chronological order amount for each bingo session
- ❖ Attach a complete itemized profit and loss statement for the full month of bingo session
- ❖ Attach copies of written patrol complaints received during bingo report period

	Complete List of Daily Paid Attendance	Daily Number of Hard or Permanent Cards Issued	Daily Total of Paper or Nonpermanent Cards Issued	Total Monies Brought in Each Session	Total Daily Monies or Prizes Awarded Each Session	All Other Revenue Brought in Each Bingo Session	Daily Lists of Starting and Ending Receipt Numbers
Session 1							
Session 2							
Session 3							
Session 4							
Session 5							
Session 6							
Session 7							
Session 8							
Session 9							
Session 10							
TOTAL							

CHARITIES

Name _____ Phone No. _____
 Address _____ Bingo License No. _____

Name _____ Phone No. _____
 Address _____ Bingo License No. _____

BOARD MEMBERS PRESENT AT BINGO SESSION(S)

