Police Permits and Licensing Application
SAN DIEGO POLICE DEPARTMENT
1400 'E' STREET · M.S. 735 · SAN DIEGO, CA 92101 · (619) 531-2250

BINGO LICENSE APPLICATION

(TYPE OR PRINT LEGIBLY)

Organization Name: _____

Address: _____ Zip Code _____ Phone: _____

Names and address of at least two (2) but no more than eight (8) members who are Bingo Managers/Alternates.

Manager	Complete Name	Home Address, City, Zip Code	Home Phone

IF APPLICANT IS NOT THE CORPORATION DIRECTOR, OR HEAD OF CHURCH, WRITTEN AUTHORIZATION FROM THE ORGANIZATION TO APPLY FOR A BINGO LICENSE MUST ACCOMPANY THE APPLICATION.

Premises/address where bingo games will be played: _____
Is premise owned or leased by organization: _____
Date bingo will begin: _____ Days & Hours of Game(s): _____
Is any person or bingo operator to receive a percentage, wage or salary: Yes _____ No _____

Specific Charitable Purpose(s) which bingo proceeds will benefit:
Name: _____ Address: _____
Name: _____ Address: _____
Name: _____ Address: _____

Has the building in which the bingo games are to be conducted been inspected by the Fire Department and Buildings Division? Yes: ___ No: ___ Permit Number: _____ Occupancy Limit: _____

Attach proof of occupancy limit and classification from Building Division and/or Fire Department. During what hours will the building be open for inspection? _____

I CERTIFY THAT ALL INFORMATION AND STATEMENTS MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Manager's Signature _____ Date: _____

FOR POLICE DEPARTMENT USE ONLY

Date Received: _____ Permit Number: _____
Approved by: _____ Issue Date: _____ Expiration Date: _____ Records Checked: _____