CASINO PARTY APPLICATION

Organization's Name: _____

Address: _____ City: _____ Zip: _____

ORGANIZATION BOARD OF DIRECTORS

	COMPLETE NAME	HOME ADDRESS	HOME PHONE
A. President			
B. Vice President			
C. Secretary			
D. Treasurer			

Applicant Full Name: _____ Applicant's Title: _____

IF APPLICANT IS NOT CORPORATION DIRECTOR, WRITTEN AUTHORIZATION FROM ORGANIZATION TO APPLY FOR CASINO PARTY PERMIT MUST ACCOMPANY APPLICATION.

Address of proposed Casino Party: _____
Date of Casino Party: _____ Hours of party: _____
Company or individual that will be furnishing casino personnel, equipment or devices:
Name: _____
Address: _____
A SINGLE OCCASION PUBLIC ASSEMBLY PERMIT MUST BE OBTAINED FROM THE FIRE DEPARTMENT BEFORE A POLICE PERMIT CAN BE ISSUED. A SCHEMATIC DRAWING DEPICTING LOCATION OF TABLES, EXITS, ETC. MUST ACCOMPANY THE APPLICATION FOR THE PUBLIC ASSEMBLY PERMIT.
PERMIT # _____

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

Applicant's Signature: _____ Date: _____

Home Address: _____ Zip _____ Phone _____

Business Address: _____ Zip _____ Phone _____

Mailing Address: _____ City _____ Zip _____

Date of Birth _____ California Driver's License _____

FOR POLICE DEPARTMENT USE ONLY

Date Received: _____ Permit No.: _____ Approved by _____

CASINO PARTY VOLUNTEERS

	NAME	NOT APPROVED	APPROVED
Casino Manager:			
Casino Manager:			
Volunteers:			