

**County of San Bernardino  
Clerk of the Board of Supervisors**

385 N. Arrowhead Avenue, 2<sup>nd</sup> Floor, San Bernardino, CA 92415-0130  
(909) 387-3841 Fax (909) 387-4554  
Internet: [www.sbcounty.gov/cob/](http://www.sbcounty.gov/cob/)



**APPLICATION FOR LICENSE TO OPERATE BINGO GAMES**

|   |   |   |
|---|---|---|
| Name of Applicant Organization: _____                         |   |   |
| Type: <u>Non-Profit Organization</u> <input type="checkbox"/> | Senior Citizen <input type="checkbox"/> | Mobile Home Park Association <input type="checkbox"/> |
| Physical Address: _____                                       |   |   |
| City: _____   | State: _____                            | Zip: _____  |
| Mailing Address: _____  |   |   |
| City: _____   | State: _____                            | Zip: _____  |
| Telephone Number: (____) _____ - _____                        |   |   |

Applicant must submit declaration of a duly authorized officer or representative, under penalty of perjury, which states the applicant organization owns or leases the property on which bingo games are to be held and that such property is used by such organization as an office or for purposes of the organization other than bingo games.

|   |   |                  |
|---|---|------------------|
| Bingo games will be operated at: Address: _____                             |   |                  |
| City: _____   |   | Zip: _____       |
| On (days/dates): _____  | From (time): _____  | To (time): _____ |
| Is Food Available: Yes <input type="checkbox"/> No <input type="checkbox"/> | Alcoholic Beverages Available: Yes <input type="checkbox"/> No <input type="checkbox"/> |                  |

A copy of the tax-exempt status determination issued by the State Franchise Tax Board to the applicant organization **must be attached hereto (nonprofit organizations only)**.

|  |             |            |
|--|-------------|------------|
| Name(s) of person(s) having management and/or supervision of said games: |             |            |
| Name: First: _____   | Last: _____ |            |
| Street Address: _____  | City: _____ | Zip: _____ |
| Name: First: _____   | Last: _____ |            |
| Street Address: _____  | City: _____ | Zip: _____ |
| Name: First: _____   | Last: _____ |            |
| Street Address: _____  | City: _____ | Zip: _____ |

The undersigned, under penalty of perjury, states that he/she is acting as a duly authorized agent for the above named applicant organization and has read, understands, and agrees to comply fully with the San Bernardino County Code as it pertains to bingo games.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**County Use Only**

**SHERIFF'S DEPARTMENT**

|  |
|--|
| Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Denied, comments: _____ |
| Signature: _____ Title: _____ Date: _____  |

**BOARD OF SUPERVISORS**

|  |
|--|
| Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Denied, comments: _____ |
| Signature: _____ Title: _____ Date: _____  |

**CLERK OF THE BOARD OF SUPERVISORS**

*Please Note: All fees can be found at [www.sbcounty.gov/cob/](http://www.sbcounty.gov/cob/) and are non-refundable. Make checks payable to Clerk of the Board.*

|                         |                      |  |
|-------------------------|----------------------|--|
| Initial Application Fee | Date Received: _____ | Accepted By: _____                       |
|                         | Receipt #: _____     | Deputy Clerk of the Board of Supervisors |
| Initial License Fee     | Date Received: _____ | Accepted By: _____                       |
|                         | Receipt #: _____     | Deputy Clerk of the Board of Supervisors |
| Renewal Fee             | Date Received: _____ | Accepted By: _____                       |
|                         | Receipt #: _____     | Deputy Clerk of the Board of Supervisors |

