

**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/



**APPLICATION FOR LICENSE TO OPERATE BINGO GAMES**

Name of Applicant Organization: _____		
Type: <input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Senior Citizen	<input type="checkbox"/> Mobile Home Park Association
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**

Fees: Initial Application <input type="checkbox"/> \$50.00	Date Received: _____	Accepted By: _____
	Receipt #: _____	Deputy Clerk of the Board of Supervisors
Renewal <input type="checkbox"/> \$50.00	Date Received: _____	Accepted By: _____
	Receipt #: _____	Deputy Clerk of the Board of Supervisors
Date Sent to Sheriff's Department: _____		

