



422 CAPITOLA AVENUE
CAPITOLA, CALIFORNIA 95010
TELEPHONE (831) 475-4242
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ANDREW J. DALLY
CHIEF OF POLICE

APPLICATION FOR BINGO PERMIT

Application fee of \$71 must be submitted with this completed application.

I. APPLICANT/ORGANIZATION INFORMATION:

Applicant/Name of Organization: _____

Address: _____

Phone #: _____ Website: _____

What year did the organization begin a continuous active existence in Capitola? _____

II. OFFICERS OF ORGANIZATION:

President: _____

Address: _____

Phone #: _____ Email: _____

Vice President: _____

Address: _____

Phone #: _____ Email: _____

Secretary: _____

Address: _____

Phone #: _____ Email: _____

Treasurer: _____

Address: _____

Phone #: _____ Email: _____

III: BINGO INFORMATION:

Days and Hours of Bingo Games: _____

Ownership of Bingo Equipment: _____

Names of Persons or Legal Entities with Financial Interest in the Bingo Games:

Names of Persons Operating or Assisting in the Conduct of Bingo Games:

Name: _____ Date of Birth: _____

Address: _____

Name: _____ Date of Birth: _____

Address: _____

Have any of the persons listed above been convicted of a felony within the last five years?

Yes (if yes, attach additional sheet with explanation) No

IV: PREMISES INFORMATION:

Address of Premises Used for Bingo Games: _____

Room(s) for Bingo Use: Total Square Ft. _____ Seating Capacity _____

Does Applicant Own or Lease Premises? Own Lease Other

Explain Other: _____

Primary Use of Premises: _____

If the applicant does not own premises, the owner must sign consent:

Owner of Premises: _____

Address: _____

Phone #: _____ Email: _____

I hereby consent to bingo games being conducted at the above address:

Property Owner's Signature

Date

Print Name

V. APPLICANT'S ACKNOWLEDGEMENT AND SIGNATURE:

- A. I declare under penalty of perjury that the information contained herein is true and correct.
- B. I hereby authorize the Chief of Police, or his agents, of the City of Capitola to inspect all records and special bank accounts containing monies derived from bingo games by the Appellant Organization whenever deemed reasonable and appropriate to ensure compliance with Capitola Municipal Code Ordinance No. 414.

Executed at _____, California on the ____ day of _____, 20____.

Signature of Authorized Representative

Title of Authorized Representative

Print Name

Attach copies of certificates or letters evidencing exempt status under § 170(C)(2) of the Internal Revenue Code, received from the Franchise Tax Board and Internal Revenue Service.