



**CITY OF CARSON
REVENUE DIVISION**

701 East Carson Street - P. O. Box 6234 - Carson, CA 90749
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E-mail Address: revenue@carson.ca.us

PERMIT NO. _____

NEW RENEW

CHANGE OF ADDRESS

PLEASE PRINT OR TYPE ONLY

**APPLICATION FOR BINGO PERMIT SUPPLEMENT
ORGANIZATION DISCLOSURE FORM**

NAME OF ORGANIZATION _____

ADDRESS _____

1. Please provide in detail how the residents of the City of Carson will benefit as a result of the granting of a bingo license to your organization:

2. Has your organization, any of its officers or managers ever been involved in bingo in a jurisdiction other than Carson?
NO **YES** (If yes, please provide details as to who was involved, where and when the involvement took place.)

3. Has your 2701(d) status (or 501C3 status) ever been audited, suspended or terminated? **NO** **YES**
(If yes, please provide details)

4. Has the organization and/or any of its officers/managers ever been investigated by any investigatory agency in connection with bingo, disposition of funds or any other financial transactions? **NO** **YES**
(If yes, please provide details)

5. Have any of the officers and/or managers of the organization ever been charged with a crime in connection with the operation of bingo or in connection with financial transactions? **NO** **YES** (If yes, please provide details)

WE DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Date

Signature

Print Name & Title