



**CITY OF CARSON
REVENUE DIVISION**

701 E. CARSON STREET, P.O. BOX 6234, CARSON, CA 90749 • PH: (310) 952-1748 • FAX (310) 518-2874

BINGO MANAGER / ALTERNATE REGISTRATION FORM

(This form must be filled out by each bingo manager & alternate)

PERMIT NO.: _____

NAME OF ORGANIZATION _____

☐ **MANAGER**/☐ **ALTERNATE NAME** _____

RESIDENCE ADDRESS _____

TELEPHONE NO. _____

CA DRIVER'S LICENSE NO. _____

SOCIAL SECURITY NO. _____

Date of Birth _____ **Sex** _____ **Height** _____ **Weight** _____ **Eyes** _____ **Hair** _____

CRIMINAL HISTORY DISCLOSURE _____

I CERTIFY that I am a member of the organization named above and I agree to volunteer my services in the conduct of Bingo. I understand it is a crime to receive or pay a profit, wage, or salary from any Bingo game. I further certify that I have not been convicted of any crime involving gambling or the theft of money or property. I declare under penalty of perjury that all information provided on this registration form is true and complete.

Signature

Title

Date

BELOW FOR OFFICE USE ONLY

Date sent: _____

Additional Comments for Investigator: _____

