



**CITY OF CARSON
REVENUE DIVISION**

701 East Carson Street - P. O. Box 6234 - Carson, CA 90749
Phone: (310) 952-1748 - Fax (310) 518-2874
E-mail Address: revenue@carson.ca.us

PERMIT NO.	_____
<input type="checkbox"/> NEW	<input type="checkbox"/> RENEW
<input type="checkbox"/> CHANGE OF ADDRESS	

PRINT OR TYPE ONLY

APPLICATION FOR BINGO PERMIT SUPPLEMENT

CHARITABLE DISPOSITION OF BINGO PROCEEDS – 6704 CMC

NAME OF ORGANIZATION _____

ADDRESS _____

Will you be donating **50%** or more of the proceeds from bingo games to one charity during the licensing period

YES (If yes, please list the name and address of the charity) **NO**

NAME OF CHARITY _____

ADDRESS: _____

I AM AWARE THAT IS THE DESIGNATED CHARITY CHANGES, I MUST FILE AN AMENDED APPLICATION WITHIN NINETY (90) DAYS.

Signature

Title

Date

AFFIDAVIT OF RECEIVING CHARITY

I DECLARE UNDER PENALTY OF PERJURY THAT AS A RECIPIENT OF BINGO PROCEEDS, _____

RECEIVES AT LEAST 25% OF OUR TOTAL OPERATING REVENUE FROM SOURCES OTHER THAN FROM BINGO PROCEEDS.

Signature

Title

Date