

## 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

PER	ERMIT NO.						
	NEW		RENEW				
	CHANGE OF ADDRESS						

## PRINT OR TYPE ONLY

## APPLICATION FOR BINGO PERMIT (GENERAL BINGO)

the payment of t	he Bank and Co he bingo games was formed.	ply for a bingo license under the provision of Section 6701 of the Carson Municipal Code, because it is exempted from rporation Tax by Sections 23701 (a), (b), (d), (e), (f), (g) and (l) of the California Revenue and Taxation Code. The are proposed to be conducted is used by the organization for an office or for the performance of the purpose for which								
DATE ORGANIZED		DATE INCORPORATED								
LOCATION OF	ACTIVITY									
MAILING ADDRESS										
MANAGER					HONE:					
ALTERNATES		(1)		(2)						
Please provide the names and signatures of at least two (2) officers, including the presiding officer of a corporation or community chest and the trustee of any trust and the chairperson or presiding officer of any other organization. (Officers cannot be the same as bingo manager or alternates.)  NAME										
NAME										
ADDRESS					PHONE					
NAME					TITLE					
ADDRESS					PHONE					
DESCRIPTION OF PROPERTY TO BE USED FOR BINGO GAMES										
	LEASED	☐ CITY PROPER	TY DONATED	OCCUPANO	Y CAPACITY					
PROPOSE	D DAY OF BING	O GAMES (DAY 1)		(DAY	2)					
PROPOSED H	IOURS OF BING	O GAMES (HOURS)		(HOU	RS)					
We agree to conduct bingo games in strict adherence of the provisions of Section 326.5 of the California Penal Code, Chapter 7 of Article VI of the Carson Municipal Code, and all applicable regulations approved by the City Council, as they may be amended from time to time, and agree that the permit to conduct bingo games may be revoked by the Finance Director upon violation of such provisions.  We declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.										
Signature			Print Name & Title			Date				
Signature			Print Na	Print Name & Title						
			BELOW FOR OFFICE US	SE ONLY						
Pmt. date		Amt. Pd.		Receipt No.:		Ву				
REFERRAL D	ATE	<b>AGENCIES</b>	DATE APPROVED	DAT	E DENIED	REVIEWED BY				
		☐ City Attorney								
		☐ Planning								
		☐ Fire ☐ Health								
		☐ Sheriff								
		☐ Bldg. & Safety		_						
Comments and	d/or Condition			<del>-</del>						