



# CITY OF TURLOCK

## BINGO GAME LICENSE APPLICATION TURLOCK MUNICIPAL CODE 5-11-01



1. Applicant Organization: \_\_\_\_\_

Proof of Non-Profit Status: \_\_\_\_\_

Address of Operation: \_\_\_\_\_

Name of Two Officers: \_\_\_\_\_

\_\_\_\_\_

Signatures of Officers: \_\_\_\_\_

List of Names of Members of the Applicant organization who will, from time to time, operate and staff bingo games:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

If the applicant is a corporation, please indicate below the name of the corporation exactly as it appears in the article of incorporation, as well as the names and addresses of all officers, directors and stock holders holding five percent (5%) or more of the stock in the corporation (use additional paper, if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the applicant is a partnership or unincorporated association, please indicate below the names and addresses of all partners, including limited partners, or principals. Additionally, if the applicant is a partnership, then the partnership must designate a managing partner and that individual must complete the application form. (Use additional paper, if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Premises Information:

Please indicate below the name(s) and address (es) of the owner(s) of the real property upon or in which the business is to be conducted and the lessors of the real property, if different from the owner:

\_\_\_\_\_  
(Property Owner)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Property Lessor)

\_\_\_\_\_  
(Address)

Has zoning approval been obtained from the City of Turlock, Community Development Department, and Planning Division? \_\_\_\_\_Yes \_\_\_\_\_No. Please obtain a signature of approval from the Planning Division on the line below:

\_\_\_\_\_  
(Signature of Zoning Official)

\_\_\_\_\_  
(Property Zone)

Has occupancy inspection approval been obtained from the City of Turlock, Community Development Department, and Building Division? \_\_\_\_\_Yes \_\_\_\_\_No. Please obtain a signature of approval from the Building Division on the line below:

\_\_\_\_\_  
(Signature of Building Official)

\_\_\_\_\_  
(Occupancy Approved/Not Approved)

Proposed days of week and hours of day for conduct of bingo games:

\_\_\_\_\_  
I, \_\_\_\_\_, agree to conduct bingo games in strict accordance with the provisions of Section 326.5 of the Penal Code and this Chapter, as they may be amended from time to time, and agree that the license to conduct bingo games may be revoked by the Police Department upon violation of any such provisions.

I, \_\_\_\_\_, further attest, under the penalty of perjury under the laws of the State of California, that any and all of the information provided herein and any supplemental information submitted herewith, is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Note: Prior to the issuance of a permit, a Certificate of Insurance must be filed with the City Clerk's Officer pursuant to Turlock Municipal Code Section 7-2-501. The insurance forms packet provided with your application instructions must be used when filing with the City Clerk.**

**FOR OFFICAL CITY USE ONLY**

**DO NOT COMPLETE BELOW THE DOUBLE LINES**

Department Heads: Please Review the above information and submit any comments to the City Clerk.

Department Referrals:

\_\_\_\_\_ City Attorney

\_\_\_\_\_ Police Department

\_\_\_\_\_ Community Development Department