

**County of San Bernardino  
Clerk of the Board of Supervisors**

385 N. Arrowhead Avenue, 2<sup>nd</sup> Floor, San Bernardino, CA 92415-0130  
(909) 387-3841 Fax (909) 387-4554  
Internet: [www.sbcounty.gov/cob/](http://www.sbcounty.gov/cob/)



**APPLICATION FOR LICENSE TO OPERATE BINGO GAMES**

**TRADITIONAL BINGO**  **REMOTE CALLER BINGO**

*Please Note: All fees can be found at [www.sbcounty.gov/cob](http://www.sbcounty.gov/cob) and are non-refundable. Make checks payable to Clerk of the Board.*

Name of Applicant Organization: _____		
Type: <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Mobile Home Park Association <input type="checkbox"/> Other (identify) _____		
Physical Address: _____		
City: _____	State: _____	Zip: _____
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Telephone Number: (    )    -    _____		

Bingo games will be operated at: Physical Address: _____		
City: _____	State: _____	Zip: _____
On (days/dates): _____	From (time): _____	To (time): _____
Is Food Available: Yes <input type="checkbox"/> No <input type="checkbox"/>	Alcoholic Beverages Available: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Name(s) of person(s) having management and/or supervision of said games:		
Name: First: _____	Last: _____	
Street Address: _____	City: _____	Zip: _____
Name: First: _____	Last: _____	
Street Address: _____	City: _____	Zip: _____
Name: First: _____	Last: _____	
Street Address: _____	City: _____	Zip: _____

Verification that the applicant is a qualified organization under County Code section 41.1704, and a copy of the organization's tax-exempt status determination issued by the State Franchise Tax Board or other acceptable proof of qualified status, **must be attached hereto.**

The undersigned states under penalty of perjury, that the following is true and correct:

- The applicant organization has been incorporated or in existence for three or more years.
- The operation of bingo is not the primary purpose of the applicant organization.
- The undersigned is the highest ranking officer for the applicant organization.
- The undersigned has authority to submit this application on behalf of the applicant organization.
- The undersigned has read, understands, and agrees to comply fully with County Code sections 41.1701 through 41.1713 and Penal Code sections 326.3 through 326.5, as applicable.
- The proceeds of such bingo games will only be used for charitable purposes, except as provided in County Code sections 41.1074 and 41.1708 and Penal Code sections 326.3 through 326.5, as applicable..
- The applicant organization owns or leases the property, or said property has been donated, on which the bingo games are to be held.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Name of highest ranking officer: \_\_\_\_\_ Title: \_\_\_\_\_



**County Use Only**

**SHERIFF'S DEPARTMENT - (909)888-5916**

Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Denied, comments: _____
Signature: _____ Title: _____ Date: _____

**CLERK OF THE BOARD OF SUPERVISORS**

Initial Application Fee	Date Received: _____ Receipt #: _____	Accepted By: _____ Deputy Clerk of the Board of Supervisors
Initial License Fee	Date Received: _____ Receipt #: _____	Accepted By: _____ Deputy Clerk of the Board of Supervisors
Renewal Fee	Date Received: _____ Receipt #: _____	Accepted By: _____ Deputy Clerk of the Board of Supervisors