



## OFFICE OF THE CITY CLERK

CITY HALL  
10300 TORRE AVENUE • CUPERTINO, CA 95014-3255  
TELEPHONE: (408) 777-3223 • FAX: (408) 777-3366  
CUPERTINO.ORG

### APPLICATION FOR BINGO PERMIT

1. Organization Name \_\_\_\_\_  
Officer Name \_\_\_\_\_  
Officer Address \_\_\_\_\_
2. Days of Operation \_\_\_\_\_ Hours of Operation \_\_\_\_\_
3. Address of Bingo game \_\_\_\_\_
4. Purpose of premises used by organization \_\_\_\_\_
5. Ownership of Bingo equipment \_\_\_\_\_
6. Name of person responsible for operation of Bingo game \_\_\_\_\_
7. Name of everyone who has any financial interest in Bingo game \_\_\_\_\_
8. Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

#### MUST HAVE THE FOLLOWING:

- \_\_\_\_\_ A. Consent for Sheriff to inspect bank account containing Bingo profits.
- \_\_\_\_\_ B. Statement of ownership/lease of premises.
- \_\_\_\_\_ C. Copies of exempt status from Internal Revenue and Franchise Tax Board or tax identification number.
- \_\_\_\_\_ D. Floor plan of room where gaming will take place showing the exit(s)
- \_\_\_\_\_ E. Will food or drinks be served? (Check one) Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe the type, how it will be served, and where it will be prepared \_\_\_\_\_  
\_\_\_\_\_

Signature of person responsible for Bingo game \_\_\_\_\_

FEE: \$268.44 Annual License (*fee pursuant to Resolution No. 25-058*)

THIS LICENSE IS NONTRANSFERABLE

FOR OFFICIAL USE ONLY

Sheriff recommendation	YES	_____	NO	_____
Fire District	YES	_____	NO	_____
Health Officer	YES	_____	NO	_____
Building Official	YES	_____	NO	_____
Director of Planning	YES	_____	NO	_____
Business License No.	_____			

Approval:

_____	Date: _____
Tina Kapoor, Interim City Manager	

Attest:

_____	Date: _____
Kirsten Squarcia, City Clerk	