

APPLICATION FOR SACRAMENTO COUNTY BINGO LICENSE PARLOR AND SUPPLIER LICENSE FEE • \$125.00

SACRAMENTO COUNTY SHERIFF'S OFFICE

4500 Orange Grove Avenue, Sacramento, CA 95841 SIIB@SACSHERIFF.COM

MENTO	LICENSE NUMBER		
	EXPIRATION DATE		
COMPLIANCE OFFICER APPROVAL			
PLEASE DO NOT W	RITE ABOVE THIS LINE		
Name of Corporation			
Name of Business Owner (Last, First, MI)	Date of Birth	Driver's License No. & State	
Street Address of Business Owner <u>OR</u> Corporation (Street, O	City State 7in)	Phone	
Street Address of Business Owner OK Corporation (Street, C	Aty, State, Zip)	1 none	
Name of Applicant OR Local Contact (Last, First, MI)	Date of Birth	Driver's License No. & State	
Home Address (Street, City, State, Zip)		Phone	
Name/Address of Partner (If Any)		Phone	
N. (All CM (ICA)		Ni.	
Name/Address of Manager (If Any)		Phone	
Name/Address of Corporate Officer		Phone	
•			
Type of Organization: Sole Ownership Partnership	Husband/Wife	Corporation Joint Venture	
Name of Business (D.B.A.)			
, ,			
Business Site Address (Street, City, State, Zip) (No P.O. Boxes allowed)		Phone	
Parcel Number for Business Site Address (10-digit Assessor's	s Parcel Number)		
Business Mailing Address (if different than site address)			
Dusiness Maining Address (if different than site address)			
New License Renewal Change of Owner	Change of Address	Planned Opening Date	
Type of business you intend to operate	_ 0		
Type of business you intend to operate			
Describe the activities of your business (include type of produ	ıcts, services, etc.)		
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Is the business address your home address? Yes No	If yes, explain what	activity will occur there:	

APPLICATION FOR SACRAMENTO COUNTY SPECIAL BUSINESS LICENSE FOR BINGO PARLORS AND SUPPLIERS

1. 2.	Will your business be equipped with an alarm system? Will your business provide security personnel during hours of operation?	YES ——	NO —		
	THE FOLLOWING INFORMATION SHALL BE SUBMITTED WITH THE A	APPLICATION			
1.	Copy of Articles of Incorporation.				
2.	Roster of current officers or directors (name, title, address, telephone number, and date of bir	th).			
3.	Name, address, telephone number, and date of birth of each employee involved with bingo related activities.				
	DDITION TO THE ABOVE, upon issuance of any license pursuant to this application, the licenshange in the information submitted on or with this application immediately upon its occurrence.	see shall submit to	the Sheriff		
NOT	E: ANY LEASES/AGREEMENTS BETWEEN THE PARLOR AND BINGO LICENSEES AVAILABLE TO THE SHERIFF UPON REQUEST.	S MUST BE MA	DE		
	*** IMPORTANT PLEASE READ THE INFORMATION BELOV	V ***			
parlo invali It is t feder regul	special business license is not transferable to a new owner or new type of business activity. Special suppliers are issued subject in part to the information provided by applicants. Any change idate the business license. The responsibility of all special business license applicants to identify and obtain all special permital, state, or county regulation. It is also the responsibility of the applicants to comply with all contains and ordinances. Failure to do so may invalidate your right to do business in this county an egal sanctions.	in the information as and approvals results building and	n provided may equired by zoning		
	on 9.20.010 states that it is unlawful for any person to knowingly falsify or conceal any fact or ment in any matter within the jurisdiction of any department of the county.	ake any false or fr	audulent		
1.	I have received the Bingo Handbook (9th edition) and understand the bingo re Sheriff. The most recent edition of the Bingo Handbook can be found online a https://www.sacsheriff.com/pages/bingo.php		ed by the		
2.	The business or corporation will conduct all business in Sacramento County is provisions of Chapters 4.28 and 4.29 of the Sacramento County Code and any promulgated thereunder. The Sheriff's Office reserves the right to inspect the	rules or regula	ations		
I dec	clare under penalty of perjury under the laws of the State of California that the for	egoing is true a	nd correct:		
Sign	ature of Applicant Date	City and State			
IN T	THE EVENT OF DENIAL, NO REFUND WILL BE ISSUED.				

THIS APPLICATION IS PUBLIC RECORD. 7400-274 (Revised 3/2023)