



**APPLICATION FOR SACRAMENTO COUNTY BINGO LICENSE  
LICENSE FEE • \$50.00**

**SACRAMENTO COUNTY SHERIFF'S DEPARTMENT**  
711 G Street, Room 409, Sacramento, CA 95814  
Telephone (916) 874-8111 • Fax (916) 874-5263

LICENSE NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

COMPLIANCE OFFICER APPROVAL \_\_\_\_\_

**PLEASE DO NOT WRITE ABOVE THIS LINE**

Organization \_\_\_\_\_ Telephone Number \_\_\_\_\_

State Tax Exempt Number \_\_\_\_\_ State Tax Exemption Type \_\_\_\_\_

Organization Address (Street, City, State, Zip Code) \_\_\_\_\_

Mailing Address (Street, City, State, Zip Code) \_\_\_\_\_

Address of Bingo Premises (Street, City, State, Zip Code) \_\_\_\_\_

Bingo Premises \_\_\_\_\_

Owned \_\_\_\_\_ Leased/Rented \_\_\_\_\_ Donated \_\_\_\_\_ Occupancy Capacity \_\_\_\_\_

If leased/rented, period of agreement: From \_\_\_\_\_ To \_\_\_\_\_

Proposed Game Schedule - Days and Hours of Play \_\_\_\_\_

Organization's current use of bingo premises \_\_\_\_\_

**Specific** Charitable purpose(s) which bingo proceeds will benefit \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NAME AND SIGNATURE OF MEMBER OF ORGANIZATION WHO WILL BE PRIMARILY RESPONSIBLE FOR CONDUCTING BINGO GAMES:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Address (Street, City, State, Zip Code) \_\_\_\_\_ Telephone Number \_\_\_\_\_

Home \_\_\_\_\_

Work \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

**SACRAMENTO COUNTY BINGO LICENSE APPLICATION**

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I DECLARE UNDER PENALTY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

1. I have received and understand the bingo regulations (Handbook) issued by the Sheriff.
2. The applicant organization will conduct all bingo games in strict accordance with the provisions of Section 326.5 of the California State Penal Code, the provisions of Chapter 4.26 of the Sacramento County Code and any rules or regulations promulgated thereunder and consents to inspection of the bingo premises and of the accounting records, bank account, and other documents relating to financial transactions and/or arrangements of the applicant or licensee with respect to the conducting, operating, or staffing of any bingo game(s) by authorized Sheriff representative(s).

Signatures of two current officers of the organization (including presiding officer) authorized to execute this application.

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Print Name	Title	Telephone Number
Signature	Date	

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Print Name	Title	Telephone Number
Signature	Date	

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**THE FOLLOWING INFORMATION SHALL BE SUBMITTED WITH THE APPLICATION**

1. **Copy of articles of incorporation, constitution, and other rules of operation.**
2. **Copy of resolution adopted by the organization authorizing the filing of application for bingo license.**
3. **Copy of State Franchise Tax Exemption.**
4. **Roster of current officers and directors (name, title, address, telephone number, and date of birth).**
5. **Name, address, telephone number, and date of birth of each applicant organization member who will staff bingo.**
6. **If premises where bingo is to be played are not owned, a copy of the lease must be submitted.**
7. **Written statement from the local Fire District indicating the occupancy capacity of the room in which bingo is to be played.**
8. **Floor plan layout of room where bingo will be played.**
9. **Detailed description of record system to account for proceeds, prizes, expenses, and profits.**
10. **Special Bank Account information (persons responsible for check book, name and address of bank, account number, and persons authorized to sign checks).**
11. **Copy of the rules of the bingo game(s) which applicant intends to use.**
12. **A detailed schedule of bingo games to be played.**
13. **A statement of your plan to meet the American Disability Act (ADA) requirements; be specific as it pertains to live caller bingo and the sale of pulltabs.**

**IN ADDITION TO THE ABOVE, upon issuance of any license pursuant to this application, the licensee shall submit to the Sheriff any change in the information submitted on or with this application immediately upon its occurrence.**