

**APPLICATION FOR SACRAMENTO COUNTY
SPECIAL BUSINESS LICENSE FOR BINGO PARLORS AND SUPPLIERS
Annual License Fee • \$125.00**



SACRAMENTO COUNTY SHERIFF'S DEPARTMENT

711 G Street, Room 304, Sacramento, CA 95814
SIIB@SACSHERIFF.COM

License Number _____

OFFICE USE ONLY	
Ck. No.	_____
Amt.	_____
Control No.	_____
Date	_____

PLEASE DO NOT WRITE 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 OR Corporation (Street, City, State, Zip) _____ Phone _____

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 _____

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 Parcel Number) _____

Business Mailing 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 _____

Describe the activities of your business (include type of products, services, etc.) _____

Is the business address your home address? Yes _____ No _____ If yes, explain what activity will occur there: _____

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|----|--|-----|-----|
| | | YES | NO |
| 1. | Will your business be equipped with an alarm system? | ___ | ___ |
| 2. | Will your business provide security personnel during hours of operation? | ___ | ___ |
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THE FOLLOWING INFORMATION SHALL BE SUBMITTED WITH THE APPLICATION

1. Copy of Articles of Incorporation.
2. Roster of current officers or directors (name, title, address, telephone number, and date of birth).
3. Name, address, telephone number, and date of birth of each employee involved with bingo related activities.

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.

NOTE: ANY LEASES/AGREEMENTS BETWEEN THE PARLOR AND BINGO LICENSEES MUST BE MADE AVAILABLE TO THE SHERIFF UPON REQUEST.

***** IMPORTANT --- PLEASE READ THE INFORMATION BELOW *****

The special business license is not transferable to a new owner or new type of business activity. Special business licenses for bingo parlors and suppliers are issued subject in part to the information provided by applicants. Any change in the information provided may invalidate the business license.

It is the responsibility of all special business license applicants to identify and obtain all special permits and approvals required by federal, state, or county regulation. It is also the responsibility of the applicants to comply with all county building and zoning regulations and ordinances. Failure to do so may invalidate your right to do business in this county and may subject you to penalties and legal sanctions.

Section 9.20.010 states that it is unlawful for any person to knowingly falsify or conceal any fact or make any false or fraudulent statement in any matter within the jurisdiction of any department of the county.

1. I have received the Bingo Handbook (9th edition) and understand the bingo regulations issued by the Sheriff. The most recent edition of the Bingo Handbook can be found online at <http://www.sacsheriff.com/Pages/Organization/Fiscal/Bingo.aspx>
2. The business or corporation will conduct all business in Sacramento County in strict accordance with the provisions of Chapters 4.28 and 4.29 of the Sacramento County Code and any rules or regulations promulgated thereunder. The Sheriff's Department reserves the right to inspect the premises at any time.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

Signature of Applicant

Date

City and State

IN THE EVENT OF DENIAL, NO REFUND WILL BE ISSUED.

THIS APPLICATION IS PUBLIC RECORD.