

COUNTY OF YUBA

APPLICATION FOR LICENSE TO CONDUCT BINGO GAMES
FOR CALENDAR YEAR _____

1) Name of Organization _____ Telephone () _____

2) Mailing Address _____
Number, Street or P O Box Number City, State, Zip Code

3) Name & Title of person filing application _____

4) Street address of location where games are to be held:
Number, Street City, State, Zip Code

5) Is the Organization the owner of the premises? No / Yes (circle one) If not, give the name and address of the owner, and attach a copy of the lease agreement.

Name Address City, State, Zip Code

6) Has a Bingo License ever been denied, suspended, cancelled or revoked? No / Yes circle one

We hereby certify that the organization is an eligible organization per section 8.60.010 of the Yuba County Ordinance Code. We further agree to conduct all bingo games in strict accordance with the provisions of Section 326.5 of the California Penal Code. We acknowledge that the Sheriff or Tax Collector may revoke this bingo license upon violation of this ordinance or any other law or regulation.

Date _____

* Signature President

* Print Name

* Signature

* Print Name

NOTE: Two (2) Signatures required.