

CITY OF VACAVILLE
APPLICATION FOR BINGO LICENSE

ALL ITEMS MUST BE COMPLETED AND REQUIRED ATTACHMENTS INCLUDED BEFORE ACCEPTANCE OF THIS APPLICATION. APPLICATIONS SHOULD BE SUBMITTED TO THE FINANCE OFFICE OF THE VACAVILLE CITY HALL.

A. ORGANIZATION

Name _____

Address of Local Office: _____

B. AUTHORIZED REPRESENTATIVE

Name _____

Address _____

City, State & Zip _____

Telephone _____

Date of Birth _____

C. PRESIDENT OR CHIEF OFFICER

Name _____

Home Address _____

City, State & Zip _____

Telephone _____

Date of Birth _____

D. CUSTODIAN OF FINANCIAL RECORDS

Name _____

Home Address _____

City, State Zip _____

Telephone _____

Date of Birth _____

E. LOCATION, DATES AND TIME OF PROPOSED GAMES

Address _____

Date or Day of Week _____

Time _____ to _____
Open Close

Continuing Game? Yes No

F. ATTACHMENTS REQUIRED:

1. Schedule of fees.
2. Statement of ownership or control of the location where the bingo game will be held.
3. Signed copy of authorizing resolution.
4. Photocopy of certificate of tax exempt status.

G. The undersigned has received and read Chapter 5.24 of the Vacaville Municipal Code.

Signature _____

H. I declare under the penalty of perjury that the information contained in this application is true and correct.

Signed _____

Title _____

Date _____