IMPERIAL COUNTY SHERIFF'S OFFICE

P.O. BOX 1040 - 328 APPLESTILL ROAD
EL CENTRO, CALIFORNIA 92243-1040
(442) 265 2125

BINGO LICENSE APPLICATION

ICSO STAFF USE ONLY
PERMIT #_____
STAFF INITIALS: _____

DATE: _____

CHECK ONE:

☐ New Application ☐ Renewal Application

****** Please review the County Ordinance prior to completing the application ******

https://library.municode.com/ca/imperial_county/codes/code_of_ordinances?nodeId=TIT5BULIRE_CH5.16BI)

Organization Name: _____

Address: _____

Person In Charge of Bingo Games: _____
Complete Attached Page

Address or Location of Building
Where Bingo Games Will Be Held: _____

Owner or Lessee of Building: _____ Phone #: _____

Date(s) Game will take place: _____

_____

Hours Game will be Conducted: From: _____ ☐AM ☐PM TO: _____ ☐ AM ☐ PM

****

Organization Officers:

President: _____ Vice President: _____

Secretary:_____ Treasurer: _____

- **Proof of (current) Non-Profit Charitable Organization status letter (attach).**
- **Information sheet for Person in Charge (attach).**
- **Information sheet for all persons staffing the Bingo Games (attach).**

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BINGO LICENSE APPLICATION

I hereby certify under penalty of perjury that the statements made in this application are true and correct to the best of my knowledge. I understand that any false statements or information are grounds for denial of this application or revocation of the license.

Within (30) days after each Bingo Game, a full and complete financial statement of all monies collected, disbursed—and any amount remaining for charitable purposes will be filed with the Imperial County Sheriff's Office, on form prescribed and furnished by the Sheriff.

I acknowledge I will adhere to the conditions as stated on the license. Any misuse of privileges or multiple complaints received by the County may constitute violations of this license resulting in fines and/or revocation of the license.

Applicant Signature: _____ Date: _____

Office Use Only

❑ APPROVED ❑ DENIED

Received by Records Staff: _____ Date: _____

Reviewed by Records Staff: _____ Date: _____