



Bingo Application for Charitable Non-Profit to Conduct Bingo Games

Police Department – Investigations

444 North Citrus Avenue • Covina, California 91723 • (626) 384-5623 / Fax: (626) 384-5629

1. Complete legal name of organization: _____
2. Address of organization: _____
3. Telephone number of organization: _____
4. Address where bingo will be conducted: _____
5. Describe principal purpose and activities of organization and reasons why it desires to conduct bingo:

6. Does the organization incorporated as a Non-Profit Organization? Yes _____
No _____
7. Is the *letter of good standing* or other evidence from the exemption division of the Franchise Tax Board in Sacramento show exemption under section 23701 (d) for the above named organization attached? Yes _____ No _____
8. Is bingo the only game proposed and no other type of game? Yes _____ No _____
9. Occupancy capacity of the room in which bingo will be conducted (occupancy when set up for bingo use): _____
10. Please attach scale drawing of the room where bingo will be played, providing: dimensions, set up, and exits.
11. The building where bingo will be played conforms to the laws of the State and the City for occupancies of the nature proposed. Yes _____ No _____
12. Which of the officers and/or directors of the above named organization are designated as Bingo Manager and the alternate Bingo Manager(s):

Name _____

Name _____

Name _____
13. Name and address of bank where bingo funds will be deposited (account must be exclusively for bingo).

14. Bingo account is in the name of: _____

15. Names of persons on the bingo account signature card:

Name _____

Name _____

Name _____

16. Bingo account number: _____

17. Date and time of the week when bingo games are to be conducted:

18. I understand and agree to produce evidence of purchase of all bingo equipment used. I further understand that all equipment may be inspected by the Chief of Police, or his/her designee, without prior notice: Initial _____

19. Unless waived by the Covina City Council, I understand that the application shall be considered by the Covina City Council only after a full investigation and report have been made by the Chief of Police, Fire Chief, and Building Official, or their authorized representatives. Initial _____

20. I understand and agree that the bingo activity conducted under the license issued shall be operated in full conformity with all laws and regulations of the State and City; that any violation of any such laws or regulations on the premises of the non-profit charitable organization, or in connection therewith, shall render the license subject to immediate suspension or revocation. Initial _____

21. I understand that in accordance with the Covina Municipal Code Section 5.50.370 that by accepting a permit for Bingo I am consenting to the inspection of all bingo records by the finance director of the City of Covina, Chief of Police, or their designees, without prior notice who may retain such records without the need of a warrant. Initial _____

22. I understand and agree that the bingo games will be conducted in strict accordance with the provisions of section 326.5 of the California Penal Code and this division, as they may be amended from time to time, and agree that the license to conduct bingo games may be revoked by the Chief of Police upon violation of any such provisions. Initial _____

23. I have read ordinance 5.50.010 through 5.50.410 of the Covina Municipal Code in its entirety, and understand and agree to abide by all the requirements set forth therein. Initial _____

Signature of presiding officer of charitable organization:

_____ Date: _____

Signature of additional officer of charitable organization:

_____ Date: _____

Bingo manager/alternate manager personal statement and information
(provide as many copies of this sheet as needed)
Attach copy of driver's license

Name: _____

Title: _____

Residence address: _____

Home phone: _____

Cell phone: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Date of birth: _____

Driver's License or California ID: _____

Have you ever been convicted or entered plea of guilty to any offense listed in the Covina municipal code section 5.50.380?

Yes: _____ No _____ if answered "yes", attach statement with complete details.

I certify that I have never been convicted or pled guilty to any section in chapters 9 or 10 of the California Penal Code relating to gambling.

Signature Date