



# County of Tulare

221 S. Mooney Blvd. Room 104-E  
Visalia, CA 93291

Cass Cook · Treasurer-Tax Collector  
Paul Sampietro, CPA, Chief Deputy Treasurer-Tax Collector

Telephone: (559) 636-5250  
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## Application for License to Conduct Bingo Games

*Under Tulare County Ordinance Code §6-09-1020*

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

The above Organization hereby makes application for a license to conduct Bingo Games under provision of Tulare County Ordinance Code, §6-03-1800, and certifies that application is being filed at least thirty (30) days prior to commencement of games.

A. List Name, Title, Address, Telephone # and Signatures of all Organization Officers:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

B. List Name, Address, Telephone # and Submit a Photograph person responsible for conducting the games:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Signature: \_\_\_\_\_

C. List Address of premises where Bingo Games are to be conducted:

\_\_\_\_\_  
\_\_\_\_\_

D. List Name of Owner(s) and/or Lessee(s) of property where games are to be conducted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. List principle purpose for which premises are used and the length of time they have been used by the organization:

\_\_\_\_\_  
\_\_\_\_\_

F. List schedule of dates and hours proposed operation of Bingo Games:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. List day(s) and times premises will be available for inspection:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. List proposed security arrangements:

\_\_\_\_\_  
\_\_\_\_\_

I. List names and addresses of all suppliers of goods and services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

I certify that the applicant is a non-profit charitable organization as defined under §6-03-1805 if the Tulare County Ordinance Code and is based in Tulare County. Attached are certifications or letters from the State Franchise Tax Board and the Internal Revenue Service as proof of status as a non-profit organization. I have received and read a copy of the Tulare County Bingo Ordinance.

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I, further declare, under penalty of perjury, that the foregoing is true and correct and agree to conduct the games in strict accordance with §326.5 of the State Penal Code and the Tulare County Bingo Ordinance and that if said code is violated this license shall be suspended or revoked. I, also, understand that any violation of the Code and Ordinance is a crime.

Executed on \_\_\_\_\_ at Visalia CA 93291 \_\_\_\_\_  
(Signature and title of Principle Officer)

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RECEIPT is hereby acknowledged of the sum of Fifty-Two Dollars (\$52.00) from the above named applicant as the application fee provided for in §6-01-3000 of the Tulare County Ordinance Code.

**Cass Cook**

Auditor-Controller/Treasurer/Tax Collector

Date: \_\_\_\_\_

By: \_\_\_\_\_

Deputy Tax Collector

Phone: 559-636-5250

**FEEES REQUIRED:**

Application	\$52.00
License	\$50.00 per year
SB1186 Fee	\$4.00

**Distribution:**

a) Applicant	d) Health & Human Services Agency
b) Tax Collector	e) Resources Management Agency
c) Sheriff Department	f) Fire Department