



**SAN JOSE POLICE DEPARTMENT**  
PERMITS UNIT  
HOURS OF OPERATION:  
TUE - FRI 8:30 am - 4:00 pm



## BINGO PERMIT PROCEDURES

### **Steps for Applicant**

- A. Applicants must read and review the San Jose Municipal Code which is available at [www.sanjoseca.gov](http://www.sanjoseca.gov). (See Municipal Code under local government heading.)
- B. Applicants must read and review California Penal Code 326.5.
- C. Provide the following documentation:
  - a copy of building lease
  - the organization roster
  - tax exempt letters from IRS and State Franchise Tax Board
  - San Jose Fire Department inspection and occupancy report
  - Planning Department Letter of Compliance for location
  - Annual Financial Statement (for renewals only)
- D. Interview by San Jose Police Department, Permits Unit personnel.



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**BINGO PERMIT APPLICATION**

**NEW**

**RENEWAL**

Date of Application: \_\_\_\_\_

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

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

Number/Street Name

Zip Code

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

Applicant Name: \_\_\_\_\_

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

Number/Street Name

City/Zip Code

Contact Phone No.

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

Number/Street Name

City/Zip Code

Contact Phone No.

Approved Government Photo ID: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Bingo Hall Name & Address: \_\_\_\_\_

Number/Street Name

City/Zip Code

Phone No.

Type of Premises: \_\_\_\_\_

Organization Status: Charitable  Educational  Religious  Fraternal

Other \_\_\_\_\_

**Date, days and hours of operation of Bingo Games**

Date: \_\_\_\_\_ Days: \_\_\_\_\_ Hours: \_\_\_\_\_

Name of Bingo Administrator: \_\_\_\_\_

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

Number/Street Name

City/Zip Code

Contact Phone No.

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

Number/Street Name

City/Zip Code

Contact Phone No.

Approved Government Photo ID: \_\_\_\_\_ Expiration Date: \_\_\_\_\_



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**BINGO PERMIT APPLICATION**

**Persons responsible for receipts and accounting:**

#1 Responsible Party Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number/Street Name City/Zip Code Contact Phone No.

Business Address: \_\_\_\_\_  
Number/Street Name City/Zip Code Contact Phone No.

Approved Government Photo ID: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

#2 Responsible Party Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number/Street Name City/Zip Code Contact Phone No.

Business Address: \_\_\_\_\_  
Number/Street Name City/Zip Code Contact Phone No.

Approved Government Photo ID: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Name each individual, corporation, partnership or other legal entity which has any financial interest in the bingo games.**

#1 Responsible Party Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number/Street Name City/Zip Code Contact Phone No.

Business Address: \_\_\_\_\_  
Number/Street Name City/Zip Code Contact Phone No.

Approved Government Photo ID: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

#2 Responsible Party Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number/Street Name City/Zip Code Contact Phone No.

Business Address: \_\_\_\_\_  
Number/Street Name City/Zip Code Contact Phone No.

Approved Government Photo ID: \_\_\_\_\_ Expiration Date: \_\_\_\_\_



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**BINGO PERMIT APPLICATION**

**Bank Account Information**

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Bank Address: \_\_\_\_\_  
Number/Street Name City/Zip Code Contact Phone No.

Authorized Signatures & Titles: \_\_\_\_\_

**DOCUMENTS**

**Required Documents**

**Effective Date**

- |  |       |
|--|-------|
| 1. Proof of Non-Profit Status (501c3) from IRS       | _____ |
| 2. State of California Franchise Tax Board Exemption | _____ |
| 3. Certified copy of building lease.                 | _____ |
| 4. Membership roster of sponsoring organization      | _____ |
| 5. Annual financial statement (renewals only)        | _____ |

**SWORN AFFIDAVIT**

I declare under penalty of perjury, that the foregoing information contained in this application, is true and correct. I understand that any false, misleading, or fraudulent statement(s) in this application or accompanying documents could be used as grounds to deny a new application or to revoke any existing Bingo Permit.

I acknowledge that I have reviewed Chapter 6.16 of the San Jose Municipal Code with the assistance of competent counsel. I, as a sanctioned member of the organization, can state that the organization fully understands its legal obligations and agrees to comply with and obey all the ordinances and statutes listed in the San Jose Municipal Code. Additionally, the organization recognizes its responsibility for obeying all Federal, State and local statutes that are applicable to bingo games for charity. (See California Penal Code 326.5) Any violations of these statutes will lead to denial, suspension, or revocation of the organization's Bingo Permit.

\_\_\_\_\_  
 Signature/Title

\_\_\_\_\_  
 Date