



SANTA ROSA POLICE

BINGO PERMIT APPLICATION PROCESS

There are 3 types of Bingo permits:

1. 24-Hour Bingo game **\$10 fee**
2. Application to Conduct Bingo - new & renewals*
\$50 fee (Pertains to the Organization)
3. Bingo Application for New Officers/Operators
\$25/person
(An **additional Live Scan fingerprint fee** is required for each person filling out this application and is fingerprinted. Please see instructions.)

***If you are RENEWING your Bingo permit and there are NO operator changes from last year, you need only fill out the #2 above, "Application to Conduct Bingo".**

**Questions? Call the Santa Rosa Police Department
Administration Desk (707) 543-3550**

BINGO PERMIT APPLICATION INSTRUCTIONS

1. APPLICATION TO CONDUCT BINGO (New and Renewal)

The Organization that will conduct bingo must fill out an APPLICATION TO CONDUCT BINGO. That organization is also responsible for initiating a renewal application each year. Plan to come to the Police Department approximately 30 days before the expiration date shown on your current permit.

- a. A fee of **\$50.00** will be charged by the Police Department every year. Permit hours are 9:00 a.m. - 5:00 p.m. Mon-Fri.
- b. Provide proof of tax-exempt status. This is required under Section 23701 of the State of California Revenue and Taxation Code (et seq.). For more information regarding the tax-exempt status of your organization, contact the State of California Franchise Tax Board and/or the Internal Revenue Service.
- c. Provide a copy of a resolution by the governing body of the organization authorizing the bingo game. This letter should state that the governing body (i.e., board of directors, etc.) is aware of and consents to the operation of the bingo games at the address listed in the application. Please also state that the governing body is aware that these bingo games are non-profit. (A new letter is to be submitted annually with application).
- d. Two Officers of the Organization as well as the Operator(s) of the bingo game must each complete: BINGO APPLICATION FOR OFFICERS/OPERATORS (see instructions below).
 - Provide copy of completed Live Scan form and receipt of payment.

2. BINGO APPLICATION FOR OFFICERS / OPERATORS (New)

Two Officers of the Organization and the Operators of the bingo game must complete: BINGO APPLICATION FOR OFFICERS/OPERATORS and have Live Scan fingerprints completed. This application need only be completed once for each officer and/or operator. Whenever an officer or operator changes within the organization, the new officer or operator must complete this same application.

- a. A fee of **\$25 per person (officers and operators)** will be charged by the Police Department. Please pay fees to the person taking your permit

application. Check or exact cash will be accepted.

b. Each person (officer/operator) MUST be fingerprinted. (*See attached Live Scan Fingerprinting Services and rolling fees attached*). Provide copy of completed Live Scan form and receipt of payment with application.

3. 24-HOUR PERMITS

a. A fee of **\$10.00** will be charged by the Police Department for a 24-hour bingo permit. Check or exact cash will be accepted. Please pay fees to the person taking your permit application.

b. Complete the form **Application to Conduct Bingo.**

c. Complete the form **Bingo Application for Officers and Operators** (one form completed per officer/operator).

d. Fingerprinting is not required for 24-hour Bingo Permits.

e. **Provide proof of tax-exempt status.** This is required under Section 23701 of the State of California Revenue and Taxation Code (et seq.). For more information regarding the tax-exempt status of your organization, contact the State of California Franchise Tax Board and/or the Internal Revenue Service.

f. **Provide a copy of a resolution** by the governing body of the organization authorizing the bingo game. This letter should state that the governing body (i.e., board of directors, etc.) is aware of and consents to the operation of the bingo game at the address listed in the application. Please also state that the governing body is aware that this bingo game is non-profit.

g. Your complete application packet (applications, proof of tax-exempt status, resolution, \$10 payment) are to be submitted to the second floor window.

* The Police Department requires *AT LEAST 14 DAYS* to process your application.

**SUBMIT COMPLETED APPLICATION PACKETS TO THE
SANTA ROSA POLICE DEPARTMENT, 2nd FLOOR WINDOW**



APPLICATION TO CONDUCT BINGO (6-60.040)

Date: _____ New Renewal

Organization: [Non-Profit Organization / Mobile Home Park Association / Senior Citizen Organization]

Organization Name: _____

Organization Address: _____

Financial Records Held By: _____
Name Address

Type of Organization 6-60.040(A)(3): _____
(proof required)

Maximum capacity of place in which bingo game will be conducted: _____

Address where bingo game will be conducted: _____

Leased Owned

Resolution required by governing body of organization authorizing game 6-60.040(A)(4) attached? Yes No

APPLICANT:

Applicant Name: _____ Applicant Phone: _____

Applicant Address: _____

Applicant Date of Birth: _____ Applicant relationship to organization: _____

TWO OFFICERS of ORGANIZATION (one to include the Presiding Officer)
(Each individual must have on file with SRPD the "Bingo Application for Operators/Officers")

Name: _____ Name: _____

Address _____ Address: _____

Office Held: _____ Phone: _____ Office Held : _____ Phone: _____

Signature _____ Signature _____

PERSON(S) OPERATING GAME

(Each individual must have on file with SRPD the "Bingo Application for Operators/Officers")

Name: _____ Name: _____

Address: _____ Address: _____

Phone _____ Phone _____

Birthdate: _____ Birthdate: _____

Relationship to Organization: _____ Relationship to Organization: _____

Signature: _____ Signature: _____

DATE AND TIME of BINGO GAMES

Between dates of _____ and _____

Day of week bingo game will be conducted _____

Between the hours of _____ and _____

Please answer the following questions:

1. Is the organization a non-profit charitable organization, mobile home park association, or senior citizen organization? (P.C.§326.5; Rev. & Tax Code §23701d)

Yes No

If you answered yes to this question and the organization is a non-profit charitable organization, you must submit with this application proof of the organization's active exempt status provided by the State of California Franchise Tax Board and/or Internal Revenue Service.

2. Will the receipts of the proposed bingo games be used only for charitable purposes? (P.C.§326.5(a))

Yes No

Explain: _____

3. Will any person receive or pay a profit, wage or salary from any proposed bingo game? (P.C.§326.5(a))

Yes No

Explain: _____

4. Will the proposed location of the bingo game be used by the organization as an office or for performance of the purposes for which the organization is organized? (P.C.§326.5(f))

Yes No

5. Will the proposed bingo game be operated and staffed only by members of the authorized organization? (P.C.§326.5(h))

Yes No

Explain: _____

6. Will any individual or entity other than the proposed organization hold a financial interest in the conduct of a bingo game? (P.C.§326.5(f))

Yes No

Explain: _____

7. Will the profits derived from the bingo game be kept in a special fund or account and not commingled with any other fund or account? (P.C.§326.5(j))

Yes No

The above signed person(s) represent that they have read a copy of the Bingo Ordinance provided by the Santa Rosa Police Department and agree to conduct Bingo Games in full compliance with the provisions of Section 326.5 of the California Penal Code and Santa Rosa City Ordinance No. 2097 Article IV. I declare under penalty of perjury under the laws of the State of California that the foregoing information is true and correct.

Officers:

Signed: _____

Dated: _____

Signed: _____

Dated: _____

Operators:

Signed: _____

Dated: _____

Signed: _____

Dated: _____



BINGO APPLICATION for OPERATORS and OFFICERS

Separate application to be filled out by each operator and officer.

Fill out this application when there is a change in operator or officer.

Date: _____

PERSONAL

1. Your name: _____
Last First Middle

Other names, maiden or alias (including nicknames),
you have used or have been known by: _____

2. Residence address: _____
Number Street Apt. #
_____ City State Zip Code

3. Please list the local telephone number(s) at which you can be contacted:

Home: (_____) _____ Work: (_____) _____

4. Birth Date: _____
Month Day Year

5. Are you a U.S. citizen? Yes No
If No, do you have a valid permit to work in the U.S.? Yes No

6. Social Security Number: _____

7. Driver' License Number: _____ State: _____

8. For the purpose of identification, please provide the following information:

Sex Height Weight Hair Color Eye Color

Scars, tattoos or other distinguishing marks:

RESIDENCES

9. Please list all of your residences during the last five years.

<u>Address of Residence</u>	<u>City/State/Zip</u>	<u>From Mo/Yr</u>	<u>To Mo/Yr</u>

10. Have you ever been involuntarily committed to a hospital or institution for psychiatric examination or found not guilty for reasons of insanity in a prosecution?

Yes No

11. Have you ever been arrested for or convicted of any criminal offense?

Yes No

12. Have you ever been a mental patient in any hospital or institution?

Yes No

13. Have you ever been convicted of any traffic violation within the last five years?

Yes No

14. If you answered "Yes" to any of the above questions, please explain fully.

BUSINESS HISTORY

15. Name and address of business establishment by which you are or will be employed/own:

<u>Business Name</u>	<u>Business Address</u>
_____	_____

16. List in chronological order, most recent first, your employment history for the last five years preceding the date of this application and the position(s) you held.

<u>Employer</u>	<u>Address</u>	<u>Phone #</u>	<u>Position Held</u>	<u>From/To</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

17. Have you withheld any information that might alter the decision to approve this permit?
 Yes No
18. Do you agree and give your permission to allow a background investigation of you and the contacting of any person who may aid the investigation to determine whether the permit should or should not be issued?
 Yes No
19. If the conditions under which this permit is requested should no longer exist and you have been granted a permit, do you promise to notify this department and surrender the permit if necessary?
 Yes No

CERTIFICATION

I declare under penalty of perjury that the foregoing is a true and correct statement. I further declare under penalty of perjury that I have omitted no item requested to be answered, and have included a full and correct answer to each to the best of my knowledge and belief. I hereby authorize the Santa Rosa Police Department to make whatever inquiries are necessary to verify the truth of these matters stated herein. I understand that any intentional misrepresentation of a material fact shall subject me to possible penalties for perjury, and shall be grounds to deny or revoke the permit sought by this application.

Signature: _____

Date: _____



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0490500
ORI (Code assigned by DOJ)

BINGO PERMIT
Authorized Applicant Type

BINGO OPERATOR
Type of License/Certification/Permit OR Working Title (Maximum 30 characters if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

SANTA ROSA POLICE DEPARTMENT
Agency Authorized to Receive Criminal Record Information

00471
Mail Code (five-digit code assigned by DOJ)

965 SONOMA AVENUE
Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

SANTA ROSA CA 95404
City State ZIP Code

(707) 543-3600
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: 4905
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed