

# BINGO INSTRUCTIONS

- Please complete the entire application and Bingo Officer Information form.
- Must be a non-profit organization recognized by the State of California, and shall show proof of non-profit status when submitting application.
- It is required that a minimum of **two current** officers be fingerprinted and kept on file at all times. If an officer who has been fingerprinted is no longer participating, a new officer must then be fingerprinted.

Bring the above documents to our office at 1350 Norris Road Bldg. #B, between the hours of 8:00 a.m. – 3:00 p.m., Monday through Friday, (excluding holidays).

Cash or Check payable to the County of Kern for the following fees:		
Annual License fee	\$50.00	
Or One Day License fee		\$15.00
Fingerprinting fee per person	42.00	
<b>Total Amount Due *</b>	<b>\$134.00</b>	

\*This total amount due is for two officers being printed; any additional officer would pay \$42.00 at the time of being printed. \$50.00 license fee is good for one year; the renewal fee is \$50.00 which can be renewed up to thirty days prior to the expiration of the business license and cannot be renewed after thirty days of expiration.

*Each officer being fingerprinted must have valid government issued photo identification.*

For any additional questions call (661) 391-7690

Kern County Sheriff's Department  
1350 Norris Road, Building B, Licensing Unit  
Bakersfield, California 93308  
(661) 391-7690

## KERN COUNTY BINGO LICENSE APPLICATION

### Organization Information:

Name of Organization:

(Must be eligible organization under the provisions of Section 326.5 California Penal Code and Kern County chapter 5.16.060)

Location of Organization:

(Street address, City, Zip Code)

Mailing Address:

Bingo games will be conducted at this location:

(Include name of hall, street address, city and zip code)

Assessor's Parcel #or property tax identification #:

Maximum Amount of Occupancy:

Day(s) of the week of Game:

Hours of Operation:

**Please attach the copy of your certificate of Non-Profit issued by the State of California**

As applicant, we the undersigned declare under penalty of perjury that our organization qualifies as an eligible organization under section 5.16.060. At least two officers, including the presiding officer of the corporation or community chest and the trustee of any trust must sign.

I have read all of the above and declare under penalty of perjury that each and every statement made is true and correct; knowingly falsifying the information on this form may constitute grounds for denial or revocation of the license. Furthermore, I understand that if my application for license or renewal is denied for any reason, the Sheriff shall refund only that portion of the fee allocated to pay for post-issuance or renewal enforcement (Kern County Ordinance Code 5.04.160)

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
PRINTED NAME: \_\_\_\_\_

**BINGO OFFICER INFORMATION:**

**BINGO COORDINATOR/CHAIRPERSON:**

NAME:
ADDRESS:
TELEPHONE: ( )
DRIVER'S LICENSE NUMBER OR CA. ID NUMBER:
SOCIAL SECURITY NUMBER:

SIGNATURE:	DATE:
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**PRESIDENT:**

NAME:
ADDRESS:
TELEPHONE: ( )
DRIVER'S LICENSE NUMBER OR CA. ID NUMBER:
SOCIAL SECURITY NUMBER:

SIGNATURE:	DATE:
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**VICE PRESIDENT:**

NAME:
ADDRESS:
TELEPHONE: ( )
DRIVER'S LICENSE NUMBER OR CA. ID NUMBER:
SOCIAL SECURITY NUMBER:

SIGNATURE:	DATE:
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**SECRETARY:**

NAME:
ADDRESS:
TELEPHONE: ( )
DRIVER'S LICENSE NUMBER OR CA. ID NUMBER:
SOCIAL SECURITY NUMBER:

SIGNATURE:	DATE:
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**TREASURER:**

NAME:
ADDRESS:
TELEPHONE: ( )
DRIVER'S LICENSE NUMBER OR CA. ID NUMBER:
SOCIAL SECURITY NUMBER:

SIGNATURE:	DATE:
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