



Please list all Partners, Officers and members of the Corporation:

NAME:	_____	DATE OF BIRTH:	_____
TITLE:	_____	CA DRIVER'S LICENSE No.	_____
Residence:	_____		
	Address	City	Zip
Business:	_____		
	Address	City	Zip

NAME:	_____	DATE OF BIRTH:	_____
TITLE:	_____	CA DRIVER'S LICENSE No.	_____
Residence:	_____		
	Address	City	Zip
Business:	_____		
	Address	City	Zip

NAME:	_____	DATE OF BIRTH:	_____
TITLE:	_____	CA DRIVER'S LICENSE No.	_____
Residence:	_____		
	Address	City	Zip
Business:	_____		
	Address	City	Zip

NAME:	_____	DATE OF BIRTH:	_____
TITLE:	_____	CA DRIVER'S LICENSE No.	_____
Residence:	_____		
	Address	City	Zip
Business:	_____		
	Address	City	Zip

*(Use additional sheet if necessary)*

The following is a list of current organizations conducting bingo games in the Hall:

NAME OF ORGANIZATION	DAY(S) OF BINGO	HOURS OF OPERATION

Please **attach** a list of the facilities, goods, and services that that you will provide to the bingo game operators, the name and address of the suppliers and the fee (if any) to be charged to bingo game operator.

- Please include a copy of your current Public Assembly Permit issued by the Oakland Fire Department.
- Please include a copy of your current business tax certificate.
- For new applications, please include a copy of your zoning clearance

Please provide a statement that the applicant will not participate in any transaction for the provision of facilities, good or services to a bingo game operator if the following applies:

- ◆ Applicant is a director, officer, partner, trustee, employee or holds any position of management in the bingo game operation or the non-profit organization operating bingo games.
- ◆ A member of applicant’s immediate family, including spouse, child, domestic partner or other person cohabitating with applicant, is a director, officer, partner, trustee, and employee or holds any position of management in the bingo game operation or the non-profit organization operating bingo games.

Applicant agrees to notify the City Administrator's Office whenever any of the above bingo operators cease to conduct bingo games at the hall.

Applicant agrees to comply with all local, state and federal laws pertaining to bingo games and bingo halls.

**I certify under penalty of perjury that the above information is true to the best of my knowledge.** (Must be signed by at least two officers including the presiding officer of the corporation, partnership or other legal entity if applicable.)

\_\_\_\_\_ **Applicant Signature**                      \_\_\_\_\_ **Title**                      \_\_\_\_\_ **Date**

\_\_\_\_\_ **Applicant Signature**                      \_\_\_\_\_ **Title**                      \_\_\_\_\_ **Date**

Received by _____	Receipt # _____	Date: _____
Hearing Date: _____ (Initial Year only)		
<input type="checkbox"/> Public Assembly Permit <input type="checkbox"/> Business Tax Certificate <input type="checkbox"/> List of goods provided <input type="checkbox"/> Statement of applicant <input type="checkbox"/> Zoning Clearance		