

Basis of eligibility for bingo permit: The applicant organization is an “**Eligible Organization**” as defined in Section 5.10.070 and Section 326.5 of the State Penal Code. (Please check all that applies to organization)

- Labor, Agricultural, or Horticultural Association (Rev. & Tax Code, Sec. 23701 a)
- Fraternal Beneficiary Societies, Orders, or Organizations (Rev. & Tax Code, Sec 23710 b, e)
- Religious & Charitable Organization (Rev. & Tax Code, Sec 23701 d)
- Non-profit Civil and Business Leagues (Rev. & Tax Code, Sec 23701 e, f)
- Mobile Park Association
- Senior Citizen Organization

The undersigned are the presiding officer and another officer of the eligible organization as defined by Section 5.10.070 of the Oakland Municipal Code.

We agree to conduct bingo games in strict accordance with the provisions of Section 326.5 of the State Penal Code and City ordinances, as they may be amended from time to time, and agree that the permit to conduct bingo games may be summarily suspended by the Chief of Police and/or revoked by the City Administrator through his or her Hearing Officer upon violations of any provision of the above ordinances. In addition, we agree to give five (5) days prior notice to the Vice Control Division of the Oakland Police Department at 238-3039 before conducting any bingo games.

Further, we understand it is a misdemeanor under Section 326.5 of the California Penal Code for any person to receive a profit, wage, or salary from any bingo game authorized hereunder.

We declare under penalty of perjury that the foregoing is true and correct.

Presiding Officer: _____
Print Name Signature

_____ Home Address (include City/Zip) Phone Date

Other Officer: _____
Print Name Signature

_____ Home Address (include City/Zip) Phone Date

PERSON DIRECTLY IN CHARGE OF BINGO GAMES:	
Name: _____	Title: _____
Home Address: _____ (Please include City/Zip)	
Phone: _____	Email: _____

RECEIVED BY:

City Administrator’s Office Date Receipt #

BOARD OF DIRECTORS OF THE ORGANIZATION

Name of Organization: _____

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

Name of Organization: _____

LIST OF MANAGERS WHO WILL OPERATE BINGO GAMES:

NAME	ADDRESS	HOME PHONE	DAY(S) ASSIGNED

SECURITY

Company Name: _____

State License Number: _____

City of Oakland Business Tax Certificate #: _____

If individuals are used, please provide the following:

Name _____ CDL _____

Date of Birth _____ Guard Card # _____

City of Oakland Business Tax Certificate #: _____

Name _____ CDL _____

Date of Birth _____ Guard Card # _____

City of Oakland Business Tax Certificate #: _____

Name _____ CDL _____

Date of Birth _____ Guard Card # _____

City of Oakland Business Tax Certificate #: _____

(Use additional sheet if needed)