



CITY OF RIVERSIDE - OFFICE OF THE CITY MANAGER/FINANCE
BINGO OPERATOR APPLICATION

APPLICANT'S LAST NAME FIRST MIDDLE
RESIDENCE ADDRESS ZIP CODE PHONE NO.
BUSINESS ADDRESS ZIP CODE PHONE NO.
RACE SEX AGE COLOR OF HAIR COLOR OF EYES HEIGHT WEIGHT
DATE OF BIRTH PLACE OF BIRTH MARITAL STATUS DRIVER'S LICENSE NO. & STATE SOC. SEC. NO.
ORGANIZATION NAME
ORGANIZATION ADDRESS ZIP CODE PHONE NO.

PREVIOUS RESIDENCE ADDRESS OF APPLICANT FOR LAST THREE (3) YEARS

Table with 4 columns: ADDRESS, CITY, STATE, INCLUSIVE DATES. Rows 1-4.

PREVIOUS OCCUPATION, PLACE OF EMPLOYMENT, ADDRESS AND EMPLOYMENT HISTORY OF APPLICANT FOR THE PAST THREE (3) YEARS. (List most recent occupation first.)

Table with 5 columns: OCCUPATION, NAME AND ADDRESS OF EMPLOYER, EMPLOYER'S PHONE NO., DATES FROM TO, REASON FOR LEAVING. Rows 1-4.

LIST ALL CRIMINAL CONVICTIONS OF ARRESTS, IF ANY, WITH A FULL EXPLANATION OF THE CIRCUMSTANCES. (Do not include traffic offenses.)

Table with 3 columns: CHARGE CONVICTED, DATE OF CONVICTION, EXPLANATION OF CIRCUMSTANCES. Rows 1-2.

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR THE DENIAL OF THIS APPLICATION AND THAT I WILL BE SUBJECT TO PROSECUTION PER ORDINANCE 4361 OF THE CITY OF RIVERSIDE. I CERTIFY THAT I AM A MEMBER OF THE ABOVE LISTED ORGANIZATION AND THAT I HAVE FAMILIARIZED MYSELF WITH THE LAWS REGULATING BINGO IN THE CITY OF RIVERSIDE. I AM NOT RECEIVING ANY PAY NOR OTHER COMPENSATION FOR MY PARTICIPATION IN THE OPERATION OF THE BINGO GAME(S). I FURTHER UNDERSTAND THAT ANY VIOLATIONS OF ANY BINGO LAWS ARE MISDEMEANORS AND THAT MY PERMIT MAY BE SUSPENDED OR REVOKED AND I WILL BE SUBJECT TO CRIMINAL PROSECUTION.

Date of Application

Signature of Applicant TYPING YOUR NAME HERE CONSTITUTES YOUR DIGITAL SIGNATURE

FOR CITY USE ONLY

APPLICATION APPROVED DENIED

ISSUED TO BINGO LICENSE NO.

By Title

EXPIRATION DATE