



Bingo Permit Application

New Application

Renew

Applicant Type:

Non-Profit Charitable Organization Senior Citizen Organization Mobile Home Park Association

New or Renewal Application Fee: \$50.00 (001.00000.3385)

Business Tax #: _____

Name of Organization: _____

Address of bingo games: _____

Mailing Address: _____

Business Phone Number: _____ Bingo Manager's Phone: _____

Occupancy capacity of property: _____

Days of week and hours of bingo games: _____

The applicant organization:

- Owns the property at the above address
- Leases the property at the above address
- Was donated the property at the above address

The property is used:

- For purposes for which the applicant organization was organized
- For an office of applicant organization
- For other purposes: _____

Basis of Eligibility for Bingo Permit: Nonprofit, charitable organizations, after obtaining a permit, are eligible to conduct bingo games in the City of Fremont in the manner permitted by Section 326.5 of the California Penal Code and Chapter 5.15 of the Fremont Municipal Code. Proof of status as a nonprofit, charitable organization requires submission of the following in support of this application:

1. A certificate from the Franchise Tax Board showing that the applicant organization is exempted from payment of the Bank and Corporation Tax by Section 23701(a), 23701(b), 23701(d), 23701(e), 23701(f), 23701(g), 23701(k), 23701(w), or 23701(l) of the California Revenue and Taxation Code or proof the organization is a mobilehome park association, senior citizen organization, or charitable organization affiliated with a school district.
2. A certificate from the U.S. Internal Revenue Service showing that a contribution or gift to the applicant organization would be a charitable contribution under Section 170(c)(2) of the Internal Revenue Code.

Please review the State of California's [Business and Professions Code sections 19985-19987](#) for comprehensive information pertaining to these types of fundraisers and the **California Gambling Control Commission** <https://oag.ca.gov/gambling/charitable>



Where the undersigned, presiding officer and bingo manager of the applicant organization, certify that we agree to conduct bingo games in strict accordance with the provisions of Section 326.5 of the California Penal Code and the Chapter 5.15 of the Fremont Municipal Code, as they may be amended from time to time, and agree and understand that the permit to conduct bingo games may be summarily suspended by the Chief of Police and/or the City Manager upon violation of any of these provisions. We swear under penalty of perjury that the facts as stated are true and correct.

Signature: _____
Presiding Officer

Date: _____

Printed/Typed Name: _____

Signature: _____
Bingo Manager

Date: _____

Printed/Typed Name: _____

APPROVALS

Police Department: _____

Date: _____

License Authority: _____

Date: _____

Permit Issued: _____ Date: _____ Number: _____ Expiration Date: _____



City of Fremont Bingo Game Permit
Schedule A

Please list the names of the members of your organization that will be involved in the operation of the bingo game.

1. Name: _____ Date of Birth: _____

Address: _____ Drivers License #: _____

2. Name: _____ Date of Birth: _____

Address: _____ Drivers License #: _____

3. Name: _____ Date of Birth: _____

Address: _____ Drivers License #: _____

4. Name: _____ Date of Birth: _____

Address: _____ Drivers License #: _____

5. Name: _____ Date of Birth: _____

Address: _____ Drivers License #: _____

6. Name: _____ Date of Birth: _____

Address: _____ Drivers License #: _____

7. Name: _____ Date of Birth: _____

Address: _____ Drivers License #: _____

8. Name: _____ Date of Birth: _____

Address: _____ Drivers License #: _____

9. Name: _____ Date of Birth: _____

Address: _____ Drivers License #: _____

10. Name: _____ Date of Birth: _____

Address: _____ Drivers License #: _____



City of Fremont Bingo Game Permit Schedule B

Please list the names of the bingo manager and two (2) organization officers, as well as the bingo game's special bank account information.

Bingo Manager:

Name: _____

Date of Birth: _____

Address: _____

Drivers License #: _____

Organization Officers:

Officer #1 Name: _____

Officer #1 Signature: _____

Officer #2 Name: _____

Officer #2 Signature: _____

Bingo Equipment:

Is the equipment used in the bingo game owned by your organization?

Yes. No.

Bank Account Information:

The funds from the bingo game(s) will be deposited in a special bank account located at:

Bank Name: _____

Bank Address: _____