



**City of Burbank
Community Development Department
BUILDING & SAFETY DIVISION
150 N. Third Street, Burbank, CA 91502
818-238-5280**

BL _____
Date Issued _____

BINGO APPLICATION
Burbank Municipal Code BMC 5-3-1201

PLEASE PRINT CLEARLY

Date of Application _____

Name of Organization _____

Address _____ Phone _____

Head of Organization _____ Title _____

Bingo Manager _____

Residence _____ Phone _____

ALONG WITH THIS APPLICATION, PLEASE SUBMIT:

- Copies of Driver's Licenses and phone numbers for **ALL** staff members **INCLUDING ALL** volunteers
- Proof of tax exemption from State Franchise Tax Board
- Audit Report for previous fiscal year
- Attach a list of staff members and volunteers **with** current telephone numbers

Games to be held:

Date or Days of Week: _____ Time _____

Location _____

Events:

Describe event _____

Primary purpose of organization _____

For what purposes will the funds derived from this event be used _____

Are the bingo games being conducted on a property owned or leased by the organization, or on property whose use is donated to the organization and used by the applicant for an office or the performance of the purposes for which the organization is organized for a minimum of 20 hours pwer week? _____

I hereby certify under penalty of perjury that the foregoing information is true and correct, and I understand any false or withheld information is grounds for denial and/or revocation of this permit. I have read and understand Burbank Municipal Code (BMC) Section 5-3-1201 and certify that the premises upon which the games are to be held are donated to the organization and used for the purposes for which the organization was formed at least 20 hours per week or are owned or leased by the organization. I agree to comply with all conditions of this license, the requirements of the Burbank Municipal Code and all regulations adopted or enforced by the City of Burbank. I further agree to submit an Audit Report to the City per the requirements of BMC Section 5-3-1228

Signature of Applicant _____ Date _____

Print Name _____

For office use only

Approved Disapproved

Approved Disapproved

Chief of Police

Date

Planning Division

Date