

# SAN DIEGO COUNTY SHERIFF'S DEPARTMENT

**LICENSING DIVISION** 

9621 Ridgehaven Court, PO Box 939062 San Diego, CA 92193-9062



#### **APPLICATION FOR CASINO PARTY LICENSE**

FEE: \$396.00			FILE #CP			
Fees are non-refundable						
The San Diego County Code of Regulatory Ord the San Diego County <u>unless</u> such person is a m been issued a license by the Sheriff.		-				
YOU MUST SUBMIT THE FOLLOWING ITE  Photo identification (I.E., California Dr  Signed "Statement of Responsibility"  List of prizes to be distributed and their  Miscellaneous Information Sheet for EV  Contractual agreement for gaming equip  Zoning status and A  IRS Tax Exemption status and most rec  Documents verifying applicant organization such use of premises  Fire Dept. Clearance signed and dated.	iver's License) and C BY MANAGER & A cash values FLYE VERY volunteer and pment and/or device: assessor's parcel num ent Calif. State Fran ation is owner of the	Correct fee ASSISTANT MANAGER R, OR BROCHURE STATING /or EMPLOYEE staffing Casin s hber chise Tax Board Letter of Exen premises, or a written agreeme	o Party of property where activity will occur. option			
( <u>PRINT OR TYPE, ONLY)</u> NAME OF						
ORGANIZATION		(	)			
		TELEPHONE				
LOCAL ADDRESS(Number) (Street)		(City)	(Zip)			
(Number) (Street)		(City)	(Zip)			
OFFICERS: PRESIDENT		VICE PRES				
SECRETARY		TREASURER				
APPLICANT			( )			
(Last Name)	(First)	(Middle)	TELEPHONE			
ALL OTHER NAMES USED  Include Maiden						
WHAT IS YOUR CONNECTION WITH THIS	ORGANIZATION	?				
DATE OF BIRTH	PLACE OF BI	RTH				
SEX HEIGHT	WEIGHT	HAIR	EYES			
DRIVER'S LICENSE #		SOC. SECURITY #				
RESIDENCE ADDRESS						

(City)

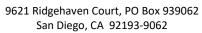
(Zip)

(Number) (Street)



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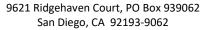


						CASINO APPLICATION – PAGE
NAME OF ORGANIZAT	TION					
LIST ALL RE	ESIDENCES I	FOR PAST 5 Y	EARS:			
LIST BELOW	ALL CHAR	GES RESULTI	NG IN CONVICTION C INVESTIGATING	OR PLEA OI	F NOLO CONTEND	ERE: NAME ON
<u>DATE</u>	CHAR	<u>GE</u>	AGENCY	DISI	POSITION	DISPOSITION
LOCATION (	OF EVENT _					
		(Number)	(Street)		(City)	(Zip)
						Telephone
DATE OF EV	'ENT		HOURS	S: From	to	
DESIGNATE	D MANAGE	RS:				
			ADDRESS			
NAME			ADDRESS			
GAMING EQ	UIPMENT/D	EVICES WILL	BE FURNISHED BY:			
ADDRESS						( )
	(Number)	(Street)		(City)	(Zip)	TELEPHONE
i Cedtiev i	UNDED DEN	ALTY OF DE		EODM A TI		N IS TRUE AND CORRECT TO
						NOTICES, UNLESS OTHERWISI
					_	HAVE READ AND UNDERSTAND
THE SECTION	ONS OF THI	E COUNTY CO	DE OF REGULATOR	Y ORDINA	NCES PERTAINI	NG TO CASINO PARTIES.
Applicant's sig	gnature				D	ate
Accepted by:					D	ate:



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NAME OF			
ORGANIZATION			
******	**********	*************	******
PDS-NOISE		PDS - ZONING	
APPROVED	DISAPPROVED	APPROVED DISAPPROVED _	
REASON		REASON	
BY	DATE	BY DATE	
SHERIFF'S INVESTIGATOR		FIRE DISTRICT	
APPROVED	DISAPPROVED	APPROVED DISAPPROVED	
REASON		REASON	
BY	DATE	BY DATE	
		TITLE	
		FIRE PROTECTION DIST	<del>-</del>