



# 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 Ordinances decrees that no person shall conduct any Casino Party in the unincorporated area of the San Diego County unless such person is a member of a non-profit, charitable organization acting on behalf of such organization and has been issued a license by the Sheriff.

**YOU MUST SUBMIT THE FOLLOWING ITEMS WITH YOUR APPLICATION:**

- Photo identification (I.E., California Driver's License) and Correct fee
- Signed "Statement of Responsibility" BY MANAGER & ASSISTANT MANAGER
- List of prizes to be distributed and their cash values FLYER, OR BROCHURE STATING CASINO IS FREE TO PUBLIC
- Miscellaneous Information Sheet for EVERY volunteer and/or EMPLOYEE staffing Casino Party
- Contractual agreement for gaming equipment and/or devices
- Zoning status \_\_\_\_\_ and Assessor's parcel number \_\_\_\_\_ of property where activity will occur.
- IRS Tax Exemption status and most recent Calif. State Franchise Tax Board Letter of Exemption
- Documents verifying applicant organization is owner of the premises, or a written agreement signed by property owner permitting such use of premises
- Fire Dept. Clearance signed and dated.

Other \_\_\_\_\_

**(PRINT OR TYPE, ONLY)**

NAME OF ORGANIZATION \_\_\_\_\_ ( )  
TELEPHONE \_\_\_\_\_

LOCAL ADDRESS \_\_\_\_\_  
(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 BIRTH \_\_\_\_\_

SEX \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR \_\_\_\_\_ EYES \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ SOC. SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

RESIDENCE ADDRESS \_\_\_\_\_  
(Number) (Street) (City) (Zip)



# SAN DIEGO COUNTY SHERIFF'S DEPARTMENT

## LICENSING DIVISION

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



CASINO APPLICATION – PAGE 2

NAME OF  
ORGANIZATION \_\_\_\_\_

LIST ALL RESIDENCES FOR PAST 5 YEARS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST BELOW **ALL** CHARGES RESULTING IN CONVICTION OR PLEA OF NOLO CONTENDERE:

<u>DATE</u>	<u>CHARGE</u>	<u>INVESTIGATING AGENCY</u>	<u>DISPOSITION</u>	<u>NAME ON DISPOSITION</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LOCATION OF EVENT \_\_\_\_\_  
(Number) (Street) (City) (Zip)

OWNER OF PREMISES \_\_\_\_\_ ( ) Telephone \_\_\_\_\_

DATE OF EVENT \_\_\_\_\_ HOURS: From \_\_\_\_\_ to \_\_\_\_\_

**DESIGNATED MANAGERS:**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

GAMING EQUIPMENT/DEVICES WILL BE FURNISHED BY:

ADDRESS \_\_\_\_\_ ( ) TELEPHONE \_\_\_\_\_  
(Number) (Street) (City) (Zip)

**I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AGREE TO HAVING ALL REQUIRED NOTICES, UNLESS OTHERWISE SPECIFIED, SENT BY U.S. MAIL TO THE ADDRESS GIVEN ON THIS APPLICATION. I HAVE READ AND UNDERSTAND THE SECTIONS OF THE COUNTY CODE OF REGULATORY ORDINANCES PERTAINING TO CASINO PARTIES.**

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

-Please continue to page 3-



# SAN DIEGO COUNTY SHERIFF'S DEPARTMENT

## LICENSING DIVISION

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



CASINO APPLICATION – PAGE 3

NAME OF  
ORGANIZATION \_\_\_\_\_

\*\*\*\*\*

### PDS-NOISE

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_  
REASON \_\_\_\_\_  
BY \_\_\_\_\_ DATE \_\_\_\_\_

### PDS - ZONING

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_  
REASON \_\_\_\_\_  
BY \_\_\_\_\_ DATE \_\_\_\_\_

### SHERIFF'S INVESTIGATOR

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_  
REASON \_\_\_\_\_  
BY \_\_\_\_\_ DATE \_\_\_\_\_

### FIRE DISTRICT

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_  
REASON \_\_\_\_\_  
BY \_\_\_\_\_ DATE \_\_\_\_\_  
TITLE \_\_\_\_\_  
FIRE PROTECTION DIST \_\_\_\_\_