City of

Vacaville

Bingo

Handbook

CITY OF VACAVILLE BINGO HANDBOOK

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INTRODUCTION

The City of Vacaville provides this handbook to inform interested parties of the laws governing the conduct of bingo games, halls and suppliers within the City of Vacaville. Any person or organization interested in conducting bingo games, operating a bingo hall or distributing bingo supplies and equipment within the City of Vacaville is required to obtain a license from the City of Vacaville.

The laws and regulations referred to in this handbook are administered and enforced by the Police Department and the Business License Section of the Finance Department.

Prior to making formal application for a license, the information contained herein will familiarize the reader with such topics as eligibility for licensing, instructions for preparing the application forms, reporting and operating requirements, along with the current State and City of Vacaville laws governing the operation of bingo. This handbook also serves as a reference source and working directive for all licensees. However, the information contained in this handbook may not cover all questions and situations that may arise in connection with bingo. It is the licensee's sole responsibility to know and comply with all bingo laws, including those set forth in the Vacaville Municipal Code, California Penal Code Section 326.5, and other applicable laws and regulations.

This handbook is divided into sections 1-5. Section 1 deals with charitable organizations that conduct bingo games. Section 2 deals with the establishment and operation of bingo halls. Section 3 deals with the suppliers of bingo and equipment within the City of Vacaville. Section 4 provides information about background investigations of bingo hall and bingo supplier license applicants. Finally, Section 5 includes copies of Vacaville Municipal Code Chapters 5.24 ("Bingo"), 5.25 ("Bingo Halls"), and 5.26 ("Bingo Suppliers") and California Penal Code Section 326.5.

Any person or organization wishing to apply for a license should contact the City of Vacaville Finance Department, Business License Section. Law enforcement and background investigation questions may be directed to the Vacaville Police Department Bingo Coordinator/Law Enforcement Unit.

SECTION 1

BINGO CONDUCTED BY CHARITABLE ORGANIZATIONS

BINGO CONDUCTED BY CHARITABLE ORGANIZATIONS

CHARITY BINGO

Generally, private lotteries and raffles are illegal within the State of California. However, certain tax-exempt organizations are authorized by State law and local ordinance to conduct bingo games, provided that:

- 1. the proceeds are used only for charitable purposes;
- 2. the games are conducted by volunteer members of the organization;
- 3. no salaries are paid with bingo proceeds;
- 4. there is no commingling of bingo money with any other funds; and,
- 5. the <u>organization conducting bingo holds a valid license issued by the city</u> or county in which bingo is played.

Charity bingo start-up costs range from a few hundred dollars to many thousands of dollars. Proper planning by directors is essential to ensure profitable, cost-effective and legal games. Every charity must comply with the local charity bingo licensing requirements before operating charity bingo games. Charities must account to local licensing authorities for all bingo proceeds.

ELIGIBILITY FOR A LICENSE TO CONDUCT BINGO GAMES

- 1. Eligible organizations may apply to the City of Vacaville for a license to conduct bingo games in Vacaville pursuant to the provisions of Chapter 5.24 of the Vacaville Municipal Code and Section 326.5 of the California Penal Code. Copies of Chapter 5.24 and Section 326.5 are set forth in Section 5 of this Handbook.
- 2. Only organizations which are exempted from the payment of the bank and corporation tax by Sections 23701a, 23701b, 23701d, 23701e, 23701f, and 237011 of the California Revenue and Taxation Code, mobile home park associations, and senior citizens organizations may conduct bingo games in the City of Vacaville, provided the receipts of such games are used only for charitable purposes.
- 3. The organization must contact the State Franchise Tax Board, Secretary of State or other appropriate State office for current rules, regulations, and application requirements to become an organization qualified to conduct bingo games under Penal Code Section 326.5.
- 4. The organization must conduct the bingo games on property that it owns, leases, or whose use is donated to the organization. The organization must also use the property for an office or for performance of the purposes for which the organization is organized.

APPLICATION FEE

- 1. An application for a license to conduct bingo shall be accompanied by a application fee of \$50.
- 2. The application must be accompanied by:
 - a. Schedule of fees to be collected from bingo players.
 - b. Statement of ownership or control of the location where the bingo game will be held.
 - c. Signed copy of organization's Board of Directors' authorizing resolution.
 - d. Photocopy of certificate of tax exempt status.

- The Finance Department will approve or deny the application for a license within ninety (90) days after receipt of the application. The City will notify the organization in writing of the approval or denial of the application.
- 4. A bingo license application may be denied if:
 - a. Any requirements of Section 326.5 of the Penal Code of the State of California are not met;
 - b. The organization does not agree to comply with the requirements of Chapter 5.24 of the Vacaville Municipal Code; or
 - c. The applying organization, or any person listed in the application, has previously violated any provision of Chapter 5.24 of the Vacaville Municipal Code or Section 326.5 of the Penal Code or has made any fraudulent statement in the application or any other document submitted with the application.
- 5. A license shall not be transferable from one organization to another nor from one location to another. Each organization must obtain its own bingo license.
- 6. A bingo license authorizes the licensee organization to conduct bingo games only at the times specified in the license. No other bingo games may be conducted without the prior written approval of the City.
- 7. The City may issue a license authorizing the conduct of more than one bingo session per week provided the licensee organization has:
 - a. Enough volunteers to staff the extra session(s);
 - b. Been examined by the City and has corrected all compliance deficiencies, if any;
 - c. Shown that the session(s) will not be detrimental to public safety, health or welfare; and
 - d. Has complied with all applicable state and local laws, rules, and regulations.
- 8. Expenditures incurred by the organization prior to approval of an application by the City are solely at the organization's own risk. Such expenditures include, but are not limited to, the following: remodeling of premises, purchasing of equipment and supplies, negotiating contracts or leases, etc.
- 9. Licensees shall pay to the City on a monthly basis a fee for law enforcement and public safety costs incurred by the City that are directly related to bingo activities. Such fees, however, shall not exceed the actual costs incurred by the City in providing such services and shall be assessed against the total prizes awarded in a month in excess of \$1,500.00.
- 10. Copies of the application for a bingo license and a sample bingo license are set forth on pages 7 and 8 of this handbook.

CITY OF VACAVILLE APPLICATION FOR BINGO LICENSE

ALL ITEMS MUST BE COMPLETED AND REQUIRED ATTACHMENTS INCLUDED BEFORE ACCEPTANCE OF THIS APPLICATION. APPLICATIONS SHOULD BE SUBMITTED TO THE FINANCE OFFICE OF THE VACAVILLE CITY HALL.

A.	<u>ORGANIZATION</u>	B.	<u>AUTHORIZE</u>	ED REPRESEN	<u>NTATIVE</u>
Name		Name_			
Address of Local Office:		Addres	SS		
		City, S	State & Zip		
		_ Teleph	ione		
		_ Date of	of Birth		
C.	PRESIDENT OR CHIEF OFFICER	D.	CUSTODIAN	OF FINANC	IAL RECORDS
Name		Name_			
Home Ac	ddress	_ Home	Address		
City, Stat	te & Zip	_ City, S	tate & Zip		
Telephon	ne	_ Telepho	one		
Date of E	Birth	_ Date o	f Birth		
E. <u>I</u>	LOCATION, DATES AND TIME OF PR	OPOSED	GAMES		
Address_		_ Date	or Day of Week		
Time	to	Conti	nuing Game? _		
	Open Close			Yes	No
1 2 3	ATTACHMENTS REQUIRED: . Schedule of fees. . Statement of ownership or control of the statement copy of authorizing resolution. . Photocopy of certificate of tax exempt statement state		where the bingo	game will be l	neld.
G. I	The undersigned has received and read Cha	apter 5.24	of the Vacaville	Municipal Co	de.
			Signature		
H. 1	I declare under the penalty of perjury that	the inform	nation contained	in this applica	tion is true and correct.
			Signed		
			Title		
			Date		

CITY OF VACAVILLE BINGO LICENSE

THIS LICENSE AUTHORIZES GAMES OF BINGO TO BE CONDUCTED BY

(Name of Non-Profit Cha	aritable Organization)
THESE GAMES MAY E	BE CONDUCTED AT
ON THE DATES AND HOURS SPECIFII	ED AS FOLLOWS:
THIS LICENSE EXPIRES(Date SPECIAL CONDITIONS, IF ANY:	e)
THIS LICENSE IS AUTHORIZED SECTION 19 OF THE CALIFORNIA OF THE CALIFORNIA PENAL COI	CONSTITUTION, SECTION 326.5
VACAVILLE MUNICIPAL CODE.	JE THE CHAILER J.24 OF THE
(Finance Department)	(Police D
(Date)	(Date)

THIS LICENSE MUST BE CONSPICUOUSLY POSTED ON THE PREMISES DURING THE HOURS OF OPERATION)

BINGO RECORDS

- 1. Bingo records shall be subject to and available at all reasonable times for inspection by the City of Vacaville Finance Department or authorized representative. These records shall be available upon demand and shall include, but not be limited to:
 - a. Check registers, canceled checks, deposit slips, and bank statements;
 - b. Invoices and other supporting documents related to all receipts and disbursements;
 - c. Cash receipts and disbursement journals;
 - d. General ledger and accounts payable subsidiary ledger;
 - e. Latest financial statements;
 - f. Articles of incorporation;
 - g. Names and addresses of all stockholders, and percent of interest of each stockholder;
 - h. Board of Directors meeting minutes for the latest twelve (12) months;
 - i. All written agreements and promissory notes related to loans;
 - j. Evidence of ownership or control of property where the bingo games shall be conducted:
 - k. All other records pertinent to the compliance examination or inspection, and
 - 1. Inventory records of Bingo Sheets and Pull Tabs.
- 2. If the inspection of the licensee's records indicates that all the records enumerated by the Finance Department are not maintained or are not maintained in the manner prescribed by the Finance Department, the license may be temporarily suspended.
- 3. For City reporting purposes the licensee will keep all the accounting books, records and supporting detail for (1) one year after the related reporting has been filed with the City or until inspected by the City or its representative, whichever comes first. Note, however, that other agencies, such as the Internal Revenue Service, may require longer records retention periods and that the licensee is responsible for complying with such requirements. Winning pull-tabs shall be retained for a period of three months after the related reporting has been filed with the City.

BINGO FINANCIAL REPORTING REQUIREMENTS

During the term of the bingo license, each organization issued a bingo license shall file monthly reports with the Finance Department. The reports are set forth as Exhibits A and F in the pages that follow in this handbook. Exhibit A shall be completed by all licensees, with the exception of "small groups" (i.e. those awarding \$1,500.00 or less in prizes in any month); "small groups" shall complete Exhibit F only. A City fee is calculated on Exhibit A. The required Exhibit shall be sent with a check for the fee (if applicable) no later than thirty (30) days after the end of each month reported. The bingo license shall be subject to suspension and/or revocation if the reports are not received on time.

MONTHLY BINGO REPORT (EXHIBIT A) INSTRUCTIONS

Complete the top of the Monthly Bingo Report (Exhibit A) with the month and year being reported, the organization's name, monthly attendance, number of sessions conducted during the month, and the location of the bingo sessions.

- Line 1 Includes the sale of both paper and pull tabs. Gross receipts relating to bingo paper shall be the calculated cash value of paper issued from inventory (net of discounts, coupons, free packs, etc.).
- Line 2 Shall include any other sale derived from bingo games, including supplies sold.
- Line 3 Is the total of lines 1 and 2.
- Line 4 Shall include the total value of all cash or in-kind prizes paid.
- Line 5 An exemption of \$1,500 per charity per month is given before the City fee is calculated.
- Line 6 Is the total of line 4 minus line 5, and is the amount subject to the City fee.
- Line 7 Multiply line 6 by the percentage shown here to calculate the City fee to be paid to the City of Vacaville.
- Lines 8-11 List any payments made during the month for the charitable purposes of the organization.

All disbursements from the bingo bank account shall be consecutively numbered checks signed by authorized officers of the licensee and shall be payable to a specific individual or organization. All expenses are to be paid by check. It is not permissible to use the net proceeds (cash) from bingo sessions to pay expenses. A petty cash fund may be maintained if cash is needed to pay small expenses.

Exhibit A and payment are due no later than thirty days after the end of each month. The Exhibit must be signed by an officer of the organization and include a contact person for questions regarding the Exhibit. Attach a check and mail or deliver completed Exhibit A's to the City of Vacaville Finance Division, Attention: Bingo Reporting, 650 Merchant Street, Vacaville, CA 95688.

MONTHLY BINGO REPORT FOR SMALL GROUPS (EXHIBIT F) INSTRUCTIONS

This report is to be used by licensees awarding less than \$1,500 in prizes during the calendar month (Vacaville Ordinance 5.24.061.C.1).

Complete the top of the Monthly Bingo Report (Exhibit F) with the month and year being reported, the organization's name, monthly attendance, number of sessions conducted during the month, and the location of the bingo sessions.

Line 1 – Includes the sale of both paper and pull tabs. Gross receipts relating to bingo paper shall be the calculated cash value of paper issued from inventory (net of discounts, coupons, free packs, etc.).

Line 2 – Shall include any other sale derived from bingo games, including supplies sold.

Line 3 - Is the total of lines 1 and 2.

Line 4 – Shall include the total value of all cash or in-kind prizes paid.

An Exhibit F is due no later than thirty days after the end of each month. The Exhibit must be signed by the preparer and include a phone number in case of any questions. Mail or deliver completed Exhibit Fs to the City of Vacaville Finance Division, Attention: Bingo Reporting, 650 Merchant Street, Vacaville, CA 95688.

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SECTION 2

BINGO HALLS

BINGO HALLS

A. Definition of a Bingo Hall

"Bingo hall" means a facility or place that is rented, leased, donated or otherwise allocated to a person or persons possessing a bingo license pursuant to Chapter 5.24 of the Vacaville Municipal Code for the purpose of operating or conducting bingo games.

B. Bingo Hall Licensee Regulations

- 1. No licensee shall receive a percentage of the proceeds of a bingo game.
- 2. No licensee shall absorb losses arising from the conduct of bingo.
- 3. No licensee shall dictate or restrict a bingo licensee from choosing a particular vendor for the purchase, lease or use of bingo supplies, equipment or materials.
- 4. No licensee shall dictate or restrict a bingo licensee from choosing a particular vendor for the purchase of advertising.
- 5. No licensee shall advance loans to or receive loans from persons or entities conducting a bingo game.
- 6. No licensee shall receive a salary or wage from the proceeds of a bingo game.

C. Bingo Hall License Requirements

- 1. No person shall operate or maintain a bingo hall within the City limits without first having obtained from the City a bingo hall license and a City business license.
- 2. If a person operates or maintains more than one bingo hall within the City limits, a bingo hall license and City business license shall be obtained for each bingo hall.

D. License Application

- 1. An application for a bingo hall license shall be filed with the Chief of Police.
- 2. The application shall specify the information required by Vacaville Municipal Code Section 5.25.040.
- 3. A background investigation of the bingo hall applicants will be conducted by the Vacaville Police Department as directed by the Chief of Police.
- 4. After completion of the background investigation, the Chief of Police may approve an application for a bingo hall license, subject to conditions specified by the Chief of Police.
- 5. The "Application for Bingo Hall License" is set forth on the pages that follow.

APPLICATION FOR BINGO HALL LICENSE

(Use black ink or type.)

PART I - GENERAL APPLICATION INFORMATION					
1. Name of	Last	First		Middle	
Applicant					
2. Check if Applicant is:	Owner	Investor	Trustee	Manager	
11		<u> </u>			
	3.	NAME AND ADDRESS OF	HALL		
Name of HALL:		Telephone Number	:		
Address of HALL:					
- If owner or investor, the a					
- Date applicant became aff					
- Name of previous owner o					
- Previous name of HALL (i	different from abov	e):			
	4 4	OWNERS/INVESTORS/PAI	DTNIEDC		
If Applicant is not the sole of		ancial interest in the HALL,		ng for each	
owner/investor or partner.	wher or holder of thi	ancial interest in the HALL,	provide the followin	ig for each	
Name:		Telephone Number:			
Address:		201011011011011			
Title or nature of interest:					
Amount invested or to be in	vested: \$	% of owne	rship		
Name:		Telephone Number:	•		
Address:		*			
Title or nature of interest:					
Amount invested or to be in	vested: \$	% of owne	rship		
F					
		5. MANAGER(S)		•	
		est in the HALL, provide the	following for each n	nanager (attach	
additional pages, if necessar Name of Manager:	<u>'y).</u>	Telephone Numbe			
Residence Address:		Telephone Numbe	1.		
11001001110011000					
6. Number of Tables in bit	ngo establishment:				
		7. BUILDING OWNER	₹		
If building in which HALL	is located is not owne	d by Applicant, specify owne	er and monthly rent	on building.	
Owner:		Telephone Number:			
Address:					
Monthly Rent: \$					

PART II - PERSONAL HISTORY RECORD

1. PERSONAL INFORMATION Last First Middle Alias(es) (Nicknames, Maiden Name, Other Name Change, Legal or Otherwise; Why Used, When, and Where) Residence Address--Street or RFD City State/Zip Since Date Mailing Address (if different from above) **Business Name and Address** City State/Zip Since Date Residence Telephone # Occupation **Business Telephone #** Date of Birth Place of Birth (City, State) Age Sex Social Security Number Driver's License # State Issued Expire. Date Color of Eyes Color of Hair Complexion Weight Height Scars, tattoos, or distinguishing marks and/or characteristics

ATTACH COLOR PHOTOGRAPH OF

YOURSELF TAKEN WITHIN THE LAST

30 DAYS HERE

Are you a citizen of the United States?	Yes	No	
If alien, Registration Number:			
If naturalized, Certificate Number:		Date:	

2. FAMILY INFORMATION

A. Current	Date of Marriage	City, State		
Marriage				
Single	Married	Separated	Divorced	
Spouse's Full Name	e (Maiden)			
Date of Birth Place	of Birth			
Residence Address				
Residence Telepho	ne #	Business Tel	lephone #	
Spouse's Employer		Occupation		
Address of Employ	er			

List	all children i		. Children and	Dependents ed children and give the	e following information	nn:
LAST NAME, FIRST		DATE OF BIRTH		ADDRESS	TELEPHONE #	OCCUPATION
	,					
		l				l
			IILITARY INI	ORMATION		
Have you ever served i	in any armed		No			
Branch			Date of Entry-			
Date of Separation			Type of Disc Serial Num			
Rating at Separation While in the military so	myiaa yyana y	zou over arrested f			any action a trial on a	modal or
general court martia			s, furnish detail		ary action, a trial, or s	special of
		4. AR	RESTS AND L	ITIGATION(S)		
				o answer for any crimi		on for any reason
whatsoever (excep Yes No	ot MINOR tra	affic citations) for	which you were	e subsequently convicte	d?	
				or chargeable as a crimeen convicted of an offe		
C. Have you ever eng such activities? Y		making or other il	legal gambling	activities or been convi	icted of an offense inv	olving
If you answer to 4.A.	B. or C was	ves, give details in	space provided	below. List all cases v	vithout exception.	
DATE OF ARREST	ARRESTI		AGE AT TIME	CHARGE		SPOSITION
					<u> </u>	
				returned against you, b	out for which you wer	e not arrested
or in which you w E. Have you ever been				No eral, state, or City gran	d jury, board, or	
commission? Yes_ F. Have you ever reco	No					
If yes, when?	aveu a paruo	City, S	_	110		
If your answer to a	any of the s	above questions	s (A through	F) is yes, furnish d	etails on nage 9.	
	ary or the	and to questions	, tr un ough	- , is jes, iui iiisii u	omin on page 7.	

G. Has any member of your immediate family (children or spouse) ever been convicted of a felony? Yes No If yes, complete the following:						
Name	Name Relationship Charge Location Date					

H. Have you, as an individual, member of a partnership, or owner, director, or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant? Yes No (other than divorces). If yes, give details below. List all						
cases without exception and furnish a description of each case on page 9:						
Plaintiff/Defendant Case Number City, State Disposition						

	5. RESIDENCES List all residences you have had for the last 15 years:						
Month and Year (From - To)	Street and Number	City	State				
-							
-							
-							
-							
-							
-							
-							

6. EMPLOYMENT

Beginning with your current employment, list your work history, all businesses with which you have been involved, and all periods of unemployment for the past 15 years. Also, list all corporations, partnerships, or any other business ventures with which you have been associated for the past 15 years.

business ventures with	which you have been associated for the past 15 years.		
Month and Year	Name/Mailing Address of Employer/Business	Telephone Number	Reason for Leaving
(From-To)			
Title	Description of Duties	Name of Supervisor	Bingo Present? Yes No
Month and Year	Name/Mailing Address of Employer/Business	Telephone Number	Reason for Leaving
(From-To)			
Title	Description of Duties	Name of Supervisor	Bingo Present? Yes No
Month and Year	Name/Mailing Address of Employer/Business	Telephone Number	Reason for Leaving
(From-To)			
Title	Description of Duties	Name of Supervisor	Bingo Present? Yes No
Month and Year	Name/Mailing Address of Employer/Business	Telephone Number	Reason for Leaving
(From-To)	<u> </u>	•	
Title	Description of Duties	Name of Supervisor	Bingo Present? Yes No

7. CHARACTER REFERENCES

List five character references who have known you five years or more. Do not include relatives, present employer, or employees.

Name and Occupation	Street, City, State, Zip	Telephone Number	Years Known			
Name Home Address						
Occupation	Business Address					
Occupation	Dusiness Address					
Name and Occupation			Years Known			
Name Home Address						
Occupation	Business Address					
Name and Occupation	Street, City, State, Zip	Telephone Number	Years Known			
Name	Home Address	Telephone I tunisei	Tours Illiowin			
Occupation	Business Address					
Name and Occupation	Street, City, State, Zip	Telephone Number	Years Known			
Name Name	Home Address	Telephone Number	Tears Known			
Tunie	Tione radies					
Occupation	Business Address					
Name and Occupation	Street, City, State, Zip	Telephone Number	Years Known			
Name	Home Address					
Occupation	Business Address					
		<u> </u>	<u> </u>			
8 Do you have a safe denosit how or oth	er such depository solely in your name? Yes	No				
If yes, complete the following:	er such depository solely in your name. Tes					
Box Number or Type of Depository	Location	City and St	ate			
Don't dimber of Type of Depository	Docution	City und St	utc			
	ivileged or professional license or certificate is of license; where held; if denied, the reason d					
years netu.						
Have any disciplinary actions ever her	en taken against the license/certificate? Yes	No. If you give o	lataile			
		No If yes, give t	icians			
such as the nature and dates of all actions and specific action(s) taken.						
	in a gambling venture, including a race track					
	ion? Yes No If yes, state type of		•			
	the businesses in which you were involved an	d the names and addresses	of			
all partners:						
11. Have you ever been called to appear before a licensing agency or similar authority for any reason whatsoever?						
Yes No If yes, submit details on page 9.						
12. Have you ever been refused a bingo hall license or been a participant in any group which has been denied a bingo hall license in any state? Yes No If yes, state where, when, and for what reason:						
			· · · · · · · · · · · · · · · · · · ·			

13 . Have you ever been granted a license or been a participant in any group which has been issued a bingo hall license?		
Yes No If yes, state type of license, name of establishment, location, and period held:		
14 .Do you have any immediate family member (i.e., children or spouse) associated with or employed in the bingo industry? Yes No If yes, state name, relationship, and association or employment, and name and address of the business where employed:		
PART III - FINANCIAL HISTORY RECORD		
1 .Do you anticipate at this time active participation in the management and operation of the bingo establishment? Yes No		
2. Amount invested or to be invested in the business \$		
Percentage of ownership this will represent%.		
Please identify specific source of funds used for your investment in the bingo establishment:		
3. Has your interest in this bingo establishment been assigned, pledged, or hypothecated to any person, firm, or corporation,		
or has any agreement been entered into whereby your interest is to be assigned, pledged, or sold either in part or in whole? Yes No If yes, furnish details on page 9.		
4. Have you ever filed for bankruptcy? Yes No If yes, furnish details on page 9 listing the Federal District Court where the bankruptcy was filed, case number, date on which bankruptcy was filed, and describe the situation which led up to the filing.		
Have you been associated as an officer, director, or partner or sole proprietor with any business entity that has filed for protection under the Federal bankruptcy laws? Yes No If yes, furnish particulars on page 9 listing the Federal District Court where the bankruptcy was filed, case number, date on which bankruptcy was filed, and describe the		
situation which led up to the filing. 5. Last Federal Income Tax Return was filed, 19, for year 19 at		
(City) (State)		
6. Do you control, manage, or hold in trust any assets or liabilities for another person or entity? Yes No If yes, furnish particulars on page 9.		
7. Indicate the annual income that you anticipate receiving from your establishment/investment in the bingo		
establishment. \$		
List all other sources of current income and annual amounts:		
Annual Amount \$		
Annual Amount \$		
Annual Amount \$		
As of, 19		

8. STATEMENT OF ASSETS

(Describe Fully - Including assets held outside the State of California or outside the United States)

	CURRENT ASSETS
Cash on Hand (Current Amount) \$	

BANK/SAVINGS & LOAN ACCOUNTS		
Name of Financial Institution and Branch:		
Current Amount in Checking: \$	Current Amount in Savings: \$	
Name of Financial Institution and Branch:		
Current Amount in Checking: \$	Current Amount in Savings: \$	

NOTES RECEIVABLE	Initial Cost	Current Market Value
	\$	\$
	\$	\$
	\$	\$

INVESTMENTS - Stocks, Bonds, Partnerships, Business Investments (list the stock by name - number of shares; bonds maturity dates; type of partnerships- limited/general, etc.)	Initial Cost	Current Market Value
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

FIXED ASSETS - Real Estate (Give location and address of each parcel and assessor's number or parcel number)	Initial Cost	Current Market Value
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

OTHER ASSETS - Automobiles, Personal	Initial Cost	Current Market Value
Property, etc.		
	\$	\$
	\$	\$
	\$	\$

h			
TOTAL ASSETS	φ.	ф	
IUIAL ASSEIS	35		
TOTAL ABBLIS))	

9. STATEMENT OF LIABILITIES

(If additional space is required, attach supporting schedules)

ACCOUNTS PAYABLE				
Credit Cards, Revolving Accounts, etc.	Original	Present	Monthly	
	Amount	Balance	Payment	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
Taxes Owed/Outstanding	\$	\$	\$	

NOTES PAYABLE				
List each lender separately, how secured, and monthly payments due thereon. Original Present Monthly Payment Amount Balance Payment				
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

MORTGAGES PAYABLE				
List each mortgage or note secured by deed of trust separately, how secured, and monthly payments due thereon.	Original Amount	Present Balance	Monthly Payment	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

OTHER LIABILITIES				
Please describe fully. Original Present Monthly				
·	Amount	Balance	Payment	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

TOTAL LIABILITIES	\$ \$	\$

10. Did you list all of your assets and liabilities on the preceding schedules?	
Yes No	

ADDITIONAL INFORMATION

STATE OF				
CITY OF				
I,thereof. The statements co				
information requested. Thi to reveal information reques			-	·
the City of Vacaville. Further the information provided ma	ay be grounds f	or the revocation c		
			eclare under penalty o	
Executed this	dav	Sig	nature of Applicant	
	_ ,			
of	_, 19, at _	(City)		

AFFIDAVIT OF FULL D	SCLOSURE
STATE OF	
CITY OF	
, being duly sworn, deposes and says	5,
That, except as reflected on an application filed with the City of Vacavi or indirect interest in or to the bingo hall operation or any portion thereof for to be licensed;	
That, except as may have been reported in writing to the City of Vacavother person and no present intent to hold as agent, nominee, or otherwisbingo hall operation or any portion thereof for which I seek licensing by the	se any direct or indirect interest whatsoever in or to the
That, except as may have been reported in writing to the City of Vacavother person and no present intent to transfer at any future time any interevacaville;	
That, except as may have been reported to the City of Vacaville, I have and no present intent to pay any sums of money or give anything of value commission to any person related to the acquisition of any direct or indire any portion thereof for which I seek licensing by the City of Vacaville;	as, including but without limitation, a finder's fee or
That, any funds used or to be used, and any liabilities incurred or to be interest in or to bingo hall operation or any portion thereof for which I seel me nor made available to me through the efforts of anyone not disclosed	k licensing by the City of Vacaville were not provided to
That, except as reported in writing to the City of Vacaville, no other per any loans made to me related to the application for licensing by the City of	
	I swear under penalty of perjury that the foregoing is true and correct.
	Signature of Applicant
	Name and Location of bingo establishment
Subscribed and Sworn to before me this day of, 19	
Notary Public - Name	(SEAL)

AUTHORIZATION TO RELEASE INFORMATION

(Bingo Hall License)

As an applicant for a bingo hall license in the City of Vacaville, I am required to furnish information for use in determining my qualifications. In this connection, I authorize release of any and all information you may have concerning me including, but not limited to, information of a confidential or privileged nature, or any data or materials which have been sealed or agreed to be withheld pursuant to any prior agreement or court proceeding involving disciplinary or criminal matters.

I understand I will not receive and am not entitled to know the contents of confidential reports received and I further understand these reports are privileged.

I hereby release, discharge, and exonerate the agencies, their agents and representatives, and any person furnishing information, from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records and other information, and this release shall be binding on my legal representatives, heirs and assigns.

This release will expire 120 days after the date signed. A photo copy of this release is to be considered as valid as an original.

	Signed:	
	Date:	
Witness:		
	Date	

BINGO HALL MANAGERS

- 1. Definition. A bingo hall manager is defined as the person who is responsible for the day-to-day operations of the hall, whose responsibilities may include, but not be limited to, the following:
 - a. Assuring that all laws and ordinances that apply to the operation of bingo are complied with;
 - b. That security is in place as required;
 - c. That the organization conducting the bingo game is authorized and properly licensed to conduct bingo games; and
 - d. Keep and maintain accurate records of the income received and expenses disbursed in connection with the licensee's operation of the bingo hall.
- 2. Bingo Manager's Permit. The bingo hall licensee shall ensure that any person who performs the duties of a bingo hall manager possesses a valid manager's permit. The permit shall be issued by the Chief of Police after completion of a background investigation, provided the findings required by Chapter 5.25 of the Vacaville Municipal Code can be made.
- 3. Participation in Bingo Games. Licensees and managers may provide instruction or training to the organization conducting the bingo game, provided such instruction or training is provided to the organization at no charge; however, licensees and managers shall not operate or staff a bingo game nor shall they participate in the promotion, supervision, or any other phase of such game.

APPLICATION FOR BINGO HALL MANAGER'S PERMIT

(Use black ink or type.)

1. Name of Applicant I	ast 2. NAME	First AND ADDRESS O		Middle
Applicant				Middle
Name of HALL:	2. NAME	AND ADDRESS O		
Name of HALL:	2. 1	THE PROPERTY OF	F HALL	
Name of HALL:				
		Telephone Number	er:	
Address of HALL:				
- If owner or investor, the amo	unt invested: \$			
- Date applicant became affilia	ted with HALL:			
- Name of previous owner of H	IALL:			
- Previous name of HALL (if d	lifferent from above):			
Trevious name of Intible (if a	mirerent from upove).			
	PART II - PER	SONAL HISTO	RY RECORD	
	1. PERS	SONAL INFORMA	ATION	
Last			First	Middle
Alias(es) (Nicknames, Maiden Nam	ne, Other Name Change, Legal o	or Otherwise; Why Use	ed, When, and Where)	
	- Cu		G ITT	l au
Residence AddressStreet or RFD	City		State/Zip	Since
Mailing Address (if different from	above)			Date
Business Name and Address	City		State/Zip	Since
Dusiness Name and Address	City		State/Др	
Occupation			Residence Telephone #	Date
Date of Birth	Age	Sex	Business Telephone # Place of Birth (City, State)	
Social Security Number		Driver's License #	State Issued	Expire. Date
			2.552	· F
Color of Eyes Color of H	Iair Complexion	Weight	Height	
Scars, tattoos, or distinguishing ma	arks and/or characteristics			

ATTACH COLOR PHOTOGRAPH OF

YOURSELF TAKEN WITHIN THE LAST

30 DAYS

Are you a citizen of the United States? Yes No
If alien, Registration Number:
If naturalized, Certificate Number: Date:
2. MILITARY INFORMATION
Have you ever served in any armed forces? Yes No
Branch Date of EntryActive Service
Date of Separation Type of Discharge
Rating at Separation Serial Number
While in the military service, were you ever arrested for an offense which resulted in summary action, a trial, or special or general court martial? Yes No If yes, furnish details on page 9.
3. ARRESTS AND LITIGATION(S)
A. Have you ever been arrested, charged, or indicted, or summoned to answer for any criminal offense or violation for any reason whatsoever (except MINOR traffic citations) for which you were subsequently convicted? YesNo
B. Have you ever engaged in any act involving dishonesty charged or chargeable as a criminal offense relating to the acquisition of ownership or the operation of a bingo HALL, or been convicted of an offense involving dishonesty? Yes No
C. Have you ever engaged in bookmaking or other illegal gambling activities or been convicted of an offense involving

If you answer to 4.A.	B, or C was ves	s, give details in	space provided	below. List all case	s without exception.	
DATE OF ARREST	ARRESTING		AGE AT TIME	CHARGI		DISPOSITION
					, but for which you w	ere not arrested
or in which you w						
L. Have you ever been	n subpoenaed to	appear or testi	fy before a fede	ral, state, or City gr	and jury, board, or	
commission? Yes	No					
. Have you ever rec	eived a pardon f	for any crimina	l offense? Yes	No		
If yes, when?		City, S				
n jes, when-		City, S				
		_				
If your answer to	any of the ab	ove questions	s (A through)	F) is yes, furnish	details under	
(
'Additional Infor	mation."					
G. Has any member		ate family (chil	dren or spouse)	ever been convicted	of a felony?	
	of your immedi	ate family (chile		ever been convicted	of a felony?	
G. Has any member	of your immedi		g:	ever been convicted Charge	of a felony?	Date
G. Has any member Yes No_	of your immedi	ete the followin	g:		<u> </u>	Date
G. Has any member Yes No_	of your immedi	ete the followin	g:		<u> </u>	Date
G. Has any member Yes No_	of your immedi	ete the followin	g:		<u> </u>	Date
G. Has any member Yes No_	of your immedi	ete the followin	g:		<u> </u>	Date
G. Has any member Yes No_	of your immedi	ete the followin	g:		<u> </u>	Date
G. Has any member Yes No_	of your immedi	ete the followin	g:		<u> </u>	Date
G. Has any member Yes No_	of your immedi	ete the followin	g:		<u> </u>	Date
G. Has any member Yes No_	of your immedi	ete the followin	g:		<u> </u>	Date
G. Has any member Yes No Name	of your immedi If yes, compl	ete the followin Relationship	g:	Charge	Location	
G. Has any member Yes No Name H. Have you, as an i	of your immedi If yes, compl	ete the followin Relationship	g: D	Charge director, or officer of	Location of a corporation, ever	been a party to
G. Has any member Yes No Name H. Have you, as an ia lawsuit as either	of your immedi If yes, compl	Relationship Relationship	g: Ship, or owner, No (Charge director, or officer of other than divorces	Location	been a party to
G. Has any member Yes No Name H. Have you, as an ia lawsuit as either cases without ex	of your immedi If yes, compl If yes, compl Individual, memer a plaintiff or ception and fur	Relationship Relationship ber of a partner defendant? Yes	rship, or owner, SNo(on of each case of	Charge director, or officer of other than divorces in page 9:	Location of a corporation, ever i. If yes, give details b	been a party to elow. List all
G. Has any member Yes No Name H. Have you, as an ia lawsuit as eithe	of your immedi If yes, compl If yes, compl Individual, memer a plaintiff or ception and fur	Relationship Relationship	rship, or owner, SNo(on of each case of	Charge director, or officer of other than divorces	Location of a corporation, ever i. If yes, give details b	been a party to
G. Has any member Yes No Name H. Have you, as an ia lawsuit as either cases without ex	of your immedi If yes, compl If yes, compl Individual, memer a plaintiff or ception and fur	Relationship Relationship ber of a partner defendant? Yes	rship, or owner, SNo(on of each case of	Charge director, or officer of other than divorces in page 9:	Location of a corporation, ever i. If yes, give details b	been a party to elow. List all
G. Has any member Yes No Name H. Have you, as an ia lawsuit as either cases without ex	of your immedi If yes, compl If yes, compl Individual, memer a plaintiff or ception and fur	Relationship Relationship ber of a partner defendant? Yes	rship, or owner, SNo(on of each case of	Charge director, or officer of other than divorces in page 9:	Location of a corporation, ever i. If yes, give details b	been a party to elow. List all
G. Has any member Yes No Name H. Have you, as an ia lawsuit as either cases without ex	of your immedi If yes, compl If yes, compl Individual, mem Individual, mem Individual and furi	Relationship Relationship ber of a partner defendant? Yes	rship, or owner, SNo(on of each case of	Charge director, or officer of other than divorces in page 9:	Location of a corporation, ever i. If yes, give details b	been a party to elow. List all
G. Has any member Yes No Name H. Have you, as an ia lawsuit as either cases without ex	of your immedi If yes, compl If yes, compl Individual, mem Individual, mem Individual and furi	Relationship Relationship ber of a partner defendant? Yes	rship, or owner, SNo(on of each case of	Charge director, or officer of other than divorces in page 9:	Location of a corporation, ever i. If yes, give details b	been a party to elow. List all
Yes No Name Name H. Have you, as an i a lawsuit as either cases without ex	of your immedi If yes, compl If yes, compl Individual, mem Individual, mem Individual and furi	Relationship Relationship ber of a partner defendant? Yes	rship, or owner, SNo(on of each case of	Charge director, or officer of other than divorces in page 9:	Location of a corporation, ever i. If yes, give details b	been a party to elow. List all
G. Has any member Yes No Name H. Have you, as an i a lawsuit as either cases without ex	of your immedi If yes, compl If yes, compl Individual, mem Individual, mem Individual and furi	Relationship Relationship ber of a partner defendant? Yes	rship, or owner, SNo(on of each case of	Charge director, or officer of other than divorces in page 9:	Location of a corporation, ever i. If yes, give details b	been a party to elow. List all
G. Has any member Yes No Name H. Have you, as an ia lawsuit as either cases without ex	of your immedi If yes, compl If yes, compl Individual, mem Individual, mem Individual and furi	Relationship Relationship ber of a partner defendant? Yes	rship, or owner, SNo(on of each case of	Charge director, or officer of other than divorces in page 9:	Location of a corporation, ever i. If yes, give details b	been a party to elow. List all

	5. RESIDENCES List all residences you have had for	the last 15 years	
Month and Year (From - To)	Street and Number	City	State
_			
_			
_			
_			
_			
_			
-			

6. EMPLOYMENT Beginning with your current employment, list your work history, all businesses with which you have been involved, and all periods of unemployment for the past 15 years. Also, list all corporations, partnerships, or any other business ventures with which you have been associated for the past 15 years. Month and Year Name/Mailing Address of Employer/Business **Telephone Number Reason for Leaving** (From-To) Title **Bingo Present? Description of Duties** Name of Supervisor Yes___ No_ Month and Year Name/Mailing Address of Employer/Business **Telephone Number Reason for Leaving** (From-To) Title Name of Supervisor **Description of Duties Bingo Present?** Yes___ No__ Month and Year Name/Mailing Address of Employer/Business **Telephone Number Reason for Leaving** (From-To) Title **Description of Duties** Name of Supervisor **Bingo Present?** Yes No__ **Month and Year** Name/Mailing Address of Employer/Business **Telephone Number Reason for Leaving** (From-To) Title **Description of Duties** Name of Supervisor **Bingo Present?** Yes___ No_

employees.			
Name and Occupation	Street, City, State, Zip	Telephone Number	Years Know
Name	Home Address		
Occupation	Business Address		
Name and Occupation	Street, City, State, Zip	Telephone Number	Years Knov
Name	Home Address		
Occupation	Business Address		-
Name and Occupation	Street, City, State, Zip	Telephone Number	Years Knov
Name	Home Address		
Occupation	Business Address		-
Name and Occupation	Street, City, State, Zip	Telephone Number	Years Kno
Name	Home Address		
Occupation	Business Address		
Name and Occupation	Street, City, State, Zip	Telephone Number	Years Kno
Name	Home Address		
Occupation	Business Address		-
	r such depository solely in your name? Y	/esNo	
If yes, complete the following: Box Number or Type of Depository	Location	City and Ci	ha4a
Box Number or Type of Depository	Location	City and St	ate
	vileged or professional license or certificat f license; where held; if denied, the reason		
Have any disciplinary actions ever been	taken against the license/certificate? Ye	es No If yes, give o	details
such as the nature and dates of all action	ns and specific action(s) taken		

10. Have you ever held a financial interest in a gambling venture, including a race track, dog track, race horse or dog, lottery, casino, bookmaking operation? Yes No If yes, state type of venture, when and where, and give names and locations of the businesses in which you were involved and the names and addresses of all partners:
11. Have you ever been called to appear before a licensing agency or similar authority for any reason whatsoever?
Yes No If yes, submit details on page 9.
12. Have you ever been refused a bingo hall license or manager's permit or been a participant in any group which has been denied a bingo hall license or manager's permit in any state? Yes No If yes, state where, when, and for what reason:
13 . Have you ever been granted a bingo hall license or manager's permit or been a participant in any group which has been issued a bingo hall license or manager's permit? Yes No If yes, state type of license, name of establishment, location, and period held:
1 es No If yes, state type of ficense, name of establishment, location, and period field.
14 .Do you have any immediate family member (i.e., children or spouse) associated with or employed in the bingo industry? Yes No If yes, state name, relationship, and association or employment, and name and address of the business where employed:

ADDITIONAL INFORMATION

STATE OF			
CITY OF			
thereof. The statements cor information requested. This to reveal information requested permit by the City of Vacavilles.	ntained herein are true as statement is executed ted may be deemed sure. Further, I am aware vided may be grounds f	and correct and on with the underst fficient cause for that later discover the revocation	contain a full and true account of randing that misrepresentation or failure refusal to issue a bingo hall manager's rery of an omission or misrepresentation of a bingo hall manager's permit and/or .
		I declare u	under penalty of perjury that
		the forego	oing is true and correct.
		Signature	of Applicant
Executed this	_ day		
of		,	

AUTHORIZATION TO RELEASE INFORMATION

(Bingo Hall Manager's Permit)

As an applicant for a bingo hall manager's permit in the City of Vacaville, I am required to furnish information for use in determining my qualifications. In this connection, I authorize release of any and all information you may have concerning me including, but not limited to, information of a confidential or privileged nature, or any data or materials which have been sealed or agreed to be withheld pursuant to any prior agreement or court proceeding involving disciplinary or criminal matters.

I understand I will not receive and am not entitled to know the contents of confidential reports received and I further understand these reports are privileged.

I hereby release, discharge, and exonerate the agencies, their agents and representatives, and any person furnishing information, from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records and other information, and this release shall be binding on my legal representatives, heirs and assigns.

This release will expire 120 days after the date signed. A photo copy of this release is to be considered as valid as an original.

	Signed:	
Witness:	Date:	
	 Date	

SECTION 3

BINGO SUPPLIERS

BINGO SUPPLIER LICENSEES

A. Definition of a Bingo Supplier

"Bingo Supplier" means a person or entity that sells, rents, leases or otherwise provides bingo supplies for use in the conduct of a bingo game.

B. Bingo Supplier Licensee Regulations

- 1. No licensee shall receive a percentage of the proceeds of a bingo game.
- 2. No licensee shall absorb losses arising from the conduct of bingo.
- 3. No licensee shall advance loans to or receive loans from persons or entities conducting a bingo game.
- 4. No licensee shall receive a salary or wage from the proceeds of a bingo game.

C. Bingo Supplier License Requirements

No person shall engage in the business of providing bingo supplies within the City limits without first having obtained from the City a bingo supply license and City business license.

D. License Application

- 1. The bingo supplier will first apply for a bingo supplier license through the office of the Chief of Police.
- 2. The bingo supplier will then apply for a City business license.
- 3. A background investigation of the bingo supplier applicant will be conducted by the Vacaville Police Department as directed by the Chief of Police.
- 4. After completion of the background investigation, the Chief of Police may approve an application for a bingo supplier license, subject to conditions specified by the Chief of Police.
- 5. The "Application for Bingo Supplier License" is set forth on the pages that follow.

APPLICATION FOR BINGO SUPPLIER LICENSE

(Use black ink or type.)

PART I - GENERAL APPLICATION INFORMATION

1. Name of Last First Middle

Applicant				
2. Check if Applicant is:	Owner	Investor	Trustee	Manager
	3. (OWNERS/INVESTORS/PA	ARTNERS	
If Applicant is not the sole own	ner or holder of fin	ancial interest in the compa	any, provide the following	g for each
owner/investor or partner.				
Name:		Telephone Number:		
Address:				
Title or nature of interest:				
Amount invested or to be inves	sted: \$	% of own	ership	
Name:		Telephone Number:		
Address:		·		
Title or nature of interest:				

PART II - PERSONAL HISTORY RECORD

% of ownership

Amount invested or to be invested: \$

1. PERSONAL INFORMATION

Last			First	Middle
Alias(es) (Nicknames, Maiden Name, Otho	er Name Change, Legal (or Otherwise; Why Use	ed, When, and Where)	
Residence AddressStreet or RFD	City		State/Zip	Since
				Date
Mailing Address (if different from above)	<u> </u>			•
Business Name and Address	City		State/Zip	Since
				Date
Occupation			Residence Telephone # Business Telephone #	·
Date of Birth	Age	Sex	Place of Birth (City, State)	
Social Security Number		Driver's License #	State Issued	Expire. Date
Color of Eyes Color of Hair	Complexion	Weight	Height	
Scars, tattoos, or distinguishing marks and	d/or characteristics			

ATTACH COLOR PHOTOGRAPH OF

YOURSELF TAKEN WITHIN THE LAST

30 DAYS HERE

Are you a citizen of th	e United States? Yes	No			
If alien, Registration I	Number:				
If naturalized, Certific	cate Number:	Date:			
		2. FAMILY IN	FORMATION		
Current	Date of Marriage	City	, State		
Marriage					
Single	Married	Separated		Divorced	
Spouse's Full Name	e (Maiden)				
Date of Birth Place	of Birth				
Residence Address					
Residence Telephor	ne#	Busi	ness Telephone	#	
Spouse's Employer		Occu	pation		
Address of Employ	er			•	

	3.	MILITARY INF	ORMATION	
Have you ever served	in any armed forces? Yes_	No		
Branch		Date of Entry	Active Service	
Date of Separation		Type of Discl	narge	
Rating at Separation		Serial Numb	oer	
While in the military so	ervice, were you ever arrested	for an offense wl	hich resulted in summary ac	tion, a trial, or special or
general court martia	al? Yes No If y	es, furnish details	s on page 9.	
				
		RRESTS AND L		
	arrested, charged, or indicted to MINOR traffic citations) for			fense or violation for any reason
B. Have you ever eng	gaged in any act involving dishership or the operation of a bi			
C. Have you ever eng such activities? Y	gaged in bookmaking or other Yes No	illegal gambling	activities or been convicted o	of an offense involving
	B, or C was yes, give details i		below. List all cases withou	t exception.
DATE OF ARREST	ARRESTING AGENCY	AGE AT TIME	CHARGE	DISPOSITION
	lictment, information, or compere named as an unindicted co		eturned against you, but for No	which you were not arrested
	n subpoenaed to appear or tes No		ral, state, or City grand jury	, board, or
	eived a pardon for any crimin	al offense? Yes	No	
If yes, when?		State		
If your answer to	any of the above question	ns (A through	F) is yes, furnish details	s on page 9.

G. Has any member of your imm Yes No If yes, con	ediate family (children or neediate the following:	r spouse) ever been convicted	l of a felony?	
Name	Relationship	Charge	Location	Date

H. Have you, as an individual, member of a partnership, or owner, director, or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant? Yes No (other than divorces). If yes, give details below. List all cases without exception and furnish a description of each case on page 9:				
Plaintiff/Defendant	Case Number	City, State	Disposition	
			•	

	5. RESIDENCES List all residences you have had for		
Month and Year (From - To)	Street and Number	City	State
-			
-			
-			
-			
-			
-			
-			

6. EMPLOYMENT Beginning with your current employment, list your work history, all businesses with which you have been involved, and all periods of unemployment for the past 15 years. Also, list all corporations, partnerships, or any other business ventures with which you have been associated for the past 15 years. Month and Year Name/Mailing Address of Employer/Business **Telephone Number Reason for Leaving** (From-To) **Description of Duties** Title Name of Supervisor **Bingo Present?** Yes_ No **Reason for Leaving** Month and Year Name/Mailing Address of Employer/Business **Telephone Number** (From-To) Title **Description of Duties** Name of Supervisor **Bingo Present?** Yes No_ Month and Year Name/Mailing Address of Employer/Business **Telephone Number Reason for Leaving** (From-To) Title **Bingo Present? Description of Duties** Name of Supervisor Yes No_ **Month and Year** Name/Mailing Address of Employer/Business Reason for Leaving **Telephone Number** (From-To) Title **Description of Duties** Name of Supervisor **Bingo Present?** Yes_ No_

List five character references who have kn or employees.	nown you five years or more. Do not include	de relatives, present employe	r,
Name and Occupation	Street, City, State, Zip	Telephone Number	Years Known
Name	Home Address		
Occupation	Business Address		_
Name and Occupation	Street, City, State, Zip	Telephone Number	Years Known
Name	Home Address		
Occupation	Business Address		
Name and Occupation	Street, City, State, Zip	Telephone Number	Years Known
Name	Home Address		
Occupation	Business Address		-
Name and Occupation	Street, City, State, Zip	Telephone Number	Years Known
Name	Home Address		
Occupation	Business Address		_
Name and Occupation	Street, City, State, Zip	Telephone Number	Years Known
Name	Home Address	•	
Occupation	Business Address		-
years held.	of license; where held; if denied, the reason		
Have any disciplinary actions ever bee such as the nature and dates of all action	n taken against the license/certificate? Yeons and specific action(s) taken.	es No If yes, give o	details
	a gambling venture, including a race trac		
dog, lottery, casino, bookmaking operati where, and give names and locations of t all partners:	the businesses in which you were involved		of
no parameter			
Have you ever been called to appear bet	fore a licensing agency or similar authority	for any reason whatsoever?	
Yes No If yes, submit details	s on page 9.		

7. CHARACTER REFERENCES

11. Do you have any immediate family member (i.e., children or spouse) associated with or employed in the bingo	
industry? Yes No If yes, state name, relationship, and association or employment, and name and	
address of the business where employed:	

PART III - FINANCIAL HISTORY RECORD

	Do you anticipate at this time active participation in the management and operation of the bingo supply company? Yes No					
2.	Yes No No Amount invested or to be invested in the business \$					
	Percentage of ownership this will represent					
	Please identify specific source of funds used for your investment in the bingo supply company:					
3.	Has your interest in this bingo supply company been assigned, pledged, or hypothecated to any person, firm, or corporation, or has any agreement been entered into whereby your interest is to be assigned, pledged, or sold either in part					
	or in whole? Yes No If yes, furnish details on page 9.					
4.	Have you ever filed for bankruptcy? Yes No If yes, furnish details on page 9 listing the Federal District					
	Court where the bankruptcy was filed, case number, date on which bankruptcy was filed, and describe the situation					
	which led up to the filing.					
	However have aggregated as an officer director or northern argula promietor with any hydroge entity that has filed for					
	Have you been associated as an officer, director, or partner or sole proprietor with any business entity that has filed for protection under the Federal bankruptcy laws? Yes No If yes, furnish particulars on page 9 listing the Federal					
	District Court where the bankruptcy was filed, case number, date on which bankruptcy was filed, and describe the					
	4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4					
5.	Last Federal Income Tax Return was filed, 19, for year 19 at					
	(City) (State)					
6.	Do you control, manage, or hold in trust any assets or liabilities for another person or entity?					
	Yes No If yes, furnish particulars on page 9.					
7.	Indicate the annual income that you anticipate receiving from the sale of bingo supplies within the City of Vacaville.					
•						
	List all other sources of current income and annual amounts:					
	Annual Amount \$					
	Annual Amount \$					
	Annual Amount \$					
	As of, 19					

8. STATEMENT OF ASSETS

(Describe Fully - Including assets held outside the State of California or outside the United States)

	CURRENT ASSETS
Cash on Hand (Current Amount) \$	

BANK/SAVINGS & LOAN ACCOUNTS		
Name of Financial Institution and Branch:		
Current Amount in Checking: \$ Current Amount in Savings: \$		
Name of Financial Institution and Branch:		
Current Amount in Checking: \$ Current Amount in Savings: \$		

NOTES RECEIVABLE	Initial Cost Current Market Value	
	\$	\$
	\$	\$
	\$	\$

INVESTMENTS - Stocks, Bonds, Partnerships, Business Investments (list the stock by name - number of shares; bonds maturity dates; type of partnerships- limited/general, etc.)	Initial Cost	Current Market Value
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

FIXED ASSETS - Real Estate (Give location and	Initial Cost	Current Market Value
address of each parcel and assessor's number or		
parcel number)		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

OTHER ASSETS - Automobiles, Personal	Initial Cost	Current Market Value
Property, etc.		
	\$	\$
	\$	\$
	\$	\$

TOTAL ASSETS	¢	\$
TOTAL RISSLIS	P	Φ

9. STATEMENT OF LIABILITIES

(If additional space is required, attach supporting schedules)

ACCOUNTS PAYABLE					
Credit Cards, Revolving Accounts, etc. Original Present Monthly Amount Balance Payment					
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
Taxes Owed/Outstanding	\$	\$	\$		

NOTES PAYABLE					
List each lender separately, how secured, and monthly payments due thereon. Original Present Monthly Payment Amount Payment					
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

MORTGAGES PAYABLE				
List each mortgage or note secured by deed of trust separately, how secured, and monthly payments due thereon.	Original Amount	Present Balance	Monthly Payment	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

OTHER LIABILITIES				
Please describe fully. Original Present Monthly				
, and the second	Amount	Balance	Payment	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

TOTAL LIABILITIES	\$ \$	\$

10. Did you list all of your assets and liabilities on the preceding schedules?	
Yes No	

ADDITIONAL INFORMATION					

STATE OF							
CITY OF							
I,thereof. The statements co	ntained h	erein are tı	rue and correc	ct and contair	n a full and t	rue account o	f
to reveal information requestly the City of Vacaville. Further in the information provided imposition of penalties spec	rther, I an	n aware tha	at later discov	ery of an omi	ssion or mis	srepresentatio	n made
imposition of penalties spec	inea in th	e vacaville	l de	eclare under performer foregoing is			
Executed this	day		Sig	nature of Ap	plicant		_
of	_, 19	_, at	(City)				

AFFIDAVIT OF FULL DISCLOSURE				
7.1.1.157.WIT OF TOLL DI	<u> </u>			
STATE OF				
CITY OF				
, being duly sworn, deposes and says	,			
That, except as reflected on an application filed with the City of Vacavilor indirect interest in or to the bingo supply company or any portion thereo vacaville, to be licensed;				
That, except as may have been reported in writing to the City of Vacaviother person and no present intent to hold as agent, nominee, or otherwise bingo supply company or any portion thereof for which I seek licensing by	e any direct or indirect interest whatsoever in or to the			
That, except as may have been reported in writing to the City of Vacaviother person and no present intent to transfer at any future time any interevacaville;				
That, except as may have been reported to the City of Vacaville, I have and no present intent to pay any sums of money or give anything of value commission to any person related to the acquisition of any direct or indirect or any portion thereof for which I seek licensing by the City of Vacaville;	as, including but without limitation, a finder's fee or			
That, any funds used or to be used, and any liabilities incurred or to be nterest in or to the bingo supply company or any portion thereof for which provided to me nor made available to me through the efforts of anyone no	I seek licensing by the City of Vacaville were not			
That, except as reported in writing to the City of Vacaville, no other per any loans made to me related to the application for licensing by the City of				
	I swear under penalty of perjury that the foregoing is true and correct.			
	Signature of Applicant			
	Name and Location of bingo supply company			
Cuba with a diam of Curama ta historia man this				
Subscribed and Sworn to before me this day of, 19				
Notary Public - Name	(SEAL)			

SECTION 4

BACKGROUND INVESTIGATIONS OF BINGO HALL AND BINGO SUPPLIER APPLICANTS

BACKGROUND INSTRUCTIONS

Any individual who has any financial or management interest in a bingo hall or bingo supply company must submit a completed background questionnaire. The principal purpose for requesting personal and financial history information is to determine suitability of issuance of a license to the applicant.

A financial or management interest means a monetary or financial investment in a bingo hall or bingo supply business.

An indirect financial interest means owning one percent or more of any business or corporation that in turn owns all or any part of a bingo hall or bingo supply business.

A bingo hall manager is anyone who represents the interest of the owner in the operation of a bingo hall establishment, whose duties may include, but may not be limited to: (1) the making or changing of policy; (2) approving credit; (3) hiring or firing employees; (4) generally exercising independent judgment in the operation of the business. Such person need not have a financial interest in the business.

Do not misstate or omit any material fact(s), as each statement herein is subject to verification. Applicants must initial each page, as provided in the lower right hand corner. By placing his/her initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that the application form is an official document and that any misrepresentation or failure to disclose information requested may be cause for the denial or revocation of a license or permit.

With the exception of the social security number, it is mandatory to furnish all the appropriate information requested by the application form. The applicant's social security number is optional. Failure to supply information requested in the background questionnaire will be grounds for denial of a license or permit application.

Hand print or type your answer to each question. If a question does not apply to you, so state with N/A. If additional space is needed, continue on the last page or use a separate sheet and precede each answer with the appropriate title.

The following documents must accompany each application:

- Two completed 10-print applicant fingerprint cards that are provided with the application materials. (The fingerprint cards must be completed by a law enforcement agency and signed by the applicant).
- Affidavit of Full Disclosure form signed by the applicant and notarized.
- Authorization to Release Information signed by the applicant and witnessed.
- Personal check, certified check, or money order payable to the City of Vacaville in the amount of \$200 for each person investigated. If the cost of conducting the background investigation exceeds \$200, the applicant will be required to reimburse the City for the additional costs above \$200. If the cost is less, the balance shall be returned to the applicant.
- Copy of City business license (which may be obtained from the City's Finance Department).

SECTION 5

CHAPTER 5.24 OF THE VACAVILLE MUNICIPAL CODE
CHAPTER 5.25 OF THE VACAVILLE MUNICIPAL CODE
CHAPTER 5.26 OF THE VACAVILLE MUNICIPAL CODE
CALIFORNIA PENAL CODE SECTION 326.5