

BINGO LICENSE APPLICATION

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City Clerk Department License Services Section	ACCT#)	B □ C □
New Application Inform	mation Update	Relocation	Date:	
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Business Name ("dba"):				
Business Location:		Mailing Address for City notices:		
Street Address (include Apt./Suite #)		Street Address (include Apt./Suite #)		
City, State, Zip		City, State, Zip		
Business Phone: ()		Business Fax:	(optional) ()	
Business Owner: (if an individual, name as set forth in organizational documents)				
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If a company: Please list the na	me and title of all pers	sons listed on you	r State Bingo applicat	ion.
Each individual will need to be fin	•	•		
	•	•		
Each individual will need to be fin	gerprinted and provid	le us with a copy o		fidavit.
Each individual will need to be fin	gerprinted and provio	le us with a copy o		fidavit. Title
Name Name I swear under penalty of law the statements made herein are true.	Title Title Title Title	Name Name Name regoing application	of their State Bingo Af	fidavit. Title Title Title
Name Name Name I swear under penalty of law that	Title Title	Name Name Name regoing application	of their State Bingo Af	Title Title Title Title
Name Name I swear under penalty of law the statements made herein are true.	Title Title Title Title STAFF U	Name Name Name Date	on and that all the ir	Title Title Title Title
Name Name Name I swear under penalty of law the statements made herein are true Applicant Signature	Title Title Title Title STAFF U	Name Name Name Name Date JSEONLY Approved	on and that all the in Respo	Title Title Title Staff initials: