



1350 Norris Road  
 Bakersfield, California 93308-2231

## RENEWAL BINGO LICENSE REQUIREMENTS/INVOICE

**\*Must be a non-profit organization\***

RENEWAL APPLICATION FEE:	\$50	Can be submitted in person or by mail
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**Accepted forms of payment:** CASH, CHECK, MONEY ORDER, CREDIT CARD  
 \*Only Mastercard, VISA, Discover

**Check or Money Order payable to:** COUNTY OF KERN

**Renewals mailed to:** Kern County Sheriff's Office  
 ATTN: Licensing Unit  
 1350 Norris Road  
 Bakersfield, CA 93308

**Please provide the Licensing Unit with the following required documents:**

<input type="checkbox"/> Completed Renewal Application <i>*Must <b>always</b> have <b>2</b> bingo officers on license</i> <i>*If an officer leaves, then a new officer <b>will need</b> to be fingerprinted and added to license.</i>
<input type="checkbox"/> Copy of State Driver's License(s) <i>*<b>Any</b> bingo officer listed on license. Provide <b>every</b> renewal year</i>
<input type="checkbox"/> Copy of C.A. State Non-Profit organization status <i>*<b>Only</b> provide if it wasn't provided when initial application was submitted</i> <i>*Proof of Non-Profit can be IRS statement, Certificate or C.A. state article</i>
<input type="checkbox"/> Copy of Letter of Authorization from owner/authorized personnel of building Bingo is held <i>*Provide <b>every</b> renewal year (This is if you don't own the building)</i>
<input type="checkbox"/> Approval from the Planning Dept., Fire Dept., and Health Dept. <i>*Provide <b>every</b> renewal year (This is needed if you own the building) Health Dept. may not need to approve but still need to ask them</i>
<input type="checkbox"/> Copy of Completed Live Scan Form(s) *additional \$52 if going to be printed with our office <i>*<b>Only</b> if you're adding a new officer and printed somewhere other than the Sheriff's Office</i>

<b>FOR KERN COUNTY SHERIFF'S OFFICE USE</b>		DATE RECEIVED:	
RECEIPT #:		AMOUNT RECEIVED:	
RECEIVED FROM:		TYPE OF PAYMENT:	
RENEWAL ISSUE DATE:		DATE LICENSE EXPIRES:	



# BUSINESS LICENSE APPLICATION

Please check applicable boxes and complete entire application.

- |                                       |  |  |   |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> Individual   | <input type="checkbox"/> Corporation           | <input type="checkbox"/> New Application     | <input type="checkbox"/> Information Change         |
| <input type="checkbox"/> Husband/Wife | <input type="checkbox"/> Limited Liability Co. | <input type="checkbox"/> Renewal Application | <input type="checkbox"/> Additional Street Location |
|                                       | <input type="checkbox"/> Partnership           |  |   |

## BUSINESS INFORMATION

BUSINESS NAME: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mail Address Same As Above:

Or If different, Mail to: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Phone: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Authorized Agent  
Operating Manager: \_\_\_\_\_

Type of Business: \_\_\_\_\_ (List Activities; List items buying or selling, Please Indicate if new items, used or both)

Business Tax Identification Number: \_\_\_\_\_

Seller Permit or Resale Number: \_\_\_\_\_ Health Permit Number(s): \_\_\_\_\_

I have read all of the above and declare under penalty of perjury that each and every statement made is true and correct: knowingly falsifying the information on this form may constitute grounds for denial or revocation of the license. "THIS LICENSE IS CONDITIONED UPON RECEIPT BY THE SHERIFF OF A SATISFACTORY REPORT FROM THE DEPARTMENT OF JUSTICE". The filing of an application for a license shall be deemed consent by the applicant, officers and applicant's or licensee's employees for the Sheriff's Office and other interested county departments including, but not limited to the directors of Planning and Development, Fire, Health, Building, and Zoning departments to determine all statements on the application are true, correct and that the ordinances and regulations are complied with. Furthermore, I understand that if my application for license or renewal is denied for any reason, the Sheriff shall refund only that portion of the fee allocated to pay for post-issuance or renewal enforcement. (KERN COUNTY ORDINANCE CODE TITLE 5, CHAPTER 5.04.160)

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**APPLICANT PERSONAL INFORMATION**

**Applicant Name:** \_\_\_\_\_

**Aliases/Other Names:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Address:** **Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

Have you ever been charged with a felony? \_\_\_\_\_

Have you been charged with a misdemeanor in the last five years? \_\_\_\_\_

Have you ever been in jail or prison? \_\_\_\_\_

If you answered YES to any of the above questions, please give date(s) and explanation of charges: \_\_\_\_\_

\_\_\_\_\_

**Former Employment**

(Begin with the most current for the past three years)

<u>FROM - TO</u>	<u>EMPLOYER</u>	<u>ADDRESS</u>

**List Two References**

1) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

2) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**I have read all the above and declare under penalty of perjury that each and every statement made is true and correct: knowingly falsifying the information on this form may constitute grounds for denial or revocation of the license.**

**APPLICANT SIGNATURE**

**DATE:** \_\_\_\_\_

## COUNTY BUSINESS TYPE AND LOCATION:

Per County ordinance Title 5 Business Licenses and Regulations, 5.04.010 and 5.04.020, please check the appropriate boxes for the type of license applicable to your business:

- |   |  |
|---|--|
| <input type="checkbox"/> Street Vendor                | <input type="checkbox"/> Food Sales                    |
| <input type="checkbox"/> Itinerant (Mobile) Peddler   | <input type="checkbox"/> Ice Cream or Shaved Ice Truck |
| <input type="checkbox"/> Dance (non-residential only) | <input type="checkbox"/> Shaved Ice Shack              |
| <input type="checkbox"/> Loose Vehicle Parts          | <input type="checkbox"/> Trailer                       |
| <input type="checkbox"/> Fortune Teller               | <input type="checkbox"/> Catering Truck / Van          |
| <input type="checkbox"/> Commercial Photographer      | <input type="checkbox"/> New Items                     |
| <input type="checkbox"/> Taxi Cab Service             | <input type="checkbox"/> Used Items                    |
| <input type="checkbox"/> Taxi Cab Driver              | <input type="checkbox"/> Produce                       |
| <input type="checkbox"/> Bingo (must be nonprofit)    | <input type="checkbox"/> Firearm Sales                 |
| <input type="checkbox"/> Locksmith                    | <input type="checkbox"/> Ammunition Sales              |
| <input type="checkbox"/> Circus/Carnival              | <input type="checkbox"/> Tire Sales                    |
| <input type="checkbox"/> Swap Meet Owner              | <input type="checkbox"/> Home Office                   |
| <input type="checkbox"/> Massage Establishment        | <input type="checkbox"/> Stand/ Table                  |
| <input type="checkbox"/> Temporary Business License   | <input type="checkbox"/> On Line Sales                 |
| <input type="checkbox"/> Adult Entertainment          | <input type="checkbox"/> Commercial Zoned Building     |
| <input type="checkbox"/> Weapon Dealer                | <input type="checkbox"/> Shooting Gallery              |

Physical Street Address or location where business or sales is/are conducted: (Provide written permission, rental or lease agreement for premises. Provide home occupational permit for residential business, a site plan may be required)

NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DAYS: \_\_\_\_\_

HOURS: \_\_\_\_\_

### Below is for County Department Approval of Business License Application

Sheriff's Office	Approved: <input type="checkbox"/> Denied: <input type="checkbox"/>	By: _____	Date: _____
Planning or Zoning	Approved: <input type="checkbox"/> Denied: <input type="checkbox"/>	By: _____	Date: _____
Comments: _____			
Environmental Health	Approved: <input type="checkbox"/> Denied: <input type="checkbox"/>	By: _____	Date: _____
Comments: _____			
Fire	Approved: <input type="checkbox"/> Denied: <input type="checkbox"/>	By: _____	Date: _____
Comments: _____			

**BINGO OFFICER INFORMATION:**

**BINGO COORDINATOR/CHAIRPERSON:**

NAME:
ADDRESS:
TELEPHONE: ( )
DRIVER'S LICENSE NUMBER OR CA. ID NUMBER:
SOCIAL SECURITY NUMBER:

SIGNATURE:	DATE:
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**PRESIDENT:**

NAME:
ADDRESS:
TELEPHONE: ( )
DRIVER'S LICENSE NUMBER OR CA. ID NUMBER:
SOCIAL SECURITY NUMBER:

SIGNATURE:	DATE:
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**VICE PRESIDENT:**

NAME:
ADDRESS:
TELEPHONE: ( )
DRIVER'S LICENSE NUMBER OR CA. ID NUMBER:
SOCIAL SECURITY NUMBER:

SIGNATURE:	DATE:
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**SECRETARY:**

NAME:
ADDRESS:
TELEPHONE: ( )
DRIVER'S LICENSE NUMBER OR CA. ID NUMBER:
SOCIAL SECURITY NUMBER:

SIGNATURE:	DATE:
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**TREASURER:**

NAME:
ADDRESS:
TELEPHONE: ( )
DRIVER'S LICENSE NUMBER OR CA. ID NUMBER:
SOCIAL SECURITY NUMBER:

SIGNATURE:	DATE:
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Bakersfield, California 93308-2231

### LETTER OF AUTHORIZATION

I, the undersigned as authorized  Owner of Property  Manager of Property  Leaseholder of following location where vendor is conducting business or temporary business:

\_\_\_\_\_

Street Address, City, State, Zip Code

Located within the unincorporated area of the County of Kern acknowledge that, pursuant to separate agreement, I have authorized a moving/stationary business to be conducted by:

Applicant Name: \_\_\_\_\_

Name of Business: \_\_\_\_\_

To conduct business as a vendor or temporary business: i.e.: street vendor, food peddler, bingo, secondhand dealer/pawnbroker, weapons dealer, commercial photography, or itinerant peddler on the following date(s):

Specific date(s) as follows: \_\_\_\_\_

Or continuously for the following days and hours of operation until revocation by either party or expiration of business license: \_\_\_\_\_

Agreement shall terminate on this date: \_\_\_\_\_ or

1. On the transfer or assignment of interest in the property from the authorizing property owner, or lessee.
2. On any change of the authorizing manager

In the event of termination, the temporary business applicant shall either obtain a new authorization to conduct his business on the property, or immediately stop conducting business and remove their personal or business items.

I have not issued any other authorizations for the same property for the same date(s) or overlapping dates of commencement.

Date of Authorization: \_\_\_\_\_

_____	_____
Print Name of Authorization Owner/Manager	Signature, Title, Date

Owner/Manager Phone Number: \_\_\_\_\_

_____	_____
Print Applicant Name	Signature, Title, Date



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

CA0150000

ORI (Code assigned by DOJ)

LICENSE, CERT OR PERMIT

Authorized Applicant Type

**BINGO LICENSE**

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - If assigned by DOJ, use exact title assigned)

#### Contributing Agency Information:

KERN COUNTY SHERIFF OFFICE

Agency Authorized to Receive Criminal Record Information

03739

Mail Code (five-digit code assigned by DOJ)

1350 NORRIS RD

Street Address or P.O. Box

LICENSING UNIT

Contact Name (mandatory for all school submissions)

BAKERSFIELD

City

CA 93308

State ZIP Code

(661) 391-7690

Contact Telephone Number

#### Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex  Male  Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

DOJ

FBI

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed