



TOWN OF PARADISE

5555 Skyway, Paradise, CA 95969 (530)872-6291 Fax (530) 872-877-5059

INSTRUCTIONS TO APPLICANT

Bingo Games

In order to obtain your local permit for Bingo Games in the Town of Paradise, please complete the following items and return them to Paradise Town Hall Attn: Administrative Services Director.

- Completed and signed Bingo Games Application
- Attach statement per section 5.12.050 (A-D & G)
- Certificate or determination of exemption under sections listed in Municipal Code section 5.12.020.
 - Or letter of good standing from the Exemption Division of the Franchise Tax Board in Sacramento under exemption section 23701d.
- Bingo Games License fee
 - Initial Fee made payable to the Town of Paradise (See current Master Fee Schedule)

You will be notified when your application has been approved. At that time an appointment will be scheduled to receive your Bingo Games license and ID Card.

- Approval by Administrative Services Director
- Approval by Town Manager
- Approval by Town Attorney
- Approval by Police Department
- Approval by Fire Department

Bingo Licenses are valid for twelve months (12) from the date of issue.

It is the responsibility of the applicant to know and understand the relevant Town municipal code section and any other state or federal codes which may apply.

The Town of Paradise Municipal Codes and current Master Fee Schedule can be found at www.townofparadise.com.

• It is unlawful for any person or entity to violate or fail to comply with the provisions of chapter 5.12 of the Paradise Municipal Code. Such violation shall be punishable as an infraction. • Under Federal and State law, a One Dollar (\$1.00) fee may be collected in addition to any other fees for compliance with disability access laws.

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Administrative Services Department, 5555 Skyway, Paradise, CA 95969 -- (530) 872-6291
Paradise Police Department, 5595 Black Olive Dr. Paradise, CA 95969 -- (530) 872-6241 or (530) 872-6161

Town of Paradise License Application Initial Renewal

TO BE COMPLETED BY APPLICANT

Applicant Name: _____	Business Name: _____
Home Address: _____	Business Location: _____
City: _____ State _____ ZIP: _____	City: _____ State _____ ZIP: _____
Home Phone: _____	Phone: _____
DOB: _____ SSN: _____	Business Mailing Address: _____
CDL: _____ State _____ Expires: _____	Tax Exempt? <input type="checkbox"/>
Mobile _____ E-Mail _____	Charitable? <input type="checkbox"/> Charitable Purpose? _____

List All Residences in the Last Five Years

Address: _____	From _____	To _____
Address: _____	From _____	To _____
Address: _____	From _____	To _____

Have you ever been convicted of a felony, as defined by California law? YES NO

If YES, Date of conviction: _____ Offense _____

Have you ever been required to register with a law enforcement agency pursuant to Section 290 of the Penal Code?

YES NO If YES, Date _____ Law Enforcement Agency _____

It shall be unlawful for any person knowingly to falsify or conceal any fact or make any false or fraudulent statement or misrepresentation in any matter or proceeding within the jurisdiction of any department or agency of the Town (Ordinance 16, Section 15-11).

I declare under the penalty of perjury that the foregoing is true and complete to the best of my knowledge and belief.

Signature: _____ Date _____

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Application Specific Information - Bingo Games

Event Location: _____

Event Date(s): _____ Event Times: _____ to _____
Event Times: _____ to _____

TOWN OF PARADISE USE ONLY

SIGNED TOWN OF PARADISE 5.12 LICENSE APPLICATION RECEIVED BY: _____ DATE: _____

RECEIPT OF INITIAL FEES PAID RECEIVED BY: _____ DATE: _____

AMOUNT PAID: _____ RECEIPT # _____

CERTIFICATE OF EXEMPTION STATEMENT PER SECTION 5.12.050 (A-D & G)

OR

LETTER OF GOOD STANDING FROM FRANCHISE TAX BOARD

APPROVED REJECTED BY: _____ DATE: _____
By Administrative Serviced Director

APPROVED REJECTED BY: _____ DATE: _____
By Town Manager

APPROVED REJECTED BY: _____ DATE: _____
By Town Attorney

APPROVED REJECTED BY: _____ DATE: _____
By Police Department

APPROVED REJECTED
By Fire Department

PERMIT LICENSE # _____ ID CARD _____ EXPIRATION DATE _____

Copies Routed To: Services Dir. Town Mgr. Town Attorney Police
 Fire

COMMENTS REGARDING REJECTION OR OTHER: _____

