



## CITY OF LOS ANGELES BINGO SUPPLIER LICENSE APPLICATION

An Individual                      A Corporation                      A Partnership                      Other: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

Doing Business As (DBA): \_\_\_\_\_

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

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

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

*Is hereby applying for a Bingo Supplier License with the City of Los Angeles, Los Angeles Police Commission, Charitable Services Section, pursuant to Section 44.56 of the Los Angeles Municipal Code.*

### Applicant applying as an Individual or Partnership

Applicant's Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Applicant applying as a Corporation

If your organization is applying for a Supplier License for the first time, a copy of your articles of incorporation, constitution or other rules of operation, including all amendments. List each managing officer, agent, member and/or agent who is authorized to accept service on behalf of your organization (additional names must be provided on a separate sheet). Any and all changes must be reported to the Charitable Services Section within 30 days of any all occurrences.

Officer/Agent/Member Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Officer/Agent/Member Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Officer/Agent/Member Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_



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*(Continued - Complete fields below if needed, otherwise see page 3)*

*Additional list of managing officer, agent, member and/or agent authorized to accept service on behalf of your organization*

Officer/Agent/Member Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Officer/Agent/Member Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Officer/Agent/Member Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Officer/Agent/Member Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Officer/Agent/Member Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Officer/Agent/Member Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Officer/Agent/Member Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_



CITY OF LOS ANGELES  
**BINGO SUPPLIER LICENSE APPLICATION**  
***BINGO SUPPLIERS RECORD***

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Organization Name: \_\_\_\_\_

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

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

Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

List all supplies and equipment sold during this reporting period below and attach copies of invoices.

<b>Type of Sale</b>	<b>Invoice Number</b>	<b>Amount of Invoice</b>



# CITY OF LOS ANGELES BINGO SUPPLIER LICENSE APPLICATION

At the time of filing this Application for Bingo Supplier License, a fee of \$100 must be made via check or money order and payable to the "City of Los Angeles." The license issued pursuant to this application shall be valid for a period of one calendar year and shall be renewed annually with a \$100 renewal fee.

The applicant has read and understands the City Ordinance, City Rules, Regulations and State Law governing the conduct of Bingo within the City of Los Angeles, and pledges:

1. To abide by these laws as they apply to the business operations of a bingo supplier.
2. To maintain a current list with the Charitable Services Section of all bingo licensees operating within the City of Los Angeles with which applicant is doing business.
3. To maintain and keep records relating to each sale, transaction or business occasion upon which bingo supplies or equipment are provided to the City of Los Angeles bingo licensees. Such records must include a complete and true description of the bingo supplies or equipment provided. Suppliers must also make such records available for inspection and copying by the Charitable Services Section.
4. That bingo supplier personnel will not staff or hold a financial interest in the conduct of a bingo game.
5. To obtain approval from the Charitable Services Section for all electronic bingo equipment before it can be sold within the City of Los Angeles.
6. To abide with all policies related to pull-tabs sold within the City of Los Angeles. Pull-tabs sold in the City of Los Angeles are considered to be instant winners and as such, prizes from any one pull-tab is a winner or a loser.
7. The Charitable Services Section must approve all pull-tabs before they can be sold in the City of Los Angeles. All flyers must be approved for the proposed pull-tab and must be sent to:

Charitable Services Section  
 Los Angeles Police Commission  
 100 W 1st St., Room 147  
 Los Angeles, CA 90012

The applicant certifies that neither the applicant, its agents nor its employees have knowingly violated any bingo law or rule and all statements made in this application and any supplemental documents provided are true and complete to the best of their knowledge. Any false, misleading or fraudulent statements provided in this application or in any documents or records are subject to the suspension or revocation of the issued license and will be required to surrender the issued license to the Charitable Services Section upon demand.

Location of Execution: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Applicant/Officer/Agent Signature	Print Name	Title	Date
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Applicant/Officer/Agent Signature	Print Name	Title	Date
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