



CITY OF LOS ANGELES
SENIOR CITIZENS BINGO APPLICATION
CHECKLIST

Forms & Supplementary Documents Needed to Complete the Senior Citizens Bingo License Application		Complete	
		Yes	N/A
1	Complete all fields of the Senior Citizens Bingo License Application		
2	Submit a FLOOR PLAN of the facility where the Bingo activity will take place (Detail of exits, room dimension, aisle space and placements must be provided. Exemplar enclosed.)		
3	Submit a copy of the executed lease with the full schedule of dates and times of Bingo activity		
4	Submit a copy of the Organization's Bingo Rules		

Once the application is complete, please email to:

pccharity@lapd.online

Or Mail to:

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



CITY OF LOS ANGELES SENIOR CITIZENS BINGO APPLICATION

Organization Name: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Contact No: _____

Organization Officers:

Name: _____ Title: _____ Contact No: _____

Name: _____ Title: _____ Contact No: _____

Name: _____ Title: _____ Contact No: _____

Name: _____ Title: _____ Contact No: _____

Bingo Location: _____

City: _____ State: _____ Zip: _____

Bingo Schedule:

Monday Time From: _____ Time To: _____

Tuesday Time From: _____ Time To: _____

Wednesday Time From: _____ Time To: _____

Thursday Time From: _____ Time To: _____

Friday Time From: _____ Time To: _____

Saturday Time From: _____ Time To: _____

Sunday Time From: _____ Time To: _____

Signature of Officer

Print Name

Title

Date

As a representative of the facility, I authorize the above organization to use these premises for their Bingo activity.

Signature of Authorizing Personnel

Print Name

Title

Date



CITY OF LOS ANGELES SENIOR CITIZENS BINGO INCOME AND EXPENSE STATEMENT

Month and Year

Bingo License Number: _____

Organization Name: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Email: _____

Bingo Location: _____

City: _____ State: _____ Zip: _____

Bingo Dates: _____

Money Received From Sales of Bingo Cards \$ _____

Total Cost of Prizes Awarded \$ _____

Bingo Expenses (*Please itemize below*)

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

5. _____ \$ _____

TOTAL EXPENSES \$ _____

CASH BALANCE ON HAND \$ _____

Signature of Officer

Print Name

Title

Date

Signature of Officer

Print Name

Title

Date