



CITY OF ENCINITAS
Development Services Department
505 S. Vulcan Ave
Encinitas, CA 92024
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PUBLIC BINGO APPLICATION SUPPLEMENTAL

Company Name: _____

Organization Officers:

President: _____ Vice Pres: _____

Secretary: _____ Treasurer: _____

***Each Organization Officer must complete a Background Application and Authorization to Release Information form.**

Building Location: _____

Length of Time at this Location: _____

Age group of participants: _____

Days Game will be conducted: M T W Th F Sa Su

Hours Games will be conducted: From _____ AM PM To _____ AM PM

By checking this box, I certify under penalty of perjury that the statements made in this application are true and correct to the best of my knowledge. I understand any false statements or information are grounds for denial of this application or revocation of the permit. I acknowledge I will adhere to the conditions as stated on the permit. Any misuse of privileges or multiple complaints received by the City may constitute violations of this permit resulting in fines and/or revocation of the permit.

Name: _____ Date: _____

Signature: _____