



City of Poway

MISCELLANEOUS INFORMATION FORM FOR BINGO STAFF

BL # _____

All information requested must be completed.
Application will not be approved if any items are left blank.

*Fees are non-refundable. See City website
Master Fee Schedule for list of fees.*

Applicant Name

All other names used

Date of Birth

Place of Birth

Male

Female

Height

Weight

Hair

Eyes

Residence Address

STREET

CITY

STATE

ZIP CODE

Residence Phone

Address for last three (3) years.
Use reverse if necessary.

Social Security Number

Driver's License Number

LIST BELOW ALL CHARGES RESULTING IN CONVICITION OR PLEA OF NOLO CONTENDERE. USE REVERSE SIDE IF NECESSARY.

DATE	CHARGE	INVESTIGATING AGENCY	DISPOSITION
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Organization Holding the Bingo Game: _____

Phone Number _____

Organization's Address: _____

I certify under penalty of perjury that the information I have given is true and correct to the best of my knowledge and belief. I understand and agree to having all required notices, unless otherwise specified, sent by U.S. Mail to the address given on this application.

Date _____

Applicant's Signature _____

Sheriff's Department

Approved

Rejected

By _____

Date _____