



City of Kerman

850 S. Madera Ave., Kerman, CA 93630
Fax: (559) 846-6199
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Finance Department, City of Kerman Bingo Games Permit Request

Organization Name: _____

Organization Address: _____
Street City State Zip Code

Telephone No: _____

Bingo Manager Name: _____

Bingo Manager Address: _____
Street City State Zip Code

Date(s) of Use: _____

Time of Use: _____

Location of Use and/or Address: _____

Funds are to be used for: _____

I have received a copy of the Bingo Rules for Fund Accounting:

Signed: _____ Date: _____

BINGO PERMIT NUMBER: