



CITY OF MILPITAS  
455 E. CALAVERAS BLVD.  
MILPITAS, CA 95035

**BINGO LICENSE ANNUAL REPORT**  
**(Ordinance No. 198)**

**I. NAME OF ORGANIZATION:** \_\_\_\_\_

**NAME AND TITLE OF PERSON COMPLETING REPORT:** \_\_\_\_\_

**EMAIL OF PERSON COMPLETING REPORT:** \_\_\_\_\_

**ADDRESS OF THE ORGANIZATION:** \_\_\_\_\_

**ORGANIZATION'S PHONE NUMBER:** \_\_\_\_\_

**REPORTING PERIOD** \_\_\_\_\_  **CALENDAR YEAR**  **FISCAL YEAR**

**II.** Has any of the following information changed since filing your application for a Bingo License? If so, please indicate the new information below.

**A. NAME OF ORGANIZATION**

\_\_\_\_\_

**B. OFFICERS**

\_\_\_\_\_

Name, Title Address

\_\_\_\_\_

Name, Title Address

\_\_\_\_\_

Name, Title Address

**C. DAY AND/OR HOURS OF OPERATION**

\_\_\_\_\_

**D. PERSON/S RESPONSIBLE FOR OPERATION OF GAMES**

\_\_\_\_\_

Name, Title Address

\_\_\_\_\_

Phone Number(s)

\_\_\_\_\_

Name, Title Address

\_\_\_\_\_

Phone Number(s)

- III. A. Total gross receipts from operation of games during reporting period \$ \_\_\_\_\_
- B. Total cost for prizes \$ \_\_\_\_\_
- C. Total cost to organization for operation of games During reporting period (please attach detailed list) \$ \_\_\_\_\_
- D. Amount given to charity/ies (or used by the organization) \$ \_\_\_\_\_

\_\_\_\_\_  
Signature (Person Completing Report)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Officer of Organization)

\_\_\_\_\_  
Date

**Return to:**  
City of Milpitas  
City Clerk's Office  
455 E. Calaveras Blvd.,  
Milpitas, CA 95035

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**For Office Only**

**Received By:** \_\_\_\_\_

**Date:** \_\_\_\_\_