

CITY OF EUCLID - POLICE DEPARTMENT

Registration and application for

GAMBLING: GAMES OF CHANCE PERMIT (\$50.00)

I, the undersigned, hereby apply to the Police Chief for a permit for hours of operation for gambling in accordance with the City of Euclid Ordinance in effect; and for that purpose do hereby answer the questions contained in the application, and file the necessary data.

(Please Print)

Name of Charitable Organization: _____

Address: _____ Phone Number: _____

Name of Applicant: _____ Phone Number: _____

Charity Representative: _____ Phone Number: _____

Date(s) and Hour(s) of Operation: _____

Describe the Function/Event: _____

Location/Address of Function/Event: _____

Company providing equipment/services: _____

Address: _____ Phone Number: _____

Company Representative: _____

** Note: The following ***MUST BE ATTACHED*** to this application:

- (1) a copy of the organization's charitable exemption papers or 501(c)3; and
- (2) a copy of the contract with any outside company providing service at the function; if applicable.

I will conform to the current City of Euclid Ordinances. I understand it is the charitable organization's responsibility to notify the Euclid Police Department's Narcotic & Vice Unit no less than 14 days prior to said event.

Applicant's Signature: _____ Date: _____

Approved: _____
Narcotics/Vice Sergeant *Date*

Approved: _____
Chief of Police *Date*