

# OREGON DEPARTMENT OF JUSTICE

## Raffle Gaming License Application

Office Use Only
License #:

Class, Limit and Fee			
<b>Applying for:</b>			
<input type="checkbox"/> New License	<input type="checkbox"/> License Renewal	<input type="checkbox"/> License Upgrade	<b>Non-Refundable Fee:</b>
<b>License class:</b>			
<input type="checkbox"/> Class A authorizes raffles without restriction as to handle.			\$100
<input type="checkbox"/> Class B authorizes raffles with handles NOT to exceed \$10,000 per raffle.			\$40

Organization Information	
<b>1</b>	Full name of organization applying for raffle gaming license:
<b>2</b>	Mailing address: <span style="float: right;">City: <span style="float: right;">State: <span style="float: right;">ZIP:</span></span></span>
<b>3</b>	Daytime telephone: <span style="float: right;">Night telephone: <span style="float: right;">Other telephone (specify):</span></span>
<b>4</b>	Contact person name:
<b>5</b>	Contact person home address: <span style="float: right;">City: <span style="float: right;">State: <span style="float: right;">ZIP:</span></span></span>
<b>6</b>	Contact person daytime telephone: <span style="float: right;">Home telephone: <span style="float: right;">Other telephone (specify):</span></span>
<b>7</b>	State the purpose for which your organization intends to use the proceeds from raffles.     

New Applicants Only		Attach copy of your Tax Exempt Determination Letter from the IRS, or letter from Attorney or CPA State organization is exempt, citing relevant provision of the Internal Revenue Code.	
<b>8</b>	Has your organization held TAX EXEMPT status for at least one year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>9</b>	Is the application organization a chapter or division of a larger or parent organization?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>10</b>	If #9 is YES, are you claiming Tax Exempt status under a group exemption letter issued to the larger or parent organization?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>11</b>	If #9 is YES, does the applicant organization file an IRS Form 990 each year, separately from the larger or parent organization?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**Principal Titled Agents:** List the organization's top-ranking titled agents authorized pursuant to governing bylaws to make day-to-day decisions. Must provide full legal names, including middle initials.

<b>12</b>	Name: (Last, First, MI)	Title: <input type="checkbox"/> Pres. / <input type="checkbox"/> Exec. Dir. / <input type="checkbox"/> CEO	Date of Birth:
	Home Address:	City:	State: ZIP:
	Home Telephone:	Work Telephone:	Other Telephone: (specify)
<b>13</b>	Name: (Last, First, MI)	Title: <input type="checkbox"/> Vice Pres.	Date of Birth:
	Home Address:	City:	State: ZIP:
	Home Telephone:	Work Telephone:	Other Telephone: (specify)
<b>14</b>	Name: (Last, First, MI)	Title: <input type="checkbox"/> Treas. / <input type="checkbox"/> CFO	Date of Birth:
	Home Address:	City:	State: ZIP:
	Home Telephone:	Work Telephone:	Other Telephone: (specify)
<b>15</b>	Name: (Last, First, MI)	Title: <input type="checkbox"/> Sec'y.	Date of Birth:
	Home Address:	City:	State: ZIP:
	Home Telephone:	Work Telephone:	Other Telephone: (specify)
<b>16</b>	Name: (Last, First, MI)	Title: <input type="checkbox"/> Chairman of Exec. Board	Date of Birth:
	Home Address:	City:	State: ZIP:
	Home Telephone:	Work Telephone:	Other Telephone: (specify)
<b>17</b>	Name: (Last, First, MI)	Title:	Date of Birth:
	Home Address:	City:	State: ZIP:
	Home Telephone:	Work Telephone:	Other Telephone: (specify)
<b>18</b>	Name: (Last, First, MI)	Title:	Date of Birth:
	Home Address:	City:	State: ZIP:
	Home Telephone:	Work Telephone:	Other Telephone: (specify)
<b>19</b>	Name: (Last, First, MI)	Title:	Date of Birth:
	Home Address:	City:	State: ZIP:
	Home Telephone:	Work Telephone:	Other Telephone: (specify)
<b>20</b>	Name: (Last, First, MI)	Title:	Date of Birth:
	Home Address:	City:	State: ZIP:
	Home Telephone:	Work Telephone:	Other Telephone: (specify)

Attach additional sheet(s) if necessary.

## Legal History

<b>21</b>	<p>Has the organization ever been denied a bingo, raffle, lottery, or other gaming license/permit or has any government agency, in this state or any other state, ever revoked or taken any action against a bingo, raffle, lottery or other gaming license/permit issued to the organization? (Renewal Applicants: Report only actions taken since previous application.)</p> <p style="text-align: center;"> <input type="checkbox"/> YES      <input type="checkbox"/> NO      If YES, provide the name the organization was using at the time the above action was taken, plus the date of the action, and the name of the agency that took the action.         </p> <p>Organization name (if different):</p>
<p>Action taken: _____ Date of action: _____</p>	
<p>Agency name: _____ City: _____ State: _____</p>	
<b>22</b>	<p>Has any official action ever been taken against the organization for any violation involving illegal gambling, or other gaming violations in this state or any other state? (Renewal Applicants: report only actions taken since previous application.)</p> <p style="text-align: center;"> <input type="checkbox"/> YES      <input type="checkbox"/> NO      If YES, provide the name the organization was using at the time the above action was taken plus the date of the action, and the name of the agency that took the action.         </p> <p>Organization name (if different):</p>
<p>Action taken: _____ Date of action: _____</p>	
<p>Agency name: _____ City: _____ State: _____</p>	
<b>23</b>	<p>Has the organization ever been licensed by this state or any other state to sell or operate lottery games?</p> <p style="text-align: center;"> <input type="checkbox"/> YES      <input type="checkbox"/> NO      If YES, indicate the type of lottery sales conducted, the name under which the organization was/is licensed, and the name of the issuing agency.         </p> <p style="text-align: center;"> <input type="checkbox"/> Scratch Tickets      <input type="checkbox"/> Keno      <input type="checkbox"/> Other (specify)         </p> <p style="text-align: center;"> <input type="checkbox"/> Pull-Tab/Break-Open      <input type="checkbox"/> Video Poker         </p> <p>Organization name (if different):</p>
<p>Issuing agency: _____ City: _____ State: _____</p>	
<p>Date first licensed: _____ Date terminated (if any): _____</p>	
<b>24</b>	<p>Has the organization ever been licensed by this state or any other state to sell alcoholic beverages?</p> <p style="text-align: center;"> <input type="checkbox"/> YES      <input type="checkbox"/> NO      If YES, indicate the name under which the organization was/is licensed and the name of the issuing agency.         </p> <p>Organization name (if different):</p>
<p>Issuing agency: _____ City: _____ State: _____</p>	
<p>Date first licensed: _____ Date terminated (if any): _____</p>	
<b>25</b>	<p>Does the organization currently conduct social gaming and/or has it ever done so in the past?</p> <p style="text-align: center;"> <input type="checkbox"/> YES      <input type="checkbox"/> NO      If YES, indicate the name of the issuing authority and license or permit number (if any).         </p> <p>Issued by: _____ License/Permit # (if any): _____</p>
<p>Issuing authority: _____ City: _____ County: _____ State: _____</p>	

## Raffle Operation

<b>26</b>	List the person(s) who will be contact persons and/or responsible for the conduct of the raffle sales operation.				
	Name: _____		Date of Birth: _____		
	Home address: _____		City: _____	State: _____	ZIP: _____
	Daytime telephone: _____		Home telephone: _____		Other telephone (specify): _____
Will this person receive compensation of any kind from the raffle operation?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>27</b>	Additional contact and/or responsible person:				
	Name: _____		Date of Birth: _____		
	Home address: _____		City: _____	State: _____	ZIP: _____
	Daytime telephone: _____		Home telephone: _____		Other telephone (specify): _____
Will this person receive compensation of any kind from the raffle operation?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>28</b>	Will anyone receive pay to sell raffle tickets?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>29</b>	If YES, enter number of paid individuals: _____				
<b>30</b>	Does the organization currently hold or has it ever held a Gaming License issued by the Oregon Department of Justice?				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	If YES, enter BINGO LICENSE#: _____ or RAFFLE LICENSE#: _____ or MONTE CARLO LICENSE #: _____				
	Current Status: <input type="checkbox"/> Open <input type="checkbox"/> Open <input type="checkbox"/> Open		<input type="checkbox"/> Closed <input type="checkbox"/> Closed <input type="checkbox"/> Closed		
<b>31</b>	Financial institution where organization's account (if any) is maintained:				
	Street address: _____		City: _____	State: _____	ZIP: _____
	Account number: _____		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other:		

## Certification

### MUST BE SIGNED BY AUTHORIZED AGENT OF ORGANIZATION (Preferably CEO)

<b>32</b>	<p>I certify the information contained herein is true and complete to the best of my knowledge. I further certify that the raffle license applicant holds necessary city, county and/or state permits or licenses required to conduct bingo, lotto, raffles, or gaming in their geographical location. I acknowledge that giving false information is grounds for denial, suspension, or revocation of a bingo gaming license. I am a responsible official of the applicant organization and authorized to sign this application on its behalf.</p> <p>Signature: _____ Title: _____ Date: _____</p>
<b>33</b>	<p>If applicant organization is part of a school, college or university, the following additional signature and certification is required. I certify that the organization applying for this license is authorized to conduct raffle games by the institution named below:</p> <p>Educational Institution: _____</p> <p>Signature: _____ Title: _____ Date: _____</p>

# OREGON DEPARTMENT OF JUSTICE

## Raffle Rule Review and Certification

**A completed rule review and certification must be on file with the Department before a raffle license will be issued or renewed. The answers to the rule review will be found in the Oregon Administrative Rules. The rule review and certification must be completed and signed by the person within the organization who will be responsible for the operation and conduct of raffles.**

<b>1</b>	Class A raffle licensees are authorized to conduct raffle games throughout the year with handles in excess of \$_____. Class B licensees may not conduct raffles with the handle in excess of \$_____. <span style="float: right;">OAR 137-025-0200</span>
<b>2</b>	If a Class B licensee desires to conduct a raffle with sales in excess of \$_____, it shall notify _____ and apply for a _____ license. <span style="float: right;">OAR 137-025-0230(2)</span>
<b>3</b>	What types of records are required to be kept by raffle licensees? (a) (b) (c) <span style="float: right;">OAR 137-025-0240(1)</span>
<b>4</b>	A Class A licensee is required to maintain a _____ in addition to the records required by OAR 137-025-0240(1). It shall contain: (a) (b) (c) (d) <span style="float: right;">OAR 137-025-0240(2)</span>
<b>5</b>	A record shall be prepared by a raffle licensee for each winner of a prize with a retail value of \$_____ or more, which shall include: (a) (b) (c) (d) (e) <span style="float: right;">OAR 137-025-0250(1)</span>
<b>6</b>	A raffle licensee shall obtain a _____ from the seller/distributor for all _____ prizes awarded with a retail value of more than \$_____. <span style="float: right;">OAR 137-025-0250(2)</span>
<b>7</b>	_____ to conducting _____ of raffle tickets, each Class A licensee shall submit to the Department a completed _____ for all raffles where sales are intended to exceed \$_____. It shall include: (a) (b) (c) (d) (e) (f) <span style="float: right;">OAR 137-025-0260(1)</span>
<b>8</b>	A raffle licensee shall file an _____ with the Department no later than _____ days after the end of the license year. <span style="float: right;">OAR 137-025-0270(1)</span>
<b>9</b>	No person may be required to be _____ at a raffle drawing in order to receive a _____. <span style="float: right;">OAR 137-125-0290(2)</span>
<b>10</b>	A raffle licensee shall not sell _____ more than _____ months in advance of the draw date. <span style="float: right;">OAR 137-025-0290(6)</span>
<b>11</b>	No cash prize shall be offered or awarded in excess of \$_____. No prize shall be offered or awarded with a retail market value in excess of \$_____. <span style="float: right;">OAR 137-025-0300</span>

<b>12</b>	<p>The following information must be _____ upon each _____ sold or shall be otherwise provided to each _____ at the time of the _____.</p> <p style="text-align: right;">OAR 137-025-0310(1)</p> <p>(a)</p> <p>(b)</p> <p>(c)</p> <p>(d)</p> <p>(e)</p> <p>(f)</p> <p>(g)</p>
<b>13</b>	<p>A raffle licensee shall not permit the operating expenses of its raffle games, excluding _____ and _____ paid to players, to exceed _____ percent of the annual handle in the preceding _____ months. If the expenses have exceeded _____ percent, the raffle license shall not be _____ unless the licensee files a _____ plan for operating in compliance with the expense limitation. The license shall be conditioned on continued compliance with the plan and may be _____ or _____ in the event of noncompliance.</p> <p style="text-align: right;">OAR 137-025-0040(4)</p>

**Certification**

I certify that I am the person responsible for the conduct of raffle games to be held by the organization receiving this raffle license. I further certify that I have read the Oregon Administrative Rules, Chapter 137, Division 25 relating to the licensing, operation and conduct of raffle games and have *independently filled in the blanks on raffle application pages 5 and 6* and have affixed my signature, title and date below.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**OREGON DEPARTMENT OF JUSTICE**  
**Waiver and Consent**

**To be completed by an *Authorized Agent* of the Organization**

State of \_\_\_\_\_

County of \_\_\_\_\_

Pursuant to ORS 464.280 as a condition for application and/or retention of a bingo, raffle and/or Monte Carlo event license,

\_\_\_\_\_  
(name of applicant organization)

and its officers and directors agree to: (1) Inspections as provided under ORS 464.510, and (2) Waive any liability claims, now and in the future, against the State of Oregon, its agencies, employees and agents for any damages resulting from any disclosure or publication of any information acquired by the Oregon Department of Justice during any investigations, inquiries, or hearings related to bingo, raffle, or Monte Carlo event operations or other organizational activities.

Full Name (printed or typed):	Title:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be listed as *Authorized Agent* of organization on application)

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

The *original* of this form (signed in ink by an individual listed on the *Authorized Agents* page of the application) must be submitted to the Department of Justice.  
**(Note: Dates of both signatures must be identical.)**

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# OREGON DEPARTMENT OF JUSTICE

## Raffle Notice for Class A Raffle Licensees

**This form must be completed for all raffles where ticket sales are intended to exceed \$10,000. This notice must be submitted to the Department BEFORE you begin selling tickets for the raffle.**

### Licensee

Licensee:

License No.:

### Raffle

Date of Drawing:

Time:

Check here if more than one drawing date.

Location of Drawing:

Street Address:

City:

State:

Zip:

### Tickets

**Attach sample or proposed ticket containing disclosures required by OAR 137-025-0310, or indicate how disclosures will be made.**

Total number of tickets offered for sale:

Sales Price Each: \$

### Prizes

**Itemize each prize to be awarded. The TOTAL of all cash prizes may not exceed \$2,500. Calendar raffles or raffles with continuous drawings are considered to be one raffle. NOTE: Your organization must own the advertised raffle prize(s). For motor vehicle prizes, clear title to the vehicle must be submitted to DOJ. If the vehicle is used or custom, a written appraisal verifying its advertised value and mileage by an authorized appraiser must be submitted to DOJ. If the vehicle is new, submit copy of dealer sales invoice and/or purchase contract.**

Description

Retail Value

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

**Total:**

\$

### Responsible Official

Name of responsible official filing this notice:

Title with organization:

Home Address:

Daytime Telephone:

Home Telephone:

Other (specify):

Send Notice to:

Oregon Department of Justice  
1515 SW Fifth Avenue, Suite 410  
Portland, OR 97201

(971) 673-1880  
FAX: (971) 673-1882  
(Original must also be sent.)

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