

OREGON DEPARTMENT OF JUSTICE

Class A & B Bingo Gaming License Renewal/Upgrade Application

Class and Fee
All fees are Non-Refundable

- Class A Renewal – \$200 Class B Renewal – \$100
 B to A Upgrade – \$100 Class C to B Upgrade – \$60

License #:

Organization Information

1	Full name of organization applying for bingo gaming license:		
2	Mailing address:	City:	State: ZIP:
3	Daytime telephone:	Night telephone:	Facility telephone:
4	Street address where bingo games will be held:	City:	State: ZIP: County:
5	Date of incorporation: State of incorporation:	Bingo Contact person: _____	
	(Except renewals, attach copies of Articles of Incorporation and Bylaws)	Contact Phone: _____	
6	Does the organization own the facility where bingo games will be conducted? <input type="checkbox"/> YES <input type="checkbox"/> NO		FACILITY NAME:
7a	Will the organization rent/lease the facility? If YES, attach copy of lease or rental agreement. <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, enter amount of rent or lease to be paid: \$ _____ per month; or \$ _____ per hour.		
7b	Name of person/entity to be paid rent/lease:		
7c	Mailing address:	City:	State: ZIP:
7d	Is the person/entity receiving rent/lease payments for the facility a related taxpayer? Related taxpayers include spouses, family members, business partners of the organization's officers, directors, bingo game managers and any corporations owned by them.		<input type="checkbox"/> YES <input type="checkbox"/> NO
7e	Are you renting/leasing from another organization conducting bingo at the facility? <input type="checkbox"/> YES If YES, enter their Bingo License #: B- _____ <input type="checkbox"/> NO		
8	Are there other organizations playing bingo at the facility? <input type="checkbox"/> YES How many? <input type="checkbox"/> NO		
Tax Exempt Status Attach copy of your Tax Exempt Determination Letter from the IRS, or letter from Attorney or CPA stating organization is exempt, citing relevant provision of the Internal Revenue Code.			
9	Has your organization held TAX EXEMPT status for at least one year?		<input type="checkbox"/> YES <input type="checkbox"/> NO
10	Is the applicant organization a chapter or division of a larger or parent organization?		<input type="checkbox"/> YES <input type="checkbox"/> NO
11	If #11 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
12	If #11 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

Organization Information (continued)

13	Does application organization have a membership? If YES, how many current, active members? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14	Does the organization have paid employees? If YES, attach copy of the most recent payroll report or summary.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15	How often does the organization's governing board meet? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other (specify)_____		
16	List the dates of the last three formal board meetings held by the organization. Attach copies of the minutes of all meetings at which bingo games were proposed, discussed and approved by the board. If none, provide detailed statements explaining how the decision was made. <table border="1" style="width:100%; height:20px; margin-top:5px;"></table>		
17	State the purposes for which your organization intends to use proceeds from bingo. UPGRADES ONLY: Attach copy of most recent financial/treasurer's report. <table border="1" style="width:100%; height:100px; margin-top:5px;"></table>		
18	Has the organization been inactive for a period exceeding 90 days, involuntarily dissolved, or had its tax exempt status suspended or revoked at any time since it was formed? If YES, attach a written explanation.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19	Has the organization entered into ANY loan or other financing arrangement connected to the bingo game operation? If YES, complete the following information on the lender(s): Total Borrowed Funds: \$ _____ Attach copies of all notes.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20 a	Lender name: _____ Organization member? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Address: _____ City: _____ State: _____ ZIP: _____		
	Daytime telephone: _____ Night telephone: _____ Other telephone (specify): _____		
	Amount loaned: _____ Rate: _____ Term: _____ Payment guaranteed by organization? \$ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20 b	Lender name: _____ Organization member? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Address: _____ City: _____ State: _____ ZIP: _____		
	Daytime telephone: _____ Night telephone: _____ Other telephone (specify): _____		
	Amount loaned: _____ Rate: _____ Term: _____ Payment guaranteed by organization? \$ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Attach additional sheet(s) if necessary.

Principal Titled Agents: List the organization's Pres./Exec. Dir./CEO, V.P., Treas./CFO, Sec'y., and Exec. Board Officers (titled agents authorized for day-to-day decisionmaking).			
21	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)
22	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)
23	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)
24	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)
25	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)
26	Name: (Last, First, MI)	Title:	Date of Birth:
	Home Address:	City:	State: ZIP:
	Home Telephone:	Work Telephone:	Other Telephone: (specify)
27	Name: (Last, First, MI)	Title:	Date of Birth:
	Home Address:	City:	State: ZIP:
	Home Telephone:	Work Telephone:	Other Telephone: (specify)
28	Name: (Last, First, MI)	Title:	Date of Birth:
	Home Address:	City:	State: ZIP:
	Home Telephone:	Work Telephone:	Other Telephone: (specify)
29	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.

Key Gaming Personnel

List the organization's proposed key gaming personnel. A key gaming person is an officer, executive, employee, agent, representative, volunteer, or any other person with the authority to exercise significant influence over the proposed gaming operation. Key gaming personnel include those persons who: (a) will earn more than \$12,000 annually in wages and/or compensation from your gaming operation; (b) can hire or fire employees; (c) act in a supervisory capacity; (d) count game revenue; (e) perform or supervise bookkeeping or accounting functions for the operation; (f) are involved in formulating management policy; or (g) have been represented to the Department as being important to the proposed bingo operation. **THE FIRST NAME MUST BE THE PERSON TO WHOM THE BINGO MANAGER REPORTS.**

30	Name (Last, First, MI) of person to whom Bingo Manager reports: Title: _____ Date of Birth: _____
	Home Address: _____ City: _____ State: _____ ZIP: _____
	Home Telephone: _____ Work Telephone: _____ Other Telephone: (specify) _____
31	Name (Last, First, MI) of Designated PRIMARY Bingo Manager: Bingo Mgr. Permit #: _____ Date of Birth: _____
	Home Address: _____ City: _____ State: _____ ZIP: _____
	Home Telephone: _____ Work Telephone: _____ Other Telephone: (specify) _____
32	Name (Last, First, MI) of ALTERNATE Bingo Game Manager: Bingo Mgr. Permit #: _____ Date of Birth: _____
	Home Address: _____ City: _____ State: _____ ZIP: _____
	Home Telephone: _____ Work Telephone: _____ Other Telephone: (specify) _____
33	Name: (Last, First, MI) _____ Title: _____ Date of Birth: _____
	Home Address: _____ City: _____ State: _____ ZIP: _____
	Home Telephone: _____ Work Telephone: _____ Other Telephone: (specify) _____
34	Name: (Last, First, MI) _____ Title: _____ Date of Birth: _____
	Home Address: _____ City: _____ State: _____ ZIP: _____
	Home Telephone: _____ Work Telephone: _____ Other Telephone: (specify) _____
35	Name: (Last, First, MI) _____ Title: _____ Date of Birth: _____
	Home Address: _____ City: _____ State: _____ ZIP: _____
	Home Telephone: _____ Work Telephone: _____ Other Telephone: (specify) _____
36	Name: (Last, First, MI) _____ Title: _____ Date of Birth: _____
	Home Address: _____ City: _____ State: _____ ZIP: _____
	Home Telephone: _____ Work Telephone: _____ Other Telephone: (specify) _____
37	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

38	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?			
	<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.			
	Organization name (if different):			
Action taken:		Date of action:		
Agency name:		City:	State:	
39	Has any official action ever been taken against the organization or any of its officers or key gaming personnel for any violation involving illegal gambling, filing false reports to a government agency, or bribing or unlawfully influencing a public official or government employee?			
	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, provide the name the organization or person 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.			
	Name of individual (if any):			
Action taken:		Date of action:		
Agency name:		City:	State:	
40	Has the organization ever been licensed by this state or any other state to sell or operate lottery games?			
	<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.			
	<input type="checkbox"/> Scratch Tickets		<input type="checkbox"/> Keno	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> Pull-Tab/Break-Open		<input type="checkbox"/> Video Poker	
Organization name (if different):				
Issuing agency:		City:	State:	
Date first licensed:		Date terminated (if any):		
41	Has the organization ever been licensed by this state or any other state to sell alcoholic beverages?			
	<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.			
	Organization name (if different):			
Issuing agency:		City:	State:	
Date first licensed:		Date terminated (if any):		
42	Does the organization currently conduct social gaming and/or has it ever done so in the past?			
	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate the name of the issuing authority and license or permit number (if any).			
	Issued by:		License/Permit # (if any):	
Issuing authority:		City:	County: State:	

Bingo Operation

Check the proposed day(s) of the week and list the proposed times you intend to conduct bingo.																																					
43	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Day:</td> <td style="width: 10%;">Sun</td> <td style="width: 10%;">Mon</td> <td style="width: 10%;">Tue</td> <td style="width: 10%;">Wed</td> <td style="width: 10%;">Thu</td> <td style="width: 10%;">Fri</td> <td style="width: 10%;">Sat</td> <td style="width: 10%;">Time:</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> AM</td> <td style="text-align: center;"><input type="checkbox"/> AM</td> <td style="text-align: center;"><input type="checkbox"/> PM</td> </tr> <tr> <td></td> <td colspan="7"></td> <td style="text-align: center;">From:</td> <td style="text-align: center;"><input type="checkbox"/> PM</td> <td style="text-align: center;">To:</td> <td style="text-align: center;"><input type="checkbox"/> PM</td> </tr> </table>	Day:	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Time:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> PM									From:	<input type="checkbox"/> PM	To:	<input type="checkbox"/> PM
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								From:	<input type="checkbox"/> PM	To:	<input type="checkbox"/> PM																										
44	<p>Will paid employees be used to conduct bingo? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, enter the number of paid employees. _____ (UPGRADES ONLY: Attach copy of Operator List)</p>																																				
45	<p>Financial institution where general account will be maintained (except for renewals, attach copies of the last 3 statements)</p> <p>Street Address: _____ City: _____ State: _____ ZIP: _____</p> <p>Account number(s): _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other:</p>																																				
46	<p>Financial institution where bingo account will be maintained (except for renewals, attach copies of the last 3 statements):</p> <p>Street Address: _____ City: _____ State: _____ ZIP: _____</p> <p>Account number(s): _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other:</p>																																				
47	<p>Does the organization have any contracts or agreements (written or verbal) with any person(s) or entities relating to the bingo operation? These may include agreements relating to consulting or management services.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach copies of contracts and agreements or summaries of any verbal agreements.</p>																																				
Exceptions If you currently do not have an exception, skip this section (see OAR 137-025-0190)																																					
48	<p>We are applying for an exception to the following limits (check all that apply):</p> <p><input type="checkbox"/> Handle Limit Handle Limit Requested: \$ _____</p> <p><input type="checkbox"/> Operating Time Days/Hours Requested: _____</p> <p><input type="checkbox"/> Supervisory Hour Limit Hours and Number of Supervisors: _____</p> <p><input type="checkbox"/> Other (specify): _____</p>																																				

Certification Must be signed by authorized agent of organization as listed on page 3 (preferably CEO)	
49	<p>I certify the information contained herein is true and complete to the best of my knowledge. I further certify that the bingo 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>Print name: _____</p> <p>Signature: _____ Title: _____ Date: _____</p>

**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:
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Signature: _____ Date: _____
(Must be listed as *Principal Titled 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 Page 3, *Principal Titled Agents*) must be submitted to the Department of Justice.
(Note: Dates of both signatures must be identical.)

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OREGON DEPARTMENT OF JUSTICE
Financial Institution Account
Authorization of Disclosure

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

State of _____

County of _____

_____ hereby authorizes
(Name of Organization)

_____ to immediately make available to the
(Name of Financial Institution)

OREGON DEPARTMENT OF JUSTICE all records, photocopies of checks, transactions, loan records, deposits, and all original documents and applications pertaining to account openings, closings, deposits, and withdrawals on accounts, loans, credit cards, or any other accounts. The organization acknowledges that this authorization may be revoked at any time by submitting written revocation to the above-named financial institution. However, the organization also acknowledges that an active Authorization of Disclosure is a condition of a gaming license. This waiver of advance notice shall constitute a consent to early disclosure, pursuant to ORS 192.565(5), which shall permit the Department of Justice to obtain the organization's financial institution records, both without notice and without delay with a subpoena, in the event the circumstances require one.

Full name (printed or typed):	Title:
<i>Individual signing must hold signing privileges on financial accounts.</i>	

Signature: _____ Date: _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20__

NOTARY PUBLIC

My Commission Expires: _____

This form is to be submitted by all applicants for *each* financial institution with which the applicant has any financial dealings. Reproduce the *blank* form as necessary to provide additional copies.

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