

# DEPARTMENT OF JUSTICE

## APPLICATION FOR A CLASS C OR D LICENSE TO OPERATE BINGO GAMES

### Instructions

This form is to be filed by organizations applying for a class C, or D license to operate bingo games in Oregon. Class A & B applications are filed using a separate form. Bingo licenses are available only to qualifying nonprofit organizations, public schools, and government agencies. Only nonprofit organizations that meet the following requirements qualify for a license:

1. **The organization must be exempt from the payment of Federal Income Tax, and**
2. **The organization must have held tax exempt status for a period of at least 1 year, and**
3. **During this period, the organization must have been engaged primarily in its charitable, fraternal, or religious purpose.**

**Is a license required for my organization?** If your organization meets the qualifications above, and intends to conduct **limited** bingo operations, it may not need a license. Licenses are not required if the organization operates games with not more than \$2,000 handle (gross sales), and the annual handle is \$5,000 or less. If you anticipate that any single session may bring in more than \$2,000, or your annual handle will exceed \$5,000, you should apply for a license.

This application must be typewritten or printed clearly in ink. All questions must be answered completely and accurately and are subject to verification by the Department. If the space provided is inadequate, add a supplemental sheet to the back of this form and identify any answers by the question number. Parts of the application may call for an original signature by a responsible official. **If the application is not fully completed or not accompanied by original signatures, it may be rejected or delayed in processing.** Once a *complete* application is filed, the Department has 60 days to approve or deny the application. You will be notified in writing if your application is rejected or denied.

**PROOF OF TAX EXEMPT STATUS MUST BE PROVIDED WITH APPLICATION.** (Public schools or government agencies do not need to provide proof of tax exemption.) The following items will be accepted by the Department as proof of tax exemption: (1) A determination letter from the Internal Revenue Service stating that your organization is tax exempt; (2) A copy of the IRS group exemption letter, if you are claiming to be tax exempt under a group exemption (you must provide documentation that shows the applicant organization is a subordinate organization covered by the group exemption); or (3) If the applicant organization is claiming tax exempt status other than pursuant to the provisions of the Internal Revenue Code section 501(c), a signed opinion letter from an attorney or certified public accountant that states the organization is tax exempt and which cites the relevant provisions of the Internal Revenue Code which supports the claim for tax exempt status. For tax exempt political organizations, a copy of the completed, signed Form 1120 POL filed with the IRS will be accepted in lieu of the signed opinion letter. The following items will NOT be accepted as proof of tax exempt status: (1) IRS form assignment of employer or taxpayer identification number; and (2) Any articles of association or incorporation, or corporation listings which indicate solely that the organization is registered as a nonprofit entity.

**License Fees.** The application must be accompanied by the proper license fee. The fee is determined by the class of license applied for. Non-refundable license classes are based upon handle, as follows:

<u>Class</u>	<u>Authorized Annual Handle Limit</u>	<u>License Fee</u>
A	Unlimited	\$200
B	\$250,000	\$100
C	\$75,000	\$40
D	\$20,000	\$20

**Upgrading License Class.** You may upgrade a license at any time. You must upgrade if you anticipate exceeding the handle limit of your present license. To upgrade at renewal, pay the entire fee. To upgrade during the license year, pay the difference between your present license class and the license class applied for. If you need to upgrade to a Class A or B license, you must complete a Class A & B license application.

**Bingo Manager.** Class A and B licensees are required to have licensed managers and to have a manager on site at least 50 percent of the time bingo sessions are conducted. Bingo game manager applications may be obtained from the Department. Applicants for bingo game manager permits are required to undergo a background investigation, including criminal, civil and credit histories, to be conducted by the Department. A personal interview with the Department will be conducted before a permit is issued. The annual non-refundable fee for a bingo game manager permit is normally \$40. Class C and D licensees are not required to have licensed managers. However, they are required to designate one or more officials or other persons as being responsible for bingo game operations.

**Questions and Assistance.** If you have questions or need assistance with the application, contact the Department at (971) 673-1880. Ask for the Charitable Activities Section, Gaming Registrar.

**Submit the completed application to:**  
**Oregon Department of Justice**  
**Gaming Unit**  
**1515 SW Fifth Avenue, Suite 410**  
**Portland, OR 97201**

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# OREGON DEPARTMENT OF JUSTICE

## Class C & D Bingo Gaming License Application

**Office Use Only**

License #:

### Class, Limit and Fee

**For what class of licensing is application being made? (Check one box.)**

License Class	Authorized Annual Handle Limit	Non-Refundable Fee
<input type="checkbox"/> Class C	Not more than \$75,000	\$40
<input type="checkbox"/> Class D	Not more than \$20,000	\$20

### Organization Information

<b>1</b>	Full name of organization applying for bingo gaming license:		
<b>2</b>	Mailing address:	City:	State: ZIP:
<b>3</b>	Daytime telephone:	Night telephone:	Facility telephone:
<b>4</b>	Street address where bingo games will be held:	City:	State: ZIP: County:
<b>5</b>	Date of incorporation: (Except renewals, attach copies of Articles of Incorporation and Bylaws)	State of incorporation:	Bingo Contact person: _____ Contact Phone: _____
<b>6</b>	Does the organization own the facility where bingo games will be conducted? <input type="checkbox"/> YES <input type="checkbox"/> NO		FACILITY NAME:
<b>7a</b>	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 monthly: \$		
<b>7b</b>	Name of person/entity to be paid rent/lease:		
<b>7c</b>	Mailing address:	City:	State: ZIP:
<b>7d</b>	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
<b>7e</b>	Are you renting/leasing from another organization conducting bingo at the facility? <input type="checkbox"/> YES      If YES, enter their Bingo License #: <b>B-</b> <input type="checkbox"/> NO		
<b>8</b>	Are there other organizations playing bingo at the facility? <input type="checkbox"/> YES      How many? <input type="checkbox"/> NO		
<b>9</b>	State the purposes for which your organization intends to use proceeds from bingo. Attach copy of most recent financial/treasurer's report.		

**Principal Directors & Officers**      **List ALL the organization's responsible officials (officers and directors): list MUST include Chief Executive Officer or equivalent.**

<b>10</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>11</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>12</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>13</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>14</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>15</b>	Name: (Last, First, MI)	Title:	Date of Birth:
	Home Address:	City:	State:                      ZIP:
	Home Telephone:	Work Telephone:	Other Telephone: (specify)
<b>16</b>	Name: (Last, First, MI)	Title:	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)

**Attach additional sheet(s) if necessary.**

## Legal History

<b>19</b>	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.	
	Action taken:		Date of action:	
	Agency name:		City:	State:
<b>20</b>	Has any official action ever been taken against the organization or any of its officers for any violation involving illegal gambling, filing false reports to a government agency, or bribing or unlawfully influencing a public official or government employee, in this or any other state?			
	<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 (if other than applicant organization):			
	Action taken:		Date of action:	
	Agency name:		City:	State:
<b>21</b>	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):	
<b>22</b>	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):	
<b>23</b>	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

<b>24</b>	List the person who will be in charge of your bingo games.		
	Name:	Date of birth:	Bingo Mgr. Permit # (if any):
	Home address:	City:	State: ZIP:
	Daytime telephone:	Home telephone:	Other telephone (specify):
Will this person receive compensation of any kind from the bingo operation?			<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>25</b>	List the person who will be second in charge of your bingo games, if any.		
	Name:	Date of birth:	Bingo Mgr. Permit # (if any):
	Home address:	City:	State: ZIP:
	Daytime telephone:	Home telephone:	Other telephone (specify):
Will this person receive compensation of any kind from the bingo operation?			<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>26</b>	Will paid employees be used to conduct bingo?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>27</b>	If YES, enter the number of paid employees.
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<b>28</b>	<b>Circle the proposed day(s) of the week and list the proposed times you intend to conduct bingo.</b>													
	<b>Day:</b>	Sun	Mon	Tue	Wed	Thu	Fri	Sat	<b>Time:</b>	<input type="checkbox"/> AM	From:	<input type="checkbox"/> PM	To:	<input type="checkbox"/> AM
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> PM
	<b>Day:</b>	Sun	Mon	Tue	Wed	Thu	Fri	Sat	<b>Time:</b>	<input type="checkbox"/> AM	From:	<input type="checkbox"/> PM	To:	<input type="checkbox"/> AM
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> PM	
<b>Day:</b>	Sun	Mon	Tue	Wed	Thu	Fri	Sat	<b>Time:</b>	<input type="checkbox"/> AM	From:	<input type="checkbox"/> PM	To:	<input type="checkbox"/> AM	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> PM	

<b>29</b>	Financial institution where general account will be maintained, if any:		
	Street Address:	City:	State: ZIP:
	Account number(s):	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings <input type="checkbox"/> Other:

<b>30</b>	Financial institution where bingo account will be maintained, if any:		
	Street Address:	City:	State: ZIP:
	Account number(s):	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings <input type="checkbox"/> Other:

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

<b>31</b>	Enclosed is a license application fee of:    \$
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<b>32</b>	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.		
	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 *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 the *Principal Titled Agent* 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

## Statement of Ongoing Bingo Operations and Financial Summary

Name of Applicant Organization:

**This form is to be completed by an authorized officer or director of the applicant organization. Complete either Section A or Section B – *not both*. If completing Section B, also complete Financial Summary.**

<b>A</b>	<p>I certify that this organization has NOT conducted bingo operations during the previous 12 months.</p> <p>Signature: _____ Title: _____ Date: _____</p>
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<b>B</b>	<p>I certify that this organization HAS conducted bingo operations during the previous 12 months. A also certify that the following financial summary of bingo operations is true and correct to the best of my knowledge and belief:</p> <p>Signature: _____ Title: _____ Date: _____</p>
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### Financial Summary

1	<p>This financial summary should include all available information from the previous 12 month period:</p> <p>Indicate summary period: From: _____, 20____ To: _____, 20____</p>	
2	Total number of sessions conducted:	
3	Total bingo handle (gross sales):	\$
4	Total value of prizes awarded to players (cash and/or non-cash):	\$
5	Total expenses of operation per ORS 167.117(15):	\$
6	Total net income to organization from bingo operation (item 3, less items 4 and 5):	\$

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