

OREGON DEPARTMENT OF JUSTICE

Class C & D Bingo Gaming License Renewal/Upgrade Application

Class and Fee
All fees are Non-Refundable

 Class C Renewal – \$40

 Class D Renewal – \$20

 Class D to C Upgrade – \$20

(Class C not more than \$75,000; Class D not more than \$20,000)

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: (Except renewals, attach copies of Articles of Incorporation and Bylaws)	Bingo Contact person: _____ 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 monthly: \$		
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		
9	State the purposes for which your organization intends to use proceeds from bingo.		

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).

10	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)
11	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)
12	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)
13	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)
14	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)
15	Name: (Last, First, MI)	Title:	Date of Birth:
	Home Address:	City:	State: ZIP:
	Home Telephone:	Work Telephone:	Other Telephone: (specify)
16	Name: (Last, First, MI)	Title:	Date of Birth:
	Home Address:	City:	State: ZIP:
	Home Telephone:	Work Telephone:	Other Telephone: (specify)
17	Name: (Last, First, MI)	Title:	Date of Birth:
	Home Address:	City:	State: ZIP:
	Home Telephone:	Work Telephone:	Other Telephone: (specify)
18	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

19	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:	
20	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:	
21	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):		
22	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):		
23	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

24	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	
25	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	
26	Will paid employees be used to conduct bingo?										<input type="checkbox"/> YES		<input type="checkbox"/> NO	
27	If YES, enter the number of paid employees. _____													
28	Circle the proposed day(s) of the week and list the proposed times you intend to conduct bingo.													
	Day:	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Time:	<input type="checkbox"/> AM		<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"/>	From:	<input type="checkbox"/> PM		To:	<input type="checkbox"/> PM	
	Day:	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Time:	<input type="checkbox"/> AM		<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"/>	From:	<input type="checkbox"/> PM		To:	<input type="checkbox"/> PM	
	Day:	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Time:	<input type="checkbox"/> AM		<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"/>	From:	<input type="checkbox"/> PM		To:	<input type="checkbox"/> PM	
29	Financial institution where general account will be maintained: _____													
	Street Address: _____				City: _____				State: _____		ZIP: _____			
	Account number(s): _____				<input type="checkbox"/> Checking				<input type="checkbox"/> Savings		<input type="checkbox"/> Other:			
30	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 <i>authorized agent of organization</i> as listed on page 2 (preferably CEO)														
31	Enclosed is a license application fee of: \$ _____													
32	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 Agents* page of the application) must be submitted to the Department of Justice.
(Note: Dates of both signatures must be identical.)

This page left blank intentionally