

OREGON DEPARTMENT OF JUSTICE

Monte Carlo Gaming License Application

Office Use Only
License #:

Class, Limit and Fee

Applying for:	<input type="checkbox"/> New License	<input type="checkbox"/> License Renewal	<input type="checkbox"/> License Upgrade
License class:			Non-refundable fee:
<input type="checkbox"/> Class A	Authorizes up to seven Monte Carlo events per license year with a handle in excess of \$10,000 per event.		\$100
<input type="checkbox"/> Class B	Authorizes up to seven Monte Carlo events per license year with a handle not to exceed \$5,000 per event or up to two events per license year with a handle not to exceed \$10,000 per event.		\$40

Organization Information

1	Full name of organization applying for Monte Carlo event gaming license:
2	Mailing address: _____ City: _____ State: _____ ZIP: _____
3	Contact person name: _____ Daytime telephone: _____ Home telephone: _____
4	Date of incorporation of organization: _____ State of incorporation of organization: _____ (NEW APPLICANTS: Attach copies of Articles of Incorporation and Bylaws)
5	Type of organization of applicant: <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input type="checkbox"/> Scientific <input type="checkbox"/> Fraternal <input type="checkbox"/> Labor <input type="checkbox"/> School/College <input type="checkbox"/> Government <input type="checkbox"/> Other: _____
6	State the purposes for which your organization intends to use the proceeds from the Monte Carlo events. _____ _____ _____ _____ _____

New Applicants Only 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.

7	Has your organization held TAX EXEMPT status for at least one year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8	Is the application organization a chapter or division of a larger or parent organization? If YES, attach copy of Charter or other document showing relationship.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9	If #8 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
10	If #8 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 Pres./Exec. Dir./CEO, V.P., Treas./CFO, Sec'y., Exec. Board Officers (titled agents authorized for day-to-day decisionmaking).

11	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)
12	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)
13	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)
14	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)
15	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)
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)
19	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

20	Has the organization ever been denied a bingo, raffle, lottery, Monte Carlo event, or other gaming license/permit or has any government agency, in this state or any other state ever revoked a bingo, raffle, lottery, Monte Carlo event, or other gaming license/permit issued to the organization? (Renewal Applicants: Report only actions taken since previous application.) <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: _____
21	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.) <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: _____
22	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): _____
23	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): _____
24	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: _____

25	Does applicant organization have a membership? If YES, how many current, active members? _____ <input type="checkbox"/> YES <input type="checkbox"/> NO
26	How often does the applicant organization's governing board meet? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other (specify): _____
27	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? <input type="checkbox"/> YES (attach written explanation) <input type="checkbox"/> NO
28	Has the organization entered into ANY loan or other financing arrangement connected to the Monte Carlo gaming operation? If YES, complete the following information on the proposed lender (attach additional sheets, if needed). <input type="checkbox"/> YES <input type="checkbox"/> NO Total borrowed funds: \$ _____ Attach copies of all notes.
	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
29	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
30	Financial institution where organization's general account is maintained: _____
	Street address: _____ City: _____ State: _____ ZIP: _____
	Account number: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other: _____
31	Date of your first or next Monte Carlo event for this license year: _____
	Location and address of the above listed Monte Carlo event: _____
	Do you need to use another organization or company to conduct your events or supply equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO

Certification Must be signed by authorized agent of organization as listed on page 2 (preferably CEO)	
32	I certify the information contained herein is true and complete to the best of my knowledge. I further certify that the Monte Carlo 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 gaming license. I am a responsible official of the applicant organization and authorized to sign this application on its behalf. Signature: _____ Title: _____ Date: _____
33	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 gaming by the institution named below: Educational Institution: _____ Signature: _____ Title: _____ Date: _____

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 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.)

OREGON DEPARTMENT OF JUSTICE

Notice of Monte Carlo Event

This form must be completed and submitted to the Department of Justice at least 10 DAYS BEFORE the event for all Monte Carlo events where sales are intended to exceed \$5,000.

Licensee:

License #:
MC-

Monte Carlo Event	Date of Event:	Starting Time:	Ending Time:
Will paid employees of your organization be used to operate the Monte Carlo events: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do any of the persons or organizations providing supplies, equipment, facilities or services have a business or personal relationship with any officer, director or key person with your organization? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, attach sheet providing details of any and all such relationships.			

Facility	
Name of Facility where Event will be held:	
Facility Street Address:	
Owner (Rental Paid To):	
What is the total cost to your organization for this property? \$_____ per event OR \$_____ Total Number of events covered in above costs: _____	
Is there a signed contract or other agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach copy. (REQUIRED)	

Event Contractor	If another organization will operate the Monte Carlo events on behalf of your organization, COMPLETE the following:		
Company Name:		DOJ License #:	
Address:	City:	State:	Zip:
Telephone:	Contact Person:	Tax ID #:	
What is the total cost to your organization for this service?: \$_____ per event OR \$_____ Total Number of events covered in above costs: _____			
Is there a signed contract or other agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach copy. (REQUIRED)			

Event Supplier	If another organization will provide equipment to your organization for the Monte Carlo events, COMPLETE the following:		
Company Name:		DOJ License #:	
Address:	City:	State:	Zip:
Telephone:	Contact Person:	Tax ID #:	
What is the total cost to your organization for this service?: \$_____ per event OR \$_____ Total Number of events covered in above costs: _____			
Is there a signed contract or other agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach copy. (REQUIRED)			

