

OREGON DEPARTMENT OF JUSTICE

GAMING ENFORCEMENT CHARITABLE ACTIVITIES SECTION



Monte Carlo Supplier New/Renewal Application

Business Name:

New

Renewal

License # MC Sup-_____

GENERAL INSTRUCTIONS

Print or Type an answer to every question. If a question does not apply, so state with N/A. *If space is insufficient, continue on a separate page and precede each answer with the section number and appropriate title.* Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Enclose the required fee of \$50 with this application. Your application cannot be processed without payment of the fee.

The applicant (company president, CEO, or company representative) must *initial each page*, including attached pages. The applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this Supplier Application and Disclosure is an official document and misrepresentation or failure to reveal information may be deemed sufficient cause for the refusal or revocation of a license.

The applicants are hereby advised that they are seeking the granting of a privilege, and that the burden of proving qualification for a favorable determination is at all times on the applicants.

If, during the course of the investigation, it is determined by the Oregon Department of Justice that additional information is needed, the applicant is required to provide that requested information to the Oregon Department of Justice. Failure to provide this information may be grounds for denial by the Oregon Department of Justice.

SUBMIT APPLICATION WITH FEE OF \$50 TO:

**OREGON DEPARTMENT OF JUSTICE
CHARITABLE ACTIVITIES/GAMING SECTION
1515 SW Fifth Avenue, Suite 410
Portland, OR 97201**

1. COMPANY IDENTITY

Name of Company: _____

Business Address: _____

Business Telephone: _____

(a) Trade name to be used: _____

(b) Other names by which company is known: _____

2. FEDERAL TAX ID #: _____

3. COMPANY TYPE

Indicate whether business is a:

Corporation Partnership Sole Proprietorship

Other _____

4. INCORPORATION/ORGANIZATION

If the business is a corporation, complete the following. (If a partnership or other form of business organization, furnish similar information as shown below):

(a) Place of Incorporation _____ Date: _____

Other states or jurisdictions where incorporated, or filed with state corporations divisions:

(b) Has this company filed with The Oregon Secretary of State Corporations Division as a corporation or as an assumed business name (ABN) conducting business in Oregon? Yes No

(c) Attach a certified copy of Articles of Incorporation/Partnership Agreement. A certified copy of the Articles of Incorporation or a copy of the Partnership Agreement is attached. Yes No

(d) Describe the type of business which this company conducts.

(e) List the goods or services the company intends to provide to charitable/non-profit gaming operations in Oregon.

5. GAMING/GAMBLING LICENSES, GOODS AND SERVICES

Has this company ever held or does it now hold any gambling or gaming licenses or permits in any jurisdiction, including Indian gaming? Yes No

(a) If YES, list the license or permit type, license number (if applicable), jurisdiction, regulatory agency, agency address, agency contact person, agency telephone, date of licensing or permit, and license status, on a separate page.

(b) If any gaming license has been denied, revoked, suspended, or has been subject to any disciplinary sanctions or reviews, provide complete details.

- (c) List all states or places where your company contracts to supply gaming goods or services and to whom those goods or services are provided.

STATE	TO WHOM SUPPLIED

6. CONTROL PERSONS

List all CONTROL PERSONS (corporate officers, directors, and principals); List full name, title, residence address, date of birth, and social security number. Disclosure of social security number (SSN) is voluntary; however, failure to disclose SSN may result in errors in processing.

Name (Last)	(First)	(MI)	Title	DOB
Home Address				SSN
(City/State)				
Name (Last)	(First)	(MI)	Title	DOB
Home Address				SSN
(City/State)				
Name (Last)	(First)	(MI)	Title	DOB
Home Address				SSN
(City/State)				

7. CRIMINAL INVESTIGATIONS

Has the organization, a related business entity, or any control person ever been the subject of a GRAND JURY or CRIMINAL INVESTIGATION? Yes No If YES, provide complete details on attachment.

If YES, provide complete details on attachment.

8. INDICTMENTS AND CONVICTIONS

Has the organization, a related business entity, or any control person in any of the preceding ever been INDICTED, CONVICTED, or ARRESTED for any criminal offense? Yes No

If YES, provide complete details on attachment.

9. CIVIL ACTIONS

Has the organization, a related business entity, or any control person in any of the preceding ever been involved in any civil lawsuit which was predicated in whole or in part upon conduct which allegedly constituted a crime or crimes? Yes No If YES, provide complete details on attachment.

10. FINANCIAL ACTIONS

Is the organization, a related business entity, any control person, or any person identified in response to question #6 currently delinquent on payment(s) or debt(s) owed to a governmental agency or any other creditor or have any of the persons identified in question #6 ever been sued for nonpayment of a debt? Yes No

If YES, provide complete details on attachment.

SWORN STATEMENT AND DEPOSITION

State of _____)
) ss
County of _____)

I, _____, being duly sworn, depose and say that I have read the above and attached statements, documents, information, and organizational chart. That they are true and correct to the best of my knowledge and belief. Further, this statement is executed with the knowledge that misrepresentation or failure to disclose made in the above disclosure may be deemed sufficient cause for the denial by the Oregon Department of Justice, Charitable Activities/Gaming Section. Further, that I am aware that later discovery of an omission or misrepresentation made in the above statements, documents, information, and diagram may be grounds for the cancellation of an existing contract or agreement. Further, that I am voluntarily submitting this disclosure under oath with the full knowledge that Oregon Revised Statute 162.075, False Swearing, provides that, "(1) A person commits the crime of false swearing if the person makes a false sworn statement, knowing it to be false. (2) False swearing is a Class A misdemeanor."

Company President/CEO: _____
(Signature)

(Printed Name) (Title)

I, _____, do hereby certify that I have prepared this document on behalf of the vendor/company/
(Representative's Name)
applicant. That I hereby attest that the information provided is true, accurate, and complete to the best of my knowledge.

(Signature)

(Printed Name) (Title)

Business Address: _____

Telephone: _____

Subscribed and Sworn to before me

this _____ day of _____,
at _____, _____
City State

(AFFIX SEAL BELOW)

Notary Public (Signature)

(Print Name)

My Commission Expires _____

AUTHORITY TO RELEASE CREDIT, CHARACTER AND PERSONAL HISTORY INFORMATION

State of _____)
) ss
County of _____)

Having made application with the Oregon Department of Justice, I hereby authorize a complete investigation of my record or the record of any officer, director, or key employee, including personal history, academic record, job performance, and criminal arrest and conviction by the Oregon Department of Justice, or another law enforcement agency or gaming regulatory agency, authorized to conduct applicant investigations, to ascertain any and all information which may concern credit and character, whether same is of record or not, and release your organization and all persons whomsoever from any charge because of furnishing said information. I authorize a true copy of the original of this authorization as if the copy were the original itself.

NOTICE TO CUSTOMER:

I understand that, pursuant to ORS 192.560(2)(d), I may revoke this authorization at any time in writing.

Full Name (printed or typed): _____	Title: _____
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Signature: _____ Date: _____

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

NOTARY PUBLIC
My Commission Expires: _____

**OREGON DEPARTMENT OF JUSTICE
WAIVER AND CONSENT**

To be Completed by an Authorized Officer or Director of the Organization

State of _____)
) ss
County of _____)

Pursuant to ORS 464.280 as a condition for application and/or retention of a Monte Carlo Event Supplier or Contractor 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 relating to bingo, raffle, or Monte Carlo event operations or other organizational activities.

Full Name (printed or typed): _____	Title: _____
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Signature: _____ Date: _____

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

NOTARY PUBLIC
My Commission Expires: _____