

**OREGON DEPARTMENT OF JUSTICE
RAFFLE GAMING LICENSE APPLICATION**

Instructions

Enclosed is an application for a license to conduct raffles in Oregon. This application may be used to apply for a new license, and renew or upgrade an existing license. Raffle licenses are available to qualifying nonprofit organizations. Only nonprofit organizations that meet the following requirements qualify for licenses:

- *The organization must be exempt from the payment of federal income tax; and*
- *The organization must have held tax exempt status for a period of at least one year.*

If your organization meets the qualifications above, and intends to conduct limited raffle operations, it may not need a license. Licenses are not required if:

- *The organization conducts raffles with not more than \$10,000 handle (gross sales) per raffle; and/or*
- *Your total ANNUAL handle is \$10,000 or less.*

If you anticipate that any single raffle may bring in more than \$10,000, and/or your annual handle will exceed \$10,000, you should apply for a license. The license application is, for the most part, self-explanatory. Please type or use ink to complete the application. Complete all items fully. Parts of the application may call for an original signature by a responsible official. Applications that are incomplete or are not accompanied by original signatures will be rejected. 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.

You must provide proof of tax exempt status with your application. Public schools or government agencies do not need to provide proof of tax exemption. The following will be accepted by the Department as proof of tax exempt status:

- *A determination letter from the IRS stating that your organization is tax exempt.*
- *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.*
- *A copy of the filed SEL 221 and a copy of the filed IRS Form 1120 POL, if the applicant organization is claiming tax exempt status as a political action committee.*
- *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.*

The following items will NOT be accepted as proof of tax exempt status:

- *IRS Form - Assignment of Employer or Taxpayer Identification Number.*
- *Any articles of association or incorporation, or corporation listings which indicate solely that the organization is registered as a nonprofit entity.*

Educational institutions must have their school principal, district superintendent, dean, or school president certify that the institution or division thereof is authorized to conduct raffles.

If you have any questions concerning the application or the licensing process, contact the Gaming Registrar, at (971) 673-1880. Mail the completed application, together with the appropriate fee, to:

**Department of Justice
Charitable Activities Section
1515 SW 5th Avenue, Suite 410
Portland, OR 97201**

OREGON DEPARTMENT OF JUSTICE

Raffle 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	Non-Refundable Fee:
License class:			
<input type="checkbox"/> Class A authorizes raffles without restriction as to handle.			\$100
<input type="checkbox"/> Class B authorizes raffles with handles NOT to exceed \$10,000 per raffle.			\$40

Organization Information			
1	Full name of organization applying for raffle gaming license:		
2	Mailing address:	City:	State: ZIP:
3	Daytime telephone:	Night telephone:	Other telephone (specify):
4	Contact person name:		
5	Contact person home address:	City:	State: ZIP:
6	Contact person daytime telephone:	Home telephone:	Other telephone (specify):
7	State the purpose for which your organization intends to use the proceeds from raffles.		
New Applicants Only Attach copy of your Tax Exempt Determination Letter from the IRS, or letter from Attorney or CPA State organization is exempt, citing relevant provision of the Internal Revenue Code.			
8	Has your organization held TAX EXEMPT status for at least one year?		<input type="checkbox"/> YES <input type="checkbox"/> NO
9	Is the application organization a chapter or division of a larger or parent organization?		<input type="checkbox"/> YES <input type="checkbox"/> NO
10	If #9 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
11	If #9 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., and Exec. Board Officer (titled agents authorized for day-to-day decisionmaking).

12	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)
13	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)
14	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)
15	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)
16	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)
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)
20	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 and.

Legal History

21	<p>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? (Renewal Applicants: Report only actions taken since previous application.)</p> <p style="text-align: center;"> <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. </p> <p>Organization name (if different):</p>						
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Action taken:</td> <td style="width: 50%; border: none;">Date of action:</td> </tr> <tr> <td style="border: none;">Agency name:</td> <td style="border: none;">City: State:</td> </tr> </table>	Action taken:	Date of action:	Agency name:	City: State:		
Action taken:	Date of action:						
Agency name:	City: State:						
22	<p>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.)</p> <p style="text-align: center;"> <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. </p> <p>Organization name (if different):</p>						
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Action taken:</td> <td style="width: 50%; border: none;">Date of action:</td> </tr> <tr> <td style="border: none;">Agency name:</td> <td style="border: none;">City: State:</td> </tr> </table>	Action taken:	Date of action:	Agency name:	City: State:		
Action taken:	Date of action:						
Agency name:	City: State:						
23	<p>Has the organization ever been licensed by this state or any other state to sell or operate lottery games?</p> <p style="text-align: center;"> <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. </p> <p style="text-align: center;"> <input type="checkbox"/> Scratch Tickets <input type="checkbox"/> Keno <input type="checkbox"/> Other (specify) </p> <p style="text-align: center;"> <input type="checkbox"/> Pull-Tab/Break-Open <input type="checkbox"/> Video Poker </p> <p>Organization name (if different):</p>						
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Issuing agency:</td> <td style="width: 30%; border: none;">City:</td> <td style="width: 20%; border: none;">State:</td> </tr> <tr> <td style="border: none;">Date first licensed:</td> <td colspan="2" style="border: none;">Date terminated (if any):</td> </tr> </table>	Issuing agency:	City:	State:	Date first licensed:	Date terminated (if any):	
Issuing agency:	City:	State:					
Date first licensed:	Date terminated (if any):						
24	<p>Has the organization ever been licensed by this state or any other state to sell alcoholic beverages?</p> <p style="text-align: center;"> <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. </p> <p>Organization name (if different):</p>						
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Issuing agency:</td> <td style="width: 30%; border: none;">City:</td> <td style="width: 20%; border: none;">State:</td> </tr> <tr> <td style="border: none;">Date first licensed:</td> <td colspan="2" style="border: none;">Date terminated (if any):</td> </tr> </table>	Issuing agency:	City:	State:	Date first licensed:	Date terminated (if any):	
Issuing agency:	City:	State:					
Date first licensed:	Date terminated (if any):						
25	<p>Does the organization currently conduct social gaming and/or has it ever done so in the past?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate the name of the issuing authority and license or permit number (if any). </p> <p>Issued by: License/Permit # (if any):</p>						
	<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;">Issuing authority:</td> <td style="width: 20%; border: none;">City:</td> <td style="width: 20%; border: none;">County:</td> <td style="width: 20%; border: none;">State:</td> </tr> </table>	Issuing authority:	City:	County:	State:		
Issuing authority:	City:	County:	State:				

Raffle Operation

26	List the person(s) who will be contact persons and/or responsible for the conduct of the raffle sales operation. Name: _____ Date of Birth: _____		
	Home address: _____	City: _____	State: _____ ZIP: _____
	Daytime telephone: _____	Home telephone: _____	Other telephone (specify): _____
	Will this person receive compensation of any kind from the raffle operation? <input type="checkbox"/> YES <input type="checkbox"/> NO		
27	Additional contact and/or responsible person: Name: _____ Date of Birth: _____		
	Home address: _____	City: _____	State: _____ ZIP: _____
	Daytime telephone: _____	Home telephone: _____	Other telephone (specify): _____
	Will this person receive compensation of any kind from the raffle operation? <input type="checkbox"/> YES <input type="checkbox"/> NO		
28	Will anyone receive pay to sell raffle tickets? <input type="checkbox"/> YES <input type="checkbox"/> NO		
29	If YES, enter number of paid individuals: _____		
30	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"/> Closed	<input type="checkbox"/> Open <input type="checkbox"/> Closed
31	Financial institution where organization's account (if any) is maintained: _____		
	Street address: _____	City: _____	State: _____ ZIP: _____
	Account number: _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings <input type="checkbox"/> Other:

Certification

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

32	I certify the information contained herein is true and complete to the best of my knowledge. I further certify that the raffle 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: _____
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 raffle games by the institution named below: Educational Institution: _____ Signature: _____ Title: _____ Date: _____

OREGON DEPARTMENT OF JUSTICE

Raffle Rule Review and Certification

A completed rule review and certification must be on file with the Department before a raffle license will be issued or renewed. The answers to the rule review will be found in the Oregon Administrative Rules. The rule review and certification must be completed and signed by the person within the organization who will be responsible for the operation and conduct of raffles.

1	Class A raffle licensees are authorized to conduct _____ games throughout the year with handles in excess of \$ _____. Class B licensees may not conduct raffles with the handle in excess of \$ _____. OAR 137-025-0200
2	If a Class B licensee desires to conduct a raffle with sales in excess of \$ _____, it shall notify _____ and apply for a _____ license. OAR 137-025 0230(2)
3	What types of records are required to be kept by raffle licensees? OAR 137-025-0240(1) (a) (b) (c)
4	A Class A licensee is required to maintain a _____ in addition to the records required by OAR 137-025-0240(1). It shall contain: OAR 137-025-0240(2) (a) (b) (c) (d)
5	A record shall be prepared by a raffle licensee for each winner of a prize with a retail value of \$ _____ or more, which shall include: OAR 137-025-0250(1) (a) (b) (c) (d) (e)
6	A raffle licensee shall obtain a _____ from the seller/distributor for all _____ prizes awarded with a retail value of more than \$ _____. OAR 137-025-0250(2)
7	_____ to conducting _____ of raffle tickets, each Class A licensee shall submit to the Department a completed _____ for all raffles where sales are expected to exceed \$ _____. It shall include: OAR 137-025-0260(1) (a) (b) (c) (d) (e) (f)
8	A raffle licensee shall file an _____ with the Department no later than _____ days after the end of the license year. OAR 137-025-0270(1)
9	No person may be required to be _____ at a raffle drawing in order to receive a _____. OAR 137-125-0290(2)
10	A raffle licensee shall not sell _____ more than _____ months in advance of the draw date. OAR 137-025-0290(6)
11	No cash prize shall be offered or awarded in excess of \$ _____. No prize shall be offered or awarded with a retail market value in excess of \$ _____. OAR 137-025-0300

12	<p>The following information must be _____ upon each _____ sold or shall be otherwise provided to each _____ at the time of the _____.</p> <p style="text-align: right;">OAR 137-025-0310(1)</p> <p>(a)</p> <p>(b)</p> <p>(c)</p> <p>(d)</p> <p>(e)</p> <p>(f)</p> <p>(g)</p>
13	<p>A raffle licensee shall not permit the operating expenses of its raffle games, excluding _____ and _____ paid to players, to exceed _____ percent of the annual handle in the preceding _____ months. If the expenses have exceeded _____ percent, the raffle license shall not be _____ unless the licensee files a _____ plan for operating in compliance with the expense limitation. The license shall be conditioned on continued compliance with the plan and may be _____ or _____ in the event of noncompliance.</p> <p style="text-align: right;">OAR 137-025-0040(4)</p>

Certification

I certify that I am the person responsible for the conduct of raffle games to be held by the organization receiving this raffle license. I further certify that I have read the Oregon Administrative Rules, Chapter 137, Division 25 relating to the licensing, operation and conduct of raffle games and have *independently filled in the blanks on raffle application pages 5 and 6* and have affixed my signature, title and date below.

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 *Authorized 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 *Authorized Agents* page of the application) must be submitted to the Department of Justice.
(Note: Dates of both signatures must be identical.)

This Page Blank Intentionally

OREGON DEPARTMENT OF JUSTICE

Raffle Notice for Class A Raffle Licensees

This form must be completed for all raffles where ticket sales are intended to exceed \$10,000. This notice must be submitted to the Department BEFORE you begin selling tickets for the raffle.

Licensee

Licensee:

License No.:

Raffle

Date of Drawing:

Time:

Check here if more than one drawing date.

Location of Drawing:

Street Address:

City:

State:

Zip:

Tickets

Attach sample or proposed ticket containing disclosures required by OAR 137-025-0310, or indicate how disclosures will be made.

Total number of tickets offered for sale:

Sales Price Each: \$

Prizes

Itemize EACH prize to be awarded. Remember, the TOTAL of all cash prizes may not exceed \$2,500. Calendar raffles or raffles with continuous drawings are considered to be one raffle.

Description

Retail Value

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

Total:

\$

Responsible Official

Name of responsible official filing this notice:

Title with organization:

Home Address:

Daytime Telephone:

Home Telephone:

Other (specify):

Send Notice to:

**Oregon Department of Justice
1515 SW Fifth Avenue, Suite 410
Portland, OR 97201**

**(971) 673-1880
FAX: (971) 673-1882
(Original must also be sent.)**

This Page Blank Intentionally