

OREGON DEPARTMENT OF JUSTICE CHARITABLE ACTIVITIES SECTION



APPLICATION FOR A NEW CLASS A AND B LICENSE TO OPERATE BINGO GAMES INSTRUCTIONS

This form is to be filed by organizations applying for a new class A or B license or upgrading from a class C license to operate bingo games in Oregon. 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.**

This application must be typewritten or clearly printed 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 support the claim for tax exempt status. For tax exempt political organizations, a copy of completed, signed and dated SEL 221 or FEC Form 1 and 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.

Additional Documents Required. In addition to the tax exempt documentation, the following additional information and documents are required and must be submitted with the application **before** it will be processed:

- A copy of a current or proposed lease agreement for the location of the bingo games (unless applicant owns premises where games will be held).
- An authorization of inspection and waiver of liability, signed by a responsible official of the organization.
- A form certifying whether or not the organization has conducted bingo operations during the preceding 12 months prior to submitting the application for a license and providing a financial summary of such operations.
- A release form, authorizing disclosure of financial records associated with the organization's bingo operating account to the Department.
- You must list any and all persons who are proposed key persons of the proposed bingo gaming operation on this application, including the designated primary bingo game manager.
- Articles of Incorporation and Bylaws.
- Copies of any contracts or agreements relating to the bingo operation.

License Fees. The application must be accompanied by the proper license fee. All fees are non-refundable. The fee for a Class A license is \$200. The fee for a Class B license is \$100. The authorized handle limit for a Class B licensee is \$250,000. There is no handle limit for a Class A license.

Bingo Manager. Class A & 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.

Questions and Assistance. If you have questions or need assistance with the application, please contact Gaming Registrar.

**Mail Application to:
(Original must be sent)**

**Oregon Department of Justice
100 SW Market Street
Portland, OR 97201-5702**

**Phone: (971) 673-1880
Fax: (971) 673-1882
TTY: (800)735-2900**

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DOJ USE ONLY
Fee Paid

OREGON DEPARTMENT OF JUSTICE CHARITABLE ACTIVITIES SECTION

DOJ USE ONLY
Date Received

APPLICATION FOR A NEW CLASS A AND B LICENSE TO OPERATE BINGO GAMES

Class, Limit and Fee

Applying for:	<input type="checkbox"/> New License	<input type="checkbox"/> License Renewal	<input type="checkbox"/> License Upgrade
<u>License Class</u>	<u>Authorized Annual Handle Limit</u>		<u>Non-Refundable Fee</u>
<input type="checkbox"/> Class A	Unlimited		\$200
<input type="checkbox"/> Class B	Not more than \$250,000		\$100
<input type="checkbox"/> Class C to B Upgrade (During License Year)			\$60

Organization Information	EIN:	Licensee # : B-
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1	Full name of organization applying for bingo gaming license:			
	Mailing address:	City:	State:	ZIP:
	Telephone:	Email:		
2	Name and address where bingo games will be held:	City:	State:	ZIP:
		Phone:	County:	
3	Incorporation date::	State of incorporation:		
	NEW APPLICANT: Attach copies of Articles of Incorporation and Bylaws			
4	Bingo Contact person: (MUST BE RESPONSIBLE OFFICIAL DISCLOSED ON PAGE 5.)		Phone:	
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	Does the organization own the facility where bingo games will be conducted?			FACILITY NAME:
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	
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: \$_____ per month; or \$_____ per hour.	
7b	Name of person/entity to be paid rent/lease:			
	Mailing address:	City:	State:	ZIP:
7c	Is the person/entity receiving rent/lease payments for the facility a related taxpayer?* <input type="checkbox"/> YES <input type="checkbox"/> NO			
	Related taxpayers include spouses, family members, business partners of the organization's officers, directors, bingo game managers and any corporations owned by them. *Rental to a related party is prohibited.			
7d	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	Has your organization held TAX EXEMPT status for at least one year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10	Is the application organization a chapter or division of a larger or parent organization?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11	If #10 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
12	If #10 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
Tax Exempt Status 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.			

Organization Information

13	How often does the organization's governing board meet? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other (specify) _____							
14	List the dates of the last three formal board meetings held by the organization. Attach copies of the minutes of all meetings at which bingo games were proposed, discussed and approved by the board. If none, provide detailed statements explaining how the decision was made. <table border="1" style="width: 100%; height: 20px; margin-top: 5px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>							
15	State the purposes for which your organization intends to use proceeds from bingo. Attach copy of most recent financial/treasurer's report. <table border="1" style="width: 100%; height: 100px; margin-top: 5px;"> <tr><td style="width: 100%; height: 20px;"></td></tr> <tr><td style="width: 100%; height: 20px;"></td></tr> <tr><td style="width: 100%; height: 20px;"></td></tr> <tr><td style="width: 100%; height: 20px;"></td></tr> <tr><td style="width: 100%; height: 20px;"></td></tr> <tr><td style="width: 100%; height: 20px;"></td></tr> <tr><td style="width: 100%; height: 20px;"></td></tr> </table>							
16a	Has the organization entered into ANY loan or other financing arrangement connected to the bingo game operation? If YES, complete the following information on the lender(s): <input type="checkbox"/> YES <input type="checkbox"/> NO Total Borrowed Funds: \$ _____ Attach copies of all notes.							
16b	Lender name: _____ Organization member? <input type="checkbox"/> YES <input type="checkbox"/> NO							
	Address: _____ City: _____ State: _____ ZIP: _____							
	Telephone: _____ Email: _____							
	Amount loaned: \$ _____ Rate: _____ Term: _____ Payment guaranteed by organization? <input type="checkbox"/> YES <input type="checkbox"/> NO							

Attach additional sheet(s) if necessary.

Responsible Officials: List the full *legal* name (including middle initial) for all of the organization's responsible officials who hold authority for governing the organization's operations. Include volunteers, all members of the Board of Directors, Executive Committee, the highest-ranking senior staff making day-to-day decisions, etc. **Must include the organization's Chief Executive Officer (CEO) or equivalent. YOU MAY ATTACH A LIST SUPPLYING THE REQUIRED INFORMATION.**

17	Name: (Last, First, Middle Initial)	Title:		
	Address:	City:	State:	ZIP:
	Telephone:	Cell Phone:	Email:	
18	Name: (Last, First, Middle Initial)	Title:		
	Address:	City:	State:	ZIP:
	Telephone:	Cell Phone:	Email:	
19	Name: (Last, First, Middle Initial)	Title:		
	Address:	City:	State:	ZIP:
	Telephone:	Cell Phone:	Email:	
20	Name: (Last, First, Middle Initial)	Title:		
	Address:	City:	State:	ZIP:
	Telephone:	Cell Phone:	Email:	
21	Name: (Last, First, Middle Initial)	Title:		
	Address:	City:	State:	ZIP:
	Telephone:	Cell Phone:	Email:	
22	Name: (Last, First, Middle Initial)	Title:		
	Address:	City:	State:	ZIP:
	Telephone:	Cell Phone:	Email:	
23	Name: (Last, First, Middle Initial)	Title:		
	Address:	City:	State:	ZIP:
	Telephone:	Cell Phone:	Email:	
24	Name: (Last, First, Middle Initial)	Title:		
	Address:	City:	State:	ZIP:
	Telephone:	Cell Phone:	Email:	

Attach additional sheet(s) if necessary.

Key Gaming Personnel

List the organization's proposed key gaming personnel. A key gaming person is an officer, executive, employee, agent, representative, volunteer, or any other person with the authority to exercise significant influence over the proposed gaming operation. Key gaming personnel include those persons who: (a) will earn more than \$12,000 annually in wages and/or compensation from your gaming operation; (b) can hire or fire employees; (c) act in a supervisory capacity; (d) count game revenue; (e) perform or supervise bookkeeping or accounting functions for the operation; (f) are involved in formulating management policy; or (g) have been represented to the Department as being important to the proposed bingo operation. **THE FIRST NAME MUST BE THE PERSON TO WHOM THE BINGO MANAGER REPORTS.**

25	Name (Last, First, Middle Initial) of person to whom Bingo Manager reports (must be responsible official disclosed on page 5): Title:			
	Address:	City:	State:	ZIP:
	Telephone:	Cell Phone:	Email:	
26	Name (Last, First, Middle Initial) of PRIMARY Bingo Manager:		Bingo Mgr. Permit #:	
	Home Address:	City:	State:	ZIP:
	Telephone:	Cell Phone:	Email:	
27	Name (Last, First, Middle Initial) of BACKUP Bingo Game Manager:		Bingo Mgr. Permit #:	
	Home Address:	City:	State:	ZIP:
	Telephone:	Cell Phone:	Email:	
28	Name: (Last, First, Middle Initial)		Title:	
	Address:	City:	State:	ZIP:
	Telephone:	Cell Phone:	Email:	
29	Name: (Last, First, Middle Initial)		Title:	
	Address:	City:	State:	ZIP:
	Telephone:	Cell Phone:	Email:	
30	Name: (Last, First, Middle Initial)		Title:	
	Address:	City:	State:	ZIP:
	Telephone:	Cell Phone:	Email:	
31	Name: (Last, First, Middle Initial)		Title:	
	Address:	City:	State:	ZIP:
	Telephone:	Cell Phone:	Email:	
32	Name: (Last, First, Middle Initial)		Title:	
	Address:	City:	State:	ZIP:
	Telephone:	Cell Phone:	Email:	

Attach additional sheet(s) if necessary.

Legal History

33	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
34	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.		
	Organization name (if different):		
	Action taken:	Date of action:	
Agency name:	City:	State:	
35	Has any official action ever been taken against the organization or any of its officers or key gaming personnel for any violation involving illegal gambling, filing false reports to a government agency, or bribing or unlawfully influencing a public official or government employee?		
	<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 of individual (if any):		
	Action taken:	Date of action:	
Agency name:	City:	State:	

Bingo Operation

	<p>Check the proposed day(s) of the week and list the proposed times you intend to conduct bingo.</p>												
36	Day:	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Time:	<input type="checkbox"/> AM	<input type="checkbox"/> AM	Break	
		<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	_____ Mins
	Day:	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Time:	<input type="checkbox"/> AM	<input type="checkbox"/> AM	Break	
		<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	_____ Mins
Day:	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Time:	<input type="checkbox"/> AM	<input type="checkbox"/> AM	Break		
	<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	_____ Mins	
Day:	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Time:	<input type="checkbox"/> AM	<input type="checkbox"/> AM	Break		
	<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	_____ Mins	
37	Will paid employees be used to conduct bingo? <input type="checkbox"/> YES <input type="checkbox"/> NO												
	If YES, enter the number of paid employees. _____												
38	Financial institution where the GENERAL account will be maintained: (Attach copies of the last 3 statements, if available.)												
	Street Address:		City:				State:		ZIP:				
	Account number(s): <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other:												
39	Financial institution where the BINGO account will be maintained: (Attach copies of at least 3 statements if available.)												
	Street Address:		City:				State:		ZIP:				
	Account number(s): <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other:												
40	Does the organization have any contracts or agreements (written or verbal) with any person(s) or entities relating to the bingo operation? These may include agreements relating to consulting or management services.												
<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach copies of contracts and agreements or summaries of any verbal agreements.													

Certification

**Must be signed by a responsible official of the organization disclosed on page 5.
(Preferably CEO)**

41	<p>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.</p> <p>Print name: _____</p> <p>Signature: _____ Title: _____ Date: _____</p>
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OREGON DEPARTMENT OF JUSTICE
Waiver and Consent

To be completed by a *Responsible Official* of the Organization

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.

I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.

Applicant's Signature

Date

(Must be listed as *Responsible Official* of organization on page 5 of this application)

Full name (printed or typed)

The *original* of this form (signed in ink by an individual listed on the *Responsible Officials* page of the application) must be submitted to the Department of Justice.

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OREGON DEPARTMENT OF JUSTICE
Financial Institution Account
Authorization of Disclosure

To be completed by an *Responsible Official* of the Organization

_____ hereby authorizes
(Name of Organization)

_____ to immediately make available to the
(Name of Financial Institution)

OREGON DEPARTMENT OF JUSTICE all records, photocopies of checks, transactions, loan records, deposits, and all original documents and applications pertaining to account openings, closings, deposits, and withdrawals on accounts, loans, credit cards, or any other accounts. The organization acknowledges that this authorization may be revoked at any time by submitting written revocation to the above-named financial institution. However, the organization also acknowledges that an active Authorization of Disclosure is a condition of a gaming license. This waiver of advance notice shall constitute a consent to early disclosure, pursuant to ORS 192.565(5), which shall permit the Department of Justice to obtain the organization's financial institution records, both without notice and without delay with a subpoena, in the event the circumstances require one.

I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.

Applicant's Signature: _____ Date: _____
Individual signing must be designated on page 5 and hold signing privileges on financial accounts.

Full name (printed or typed)

This form is to be submitted by all applicants for *each* financial institution with which the applicant has any financial dealings. Reproduce the *blank* form as necessary to provide additional copies.

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OREGON DEPARTMENT OF JUSTICE

Statement of Ongoing Bingo Operations and Financial Summary To be completed by new applicant or by renewing licensee after license has expired

Name of Applicant Organization:

This form is to be completed by a responsible official of the applicant organization (as disclosed on page 5). Complete Section A, Section B or Section C – *not all*. If completing Section B or Section C, also complete Financial Summary.

A	<p>I certify that this organization has NOT conducted bingo operations during the 12 months¹ immediately prior to the date a license application is being submitted:</p> <p>Signature: _____ Title: _____ Date: _____</p>
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B	<p>I certify that this organization HAS conducted bingo operations during the 12 months¹ immediately prior to the date a license application is being submitted. I 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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C	<p>I certify that this organization HAS conducted bingo operations during the period from the expiration date of the previous license through the date of the renewal application being submitted. I 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 period identified below: 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(14):	\$
6	Total net income to organization from bingo operation (item 3, less items 4 and 5):	\$

¹ Referenced period should be for the 12-months immediately preceding the date your application is submitted to DOJ.

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