

DOJ USE ONLY
Fee Paid

# OREGON DEPARTMENT OF JUSTICE CHARITABLE ACTIVITIES SECTION

DOJ USE ONLY
Date Received

## APPLICATION FOR A RENEWAL/UPGRADE CLASS A AND B LICENSE TO OPERATE BINGO GAMES

Class, Limit and Fee			
<b>Applying for:</b>	<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 B to A Upgrade (During License Year)		\$100	

Organization Information		EIN:	Licensee # : B-	
<b>1</b>	Full name of organization applying for bingo gaming license:			
	Mailing address:	City:	State:      ZIP:	
	Telephone:	Email:		
<b>2</b>	Name and address where bingo games will be held:	City:	State:      ZIP:	
		Phone:	County:	
<b>3</b>	Bingo Contact person: (MUST BE RESPONSIBLE OFFICIAL DISCLOSED ON PAGE 2 OR 3.)		Phone:	
<b>4</b>	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 _____
<b>5</b>	Does the organization own the facility where bingo games will be conducted?		FACILITY NAME:	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
<b>6a</b>	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	
<b>6b</b>	Name of person/entity to be paid rent/lease:			
	Mailing address:	City:	State:      ZIP:	
<b>6c</b>	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	
<b>6d</b>	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	
<b>7</b>	Are there other organizations playing bingo at the facility?			
	<input type="checkbox"/> YES	How many? _____	<input type="checkbox"/> NO	

**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**

**Organization Information (continued)**

<b>8</b>	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) _____			
<b>9</b>	List the dates of the last three formal board meetings held by the organization. <b>Attach copies of the minutes of all meetings at which bingo games were proposed, discussed and approved by the board.</b> If none, provide detailed statements explaining how the decision was made.						
	<table border="1" style="width:100%; height:30px; border-collapse: collapse;"> <tr> <td style="width:33%;"></td> <td style="width:33%;"></td> <td style="width:33%;"></td> </tr> </table>						
<b>10a</b>	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.						
<b>10b</b>	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		
	\$						

**Attach additional sheet(s) if necessary.**

<b>Responsible Officials:</b>					
<b>List the full <i>legal</i> 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.</b>					
<b>11</b>	Name: (Last, First, Middle Initial)		Title:		
	Address:		City:	State:	ZIP:
	Telephone:		Cell Phone:	Email:	
<b>12</b>	Name: (Last, First, Middle Initial)		Title:		
	Address:		City:	State:	ZIP:
	Telephone:		Cell Phone:	Email:	
<b>13</b>	Name: (Last, First, Middle Initial)		Title:		
	Address:		City:	State:	ZIP:
	Telephone:		Cell Phone:	Email:	
<b>14</b>	Name: (Last, First, Middle Initial)		Title:		
	Address:		City:	State:	ZIP:
	Telephone:		Cell Phone:	Email:	

<b>15</b>	Name: (Last, First, Middle Initial)	Title:		
	Address:	City:	State:	ZIP:
	Telephone:	Cell Phone:	Email:	
<b>16</b>	Name: (Last, First, Middle Initial)	Title:		
	Address:	City:	State:	ZIP:
	Telephone:	Cell Phone:	Email:	
<b>17</b>	Name: (Last, First, Middle Initial)	Title:		
	Address:	City:	State:	ZIP:
	Telephone:	Cell Phone:	Email:	
<b>18</b>	Name: (Last, First, Middle Initial)	Title:		
	Address:	City:	State:	ZIP:
	Telephone:	Cell Phone:	Email:	
<b>19</b>	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.**

<b>20</b>	Name (Last, First, Middle Initial) of person to whom Bingo Manager reports (must be authorized officer disclosed on page 3):			
	Title:			
	Address:	City:	State:	ZIP:
	Telephone:	Cell Phone:	Email:	
<b>21</b>	Name (Last, First, Middle Initial) of <b>PRIMARY</b> Bingo Manager:		Bingo Mgr. Permit #:	
	Home Address:	City:	State:	ZIP:
	Telephone:	Cell Phone:	Email:	
<b>22</b>	Name (Last, First, Middle Initial) of <b>BACKUP</b> Bingo Game Manager:		Bingo Mgr. Permit #:	
	Home Address:	City:	State:	ZIP:
	Telephone:	Cell Phone:	Email:	

**Attach additional sheet(s) if necessary.**

## Bingo Operation

**Check the proposed day(s) of the week and list the proposed times you intend to conduct bingo.**

<b>23</b>	<b>Day:</b>	Sun	Mon	Tue	Wed	Thu	Fri	Sat	<b>Time:</b>	<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
	<b>Day:</b>	Sun	Mon	Tue	Wed	Thu	Fri	Sat	<b>Time:</b>	<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
<b>Day:</b>	Sun	Mon	Tue	Wed	Thu	Fri	Sat	<b>Time:</b>	<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	
<b>Day:</b>	Sun	Mon	Tue	Wed	Thu	Fri	Sat	<b>Time:</b>	<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	

**24** Financial institution where the **GENERAL** account will be maintained.

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Account number(s): \_\_\_\_\_  Checking  Savings  Other:

**25** Financial institution where the **BINGO** account will be maintained.

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Account number(s): \_\_\_\_\_  Checking  Savings  Other:

**26** 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.

YES  NO If YES, attach copies of contracts and agreements or summaries of any verbal agreements.

**27** **Exceptions** If you currently do not have an exception: skip this section (see OAR 137-025-0190)

We are applying for an exception to the following limits (check all that apply):

Handle Limit Handle Limit Requested: \$ \_\_\_\_\_

Operating Time Days/Hours Requested: \_\_\_\_\_

Supervisory Hour Limit Hours and Number of Supervisors: \_\_\_\_\_

Other (specify): \_\_\_\_\_

**28** **Certification** Must be signed by a *responsible official* of organization as listed on page 2 or 3 (preferably CEO)

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.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**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 2 or 3 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.**

*This page left blank intentionally*

**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 2 or 3 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.**

This page left blank intentionally



# 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 2 or 3). Complete Section A, Section B or Section C – *not all*. If completing Section B or Section C, also complete Financial Summary.**

<b>A</b>	<p>I certify that this organization has NOT conducted bingo operations during the 12 months<sup>1</sup> immediately prior to the date a license application is being submitted:</p> <p>Signature: _____ Title: _____ Date: _____</p>
----------	--

<b>B</b>	<p>I certify that this organization HAS conducted bingo operations during the 12 months<sup>1</sup> 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>
----------	--

<b>C</b>	<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>
----------	---

**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):	\$

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

This page left blank intentionally