

# OREGON DEPARTMENT OF JUSTICE CHARITABLE ACTIVITIES SECTION



## APPLICATION FOR A NEW AND RENEWAL CLASS C AND D LICENSE TO OPERATE BINGO GAMES

### IMPORTANT NOTICE – READ CAREFULLY

This form is to be filed by organizations applying for a new and renewal of a class C or D license to operate bingo games in Oregon. Class A & B applications are filed using a separate form. 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.**

**Is a license required for my organization?** If your organization meets the qualifications above, and intends to conduct **limited** bingo operations, it may not need a license. Licenses are not required if the organization operates games with not more than \$2,000 handle (gross sales), and the annual handle is \$5,000 or less. If you anticipate that any single session may bring in more than \$2,000, or your annual handle will exceed \$5,000, you should apply for a license.

This application must be typewritten or printed clearly 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 supports the claim for tax exempt status. For tax exempt political organizations, a copy of the 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.
- 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. The fee is determined by the class of license applied for. Non-refundable license classes are based upon handle, as follows:

<u>Class</u>	<u>Authorized Annual Handle Limit</u>	<u>License Fee</u>
A	Unlimited	\$200
B	\$250,000	\$100
C	\$75,000	\$40
D	\$20,000	\$20

**Upgrading License Class.** You may upgrade a license at any time. You must upgrade if you anticipate exceeding the handle limit of your present license. To upgrade at renewal, pay the entire fee. To upgrade during the license year, pay the difference between your present license class and the license class applied for. If you need to upgrade to a Class A or B license, you must complete a Class A & B license application.

**Bingo Manager.** Class A and 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. Class C and D licensees are not required to have licensed managers. However, they are required to designate one or more officials or other persons as being responsible for bingo game operations.

**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

DOJ USE ONLY
Fee Paid

# OREGON DEPARTMENT OF JUSTICE CHARITABLE ACTIVITIES SECTION

DOJ USE ONLY
Date Received

## APPLICATION FOR A NEW AND RENEWAL CLASS C AND D 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 C	Not more than \$75,000	\$40	
<input type="checkbox"/> Class D	Not more than \$20,000	\$20	
<input type="checkbox"/> Class D to C upgrade (During License Year)		\$20	

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 of facility where bingo games will be held:		City: State: ZIP:	
			Telephone: County:	
<b>3</b>	Incorporation date:		State of incorporation:	
	<b>NEW APPLICANT:</b> Attach copies of Articles of Incorporation and Bylaws			
<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>	Bingo Contact person: (MUST BE RESPONSIBLE OFFICIAL DISCLOSED ON PAGE 4.)		Phone:	
<b>6</b>	Does the organization own the facility where bingo games will be conducted?		FACILITY NAME:	
	<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>7a</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 monthly: \$			
<b>7b</b>	Name of person/entity to be paid rent/lease:			
	Mailing address:	City:	State: ZIP:	
<b>7c</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	
	*Rental to a related party prohibited.			
<b>7d</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>8</b>	Are there other organizations playing bingo at the facility?		<input type="checkbox"/> YES How many? <input type="checkbox"/> NO	

<b>9</b>	State the purposes for which your organization intends to use proceeds from bingo. Attach copy of most recent financial/treasurer's report.

<b>10</b>	Has your organization held TAX EXEMPT status for at least one year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>11</b>	Is the application organization a chapter or division of a larger or parent organization?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>12</b>	If #11 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
<b>13</b>	If #11 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
<b>New Applicants Only</b> <b>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.</b>			

<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>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:

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

## Legal History

19	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 #: _____			
20	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			
	<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><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><b>Name (if other than applicant organization):</b></p>			
Action taken:			Date of action:	
Agency name:			City: State:	
21	<p>Has any official action ever been taken against the organization or any of its officers for any violation involving illegal gambling, filing false reports to a government agency, or bribing or unlawfully influencing a public official or government employee, in this or any other state? ? (Renewal Applicants: Report only actions taken since previous application.)</p> <p><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><b>Name (if other than applicant organization):</b></p>			
	Action taken:			Date of action:
	Agency name:			City: State:

## Bingo Operation

<b>22</b>	Who will be the primary person in charge of your bingo games? Full Legal Name (including Middle Initial):												
	Address:				City:				State:		ZIP:		
	Telephone:				Cell Phone:				Email:				
	Will this person receive compensation of any kind from the bingo operation?										<input type="checkbox"/> YES		<input type="checkbox"/> NO
If compensated, by what hourly rate: \$ _____													
<b>23</b>	Who will be the backup in charge of your bingo games? Full Legal Name (including Middle Initial):												
	Address:				City:				State:		ZIP:		
	Telephone:				Cell Phone:				Email:				
	Will this person receive compensation of any kind from the bingo operation?										<input type="checkbox"/> YES		<input type="checkbox"/> NO
If compensated, by what hourly rate: \$ _____													
<b>24</b>	Will paid employees be used to conduct bingo?												
										<input type="checkbox"/> YES		<input type="checkbox"/> NO	
<b>25</b>	If YES, enter the number of paid employees.												
<b>26</b>	<b>Check the proposed day(s) of the week and list the proposed times you intend to conduct bingo.</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>27</b>	Financial institution where the general account will be maintained, if any:												
	Street Address:				City:				State:		ZIP:		
	Account number(s):				<input type="checkbox"/> Checking				<input type="checkbox"/> Savings		<input type="checkbox"/> Other:		
<b>28</b>	Financial institution where the bingo account will be maintained, if any:												
	Street Address:				City:				State:		ZIP:		
	Account number(s):				<input type="checkbox"/> Checking				<input type="checkbox"/> Savings		<input type="checkbox"/> Other:		
<b>Certification      MUST BE SIGNED BY RESPONSIBLE OFFICIAL OF ORGANIZATION (Preferably CEO)</b>													
<b>29</b>	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.												
	Signature: _____ Title: _____ Date _____												
	Print Name: _____												

**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,

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(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.**

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<b>Applicant's Signature</b>	<b>Date</b>
<small>(Must be listed as <i>Responsible Official</i> of organization on page 4 of this application)</small>	

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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

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

**A** 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:

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

**B** 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:

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

**C** 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:

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

### Financial Summary

1	This financial summary should include all available information from the period identified below: Indicate summary period: From: _____, 20____ To: _____, 20____	
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.

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