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**OREGON DEPARTMENT OF JUSTICE
CHARITABLE ACTIVITIES SECTION**

DOJ USE ONLY
Date Received



APPLICATION FOR NEW BINGO MANAGER

PRIMARY BACKUP

Name: _____ M- _____

Print

- Unaffiliated Manager
- Licensee Affiliation - DOJ Bingo Lic. #B- _____

Bingo Licensee's Full Name (state "None" if unaffiliated)

(Select one or both)

- BINGO GAME MANAGER PERMIT (FEE \$40.00)
- FACILITY MANAGER AUTHORIZATION (NO FEE)

(DO NOT DETACH COVER SHEET FROM APPLICATION)

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

Applicant Initial _____

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Applicant Initial _____

Read Carefully Before Proceeding

OREGON DEPARTMENT OF JUSTICE

Confidential information is requested in this application; although it will be treated accordingly, please be aware that the Department is bound by provisions of governing public records law.

Application for a Bingo Game Manager or Facility Manager Permit

General Instructions

This form is to be filed by every person applying for a permit to manage Class A or Class B bingo games or act as a Facility Manager in Oregon. The information on the form attests to an applicant's character and is used to determine the applicant's qualifications. The burden is on the applicant to establish, by clear and convincing evidence, his/her qualifications to hold a permit. Being employed by a bingo licensee is NOT a requirement for a bingo game manager permit. Any qualified individual may apply for and receive a bingo game manager permit.

If you change your bingo licensee affiliation, you must also complete the *Bingo Game Manager Change Notice*, have it endorsed by the bingo licensee you propose to re-affiliate with, and submit it to the Department. A new permit will be issued identifying your new affiliation.

Disclosure of Information Contained in the Application: This form asks for personal information. The form and certain related information are subject to disclosure under Oregon's public records law. 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. **If the application is not fully completed, it may be rejected or delayed in processing.**

Employment or credit problems, past insolvency, bankruptcy or intention to file for bankruptcy shall not *per se* disqualify an applicant. However, the intentional omission or falsification of any item is grounds for denial or revocation of a permit. No matter how qualified you are in other aspects, you cannot receive a permit if your truthfulness is in doubt.

PHOTO REQUIRED: You must enclose a **passport style & size** photo of yourself with your initial application. The photo must have been taken within the last 30 days and must portray an accurate representation of your current appearance. Managers submitting renewals must include a current photo for years when their renewed permit will expire in an even numbered year. (If the renewed permit will expire anytime in 2018, submit photo – new or renewal; if the permit will expire anytime in 2019, no photo is required. Note that permits first issued in an odd-numbered year must also include a photo with their first renewal, but, from then on, photo submission is required only for expirations on even numbered years, 2018, 2020, etc.)

Application Fee: A \$40 non-refundable application fee must accompany the application for a bingo game manager. Applications submitted without the proper fees will be rejected. There is no fee for a facility manager permit. Pursuant to ORS 464.250(2), the Department may assess additional fees to cover the actual investigative costs associated with a particular application.

Application Processing: Once an application has been accepted as complete, the Department has 60 days to approve or deny the permit. If you submit a renewal application before your permit expires, the permit will hold over until the Department approves or denies your renewal. If you submit the application for renewal after the permit has expired, it may be treated as a new application. Any games managed without a permit could subject you and your organization to disciplinary action. A background investigation, including criminal, civil and credit histories, will be conducted by the Department. A personal interview with the Department will be conducted for all new applicants before any permit is issued. New Personal Inquiry Waiver and Financial Institution Account Authorization disclosures must be submitted with each application, new or renewal, or the application will be rejected as incomplete.

Questions and Assistance: All of the answers to the Gaming Law Competencies may be found in the Oregon Administrative Rules, Chapter 137, Division 25, and the Oregon Revised Statutes, Chapter 464. You should have received a set of each with the application. If you do not have a current set of the rules and statutes, you may request them from the Department. If you have questions or need assistance with the application, contact the Department at (961) 673-1880. Ask for the Charitable Activities Section, Gaming Registrar or a Gaming Investigator.

To renew your permit, you must complete a renewal application. **No Photocopies Accepted.**

Note: Keep a copy for your records.

Applicant Initial _____

PRIVACY NOTICE

**Applicant: Please sign and read the following Privacy Notice
Before filling out the Application:**

In compliance with the Privacy Act of 1974, the following information is provided:

Solicitation of the information on this form is authorized by 25 U.S.C. 2701 *et seq.* The purpose of the requested information is to determine the eligibility of individuals to be employed in the gaming operation. The information may be disclosed to appropriate Federal, State, local, or foreign law enforcement and regulatory agencies when relevant to civil, criminal or regulatory investigations or prosecutions or in connection with the hiring or firing of an employee, the issuance or revocation of a gaming license, or investigations or activities while associated with a gaming operation. Failure to consent to the disclosures indicated in this notice could result in a license or permit being denied.

The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

Applicant's Signature

Date

Applicant Initial _____

PERSONAL INFORMATION

Last Name		First Name		Middle Name
Aliases (nickname(s), maiden name, other name(s) used)				
Present Residence Address (Street)		City	State	Zip
Home Telephone	Work Telephone	Cell phone	Email:	
Date of Birth	Social Security #	Driver License/ID #.	State	
Have you ever served in the Armed Forces: Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, indicate branch	Active service entry date	Separation date	
Discharge type		Rank at separation		
While in the military service were you ever arrested for an offense that resulted in summary action, a trial, or a special or general court martial? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, furnish details on a separate page.)				

Spouse's full name (Last)		First	Middle
Spouse's Occupation		Is spouse's occupation gaming related? Yes <input type="checkbox"/> No <input type="checkbox"/>	

List all residences you have had for the last 5 years:

Month and Year	Street and Number	City	State
From _____ To _____			
From _____ To _____			
From _____ To _____			
From _____ To _____			
From _____ To _____			
From _____ To _____			

Attach a separate page for additional information.

Applicant Initial _____

EDUCATION

Name of School		Location	Dates Attended	Graduated	
High				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Post-High				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Type of degree obtained, if any					

Attach a separate page for additional information.

CRIMINAL HISTORY

Include **ALL** arrests (except **MINOR TRAFFIC** citations, speeding, stop signs, equipment, etc.) whether or not you were taken into custody, booked, cited or otherwise detained, regardless of the outcome.

Arrest Date	Age	Charge	Location (City & State)	Disposition	Arresting Agency

Attach a separate page for additional information.

FINANCIAL HISTORY

A) Do you have any outstanding, unpaid taxes? Yes No B) Have you ever written a non-sufficient funds check or had a bank account involuntarily closed? Yes No (If yes to A and/or B, provide complete details on attachment.). C) Are you currently in arrears on any child support payments? Yes No

D) Have any payments to creditors been delinquent in the last three years? Yes No (If yes, describe below.)

Creditor Name	# of Delinquent Payments.	Amount currently owed	Explanation

Attach a separate page for additional information.

E) Have you ever been party to a lawsuit or bankruptcy or had any judgments or liens? Yes No
(If yes, list all cases **without exception**. Attach a separate page if necessary.)

Plaintiff/Defendant	Court/Case #	City/County/State	Disposition

Applicant Initial _____

EMPLOYMENT

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment for the past 5 years. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder, or related capacity. (Mark "yes" under "Gaming Present", if any form of gambling was present during the period of your employment.)

(If additional space is needed, continue on separate sheet.)

Month and Year From _____ To _____	Name/Mailing Address of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	Gaming Present? Yes <input type="checkbox"/> No <input type="checkbox"/>

Month and Year From _____ To _____	Name/Mailing Address of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	Gaming Present? Yes <input type="checkbox"/> No <input type="checkbox"/>

Month and Year From _____ To _____	Name/Mailing Address of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	Gaming Present? Yes <input type="checkbox"/> No <input type="checkbox"/>

Month and Year From _____ To _____	Name/Mailing Address of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	Gaming Present? Yes <input type="checkbox"/> No <input type="checkbox"/>

Month and Year From _____ To _____	Name/Mailing Address of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	Gaming Present? Yes <input type="checkbox"/> No <input type="checkbox"/>

Month and Year From _____ To _____	Name/Mailing Address of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	Gaming Present? Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you ever been bonded? Yes No *Attach additional sheet(s) if necessary.*

Date _____	Issued by _____	Reason _____
Bonding Co. Name & Address		

Date _____	Issued by _____	Reason _____
Bonding Co. Name & Address		

Applicant Initial _____

List ALL sources of household income during the last 5 years (including, but not limited to, employment, inheritance, public assistance, cash settlements, sale of property, etc.) – provide the complete name for each source of income:

GAMING HISTORY

1. Lifetime Employment History in the Gaming Industry

A. List *all* employment and volunteer positions related to the gaming industry (*including lottery*) that are not listed in the Personal/Employment portion of this section.

Month and Year From _____ To _____	Name/Mailing Address of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer

Month and Year From _____ To _____	Name/Mailing Address of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer

Month and Year From _____ To _____	Name/Mailing Address of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer

Applicant Initial _____

B. For what Organization, if any, will you be employed?

Organization name	Bingo Lic. #	Planned start date
Compensation <input type="checkbox"/> Volunteer <input type="checkbox"/> Paid	Hourly wage: \$ _____	<input type="checkbox"/> Primary <input type="checkbox"/> Backup

C. Will you be working in a *Non-Supervisory* capacity in bingo, in addition to your duties as manager?

Yes No If yes, explain below:

D. Do you have a financial interest in any entity, including a sole proprietorship, that will sell or lease property or supplies, or provide services to any bingo operation?

Yes No If yes, describe below:

E. How many hours do you anticipate working per week as a bingo game manager for this operation?

_____ hours/week

Describe your duties: _____

F. Will you be doing any bookkeeping or accounting relating to the operation of the bingo game you will manage?

Yes No

G. Will you be supervised by or report to someone within the organization with respect to the bingo game?

Yes No If yes, to whom will you report and how often: _____

2. **Have you ever held a privileged or professional license in any state:** Yes No
If yes, state type of license, where, years held, and the nature of any disciplinary actions taken against you:

3. **Have you ever held a financial interest in a gambling venture:** Yes No
(including a racetrack, dog track, racehorse or dog, lottery, casino, bingo hall, bookmaking operation, or pari-mutuel operation)
If yes, state when and where and specify names and locations of the businesses in which you were involved:

4. **Have you ever appeared before any gaming licensing agency or similar authority in or outside the State of Oregon, for any reason whatsoever?**

Yes No (If yes, provide complete details in space provided below, or use separate sheet)

5. **Have you ever applied for, sought renewal of, received, been denied, currently have pending, or ever had revoked a gaming license of any kind in any state or jurisdiction, including tribal lands and foreign countries?**

Yes No (If yes, provide complete details in space provided below, or use separate sheet)

6. **Do you have any relatives associated with or employed in the gaming industry?**

Yes No If yes, state name, relation, and association or employment:

Applicant Initial _____

CASH IN FINANCIAL INSTITUTIONS

List below all accounts, foreign and domestic, maintained by you or your spouse:

Name and Address of Bank	Names Appearing on Account	Account #	Enter current balance and date verified with bank
			Bal.: _____ As of: _____
			Bal.: _____ As of: _____
			Bal.: _____ As of: _____
			Bal.: _____ As of: _____
			Bal.: _____ As of: _____

If additional space is needed, provide this information on a separate sheet of paper

CERTIFICATION

- A. 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

Full name (printed or typed)

- B. I certify the person applying for this bingo game manager permit is authorized by the following-named bingo licensee**

(Name of Bingo Licensee for whom applicant will be managing)
to become our primary/backup bingo manager pursuant to OAR 137-025-0090(3) and will be responsible for the conduct of any and all games conducted by us.

Date

Signature of Responsible Official of Bingo Licensee

Title

Print Name of Responsible Official

Applicant Initial _____

FINANCIAL RECORDS DISCLOSURE INFORMATION

TO ANY FINANCIAL INSTITUTION:

I authorize and direct you to disclose any and all records including confidential State and/or Federal tax information, and to deliver true copies thereof, concerning or pertaining in any way to me, to any investigator of the Oregon Department of Justice. Disclosure is authorized for any civil, administrative, or criminal action, which may be undertaken by the State of Oregon against me or any other person or business. Further, I authorize and direct you to honor a true copy of the original of this authorization as if the copy were the original itself.

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.

EXECUTED this _____ day of _____, 20_____

Applicant's Signature

Print Name

AUTHORITY TO RELEASE CREDIT, CHARACTER AND PERSONAL HISTORY INFORMATION

Having made application with the Oregon Department of Justice, I hereby authorize a complete investigation of my record 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 my 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 the release of any information, gathered from this investigation, to the governing Board of any organization to which I have applied for employment and/or other governing law enforcement agencies upon request. 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 192.593(2)(d), I may revoke this authorization at any time in writing.

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.

EXECUTED this _____ day of _____, 20_____

Applicant's Signature

Print Name

Applicant Initial _____

Gaming Law Review

Oregon Law requires bingo managers to be knowledgeable regarding the rules for the conduct of bingo games. [See OAR 137-025-0090(4)] You must complete this Gaming Law Review as part of your application. You will need to review a copy of the Oregon Revised Statutes, and the Oregon Administrative Rules in order to answer the following questions. The reference to the statute or rule is where you will find each of the specific subjects addressed.

1	What is the operating expense limit for bingo games in Oregon? [OAR 137-025-0040(4)]
2	What is the annual bingo handle limit for the following two classes of licenses? [OAR 137-025-0050(1) & (2)] <div style="display: flex; justify-content: space-around;"> Class A: Class B: </div>
3	When you learn that your handle will exceed the limit set for your license class, what must the licensee do? [OAR 137-025-00080(2)]
4	When must updated lists of employees be filed by bingo licensees? [OAR 137-025-0110]
5	What information must be recorded on daily bingo records? [OAR 137-025-0120]
6	What information must be recorded with respect to winners of prizes valued at \$100 or more? [OAR 137-025-0130]
7	What types of reports must be filed with the Department and when must they be filed? [OAR 137-025-0140]
8	When must deposits to the bingo checking account be made? [OAR 137-025-0170]
9	What are the limitations on play by bingo licensees with respect to hours and days of operation per week? [OAR 137-025-0180(1)]
10	What is the maximum prize value that may be awarded in a bingo game? What is the exception? [OAR 137-025-0180(2)]
11	How many hours per week in total may a person spend in administering or operating bingo games? [OAR 137-025-0040(7)]
12	Can bingo cards be sold to a person under 18 years of age? [OAR 137-025-0040(6)]

Certification

I certify that I have received and reviewed a copy of the Oregon Administrative Rules, Chapter 137, Division 25, relating to the conduct of bingo, lotto, and raffles.

Applicant Signature _____

Date _____

Applicant Initial _____

Gaming Law Competencies

Oregon Law requires bingo managers to be knowledgeable regarding the rules for the conduct of bingo games. [See OAR 137-025-0090(4).] You must read and initial, where indicated, each of the following sections as part of your application. You will need to review a copy of the Oregon Revised Statutes, and the Oregon Administrative Rules in order to properly complete this form. The reference to the statute or rule is where you will find each of the specific subjects addressed.

1	<p>OAR 137-025-0020 [Definitions] I have read and understand the definitions as listed in this Rule. Initial: _____</p>
2	<p>OAR 137-025-0090 I understand that as a manager, I am hired and subsequently employed by a nonprofit organization which has obtained a Bingo License entitling them to conduct bingo in the State of Oregon; and that, as their employee, I am accountable to them regardless of whether their bingo operation is located in a multi-license facility or a single-license facility. I seek my direction from the Licensee, not the other organizations playing at the same location, and not the Facility Manager. Initial: _____</p> <p>I understand that I cannot act as a bingo game manager or supervisor (paid or unpaid) for more than one licensee without approval by the Department. Initial: _____</p> <p>I understand that the Rules require that I am present a minimum of 50% of the time during each quarter my Licensee's games are in session, but I also understand that I should be present at my Licensee's bingo games in order to maintain control over, and my responsibility for, the games.</p>
3	<p>OAR 137-025-0191 I understand that if I am employed by a Licensee located in a multi-license facility, the facility manager's duties are limited to the use, maintenance or upkeep of the facility, and that the facility manager must not exercise supervision or control over functions related to the operation of the games of any other Licensees. I further understand that if I am the facility manager at a multi-license facility, I am prohibited from interfering with the independent control of other Licensees' bingo operations. Initial: _____</p>
4	<p>OAR 137-025-0500 I understand that the Department may seek sanctions against me for violations of rules and laws pertaining to the conduct of bingo in Oregon, including, but not limited to, misrepresenting or failing to disclose to the Department any material fact; failing to file completed reports or pay fees as specified in the rules or regulations; operating without a valid manager permit or bingo license; failing to maintain adequate financial recordkeeping system and/or failure to keep accurate financial books and records. Sanctions may include a monetary penalty and/or loss or suspension of my manager permit. Initial: _____</p>
5	<p>ORS 464.290 I understand that an organization shall not be eligible to obtain or retain a license to conduct bingo if it does not exercise, or if it ceases to exercise, independent control over its activities and budget. Initials: _____</p>
6	<p>ORS 464.310 I understand that as a manager I am not allowed to participate in the management or operation of any other bingo operation unless such participation is approved by the Department. Initial: _____</p>
7	<p>ORS 464.340 and OAR 137-025-0040 I understand that compensation for a manager is decided by the Licensee, and may not exceed 300% of the federal minimum wage; that I can only be paid for hours worked, and that I am prohibited from spending more than 40 hours per week administering or operating bingo games. I understand this means that I must be able to document the hours I have worked, and I cannot work more than 40 hours total per week, including the actual hours of operation of bingo, bookwork, and other duties, regardless of where the work is performed. Initial: _____</p>
8	<p>Nonprofit Fiduciary Rules I understand that, as an employee for the nonprofit bingo licensee, I am acting as their agent and am entrusted with the safeguarding and proper handling of their assets, including money, property, and their good name. It is my responsibility to be sure that the Licensee's money is deposited and accounted for according to the rules and regulations of the Department. I further understand that to misappropriate, take, borrow, make unauthorized loans to myself or others of the Licensee's money and/or property or assets is theft and could subject me to civil and criminal sanctions. Initial: _____</p>

Applicant Initial _____

CERTIFICATION

I swear that I have reviewed copies of the Oregon Administrative Rules, Chapter 137, Division 25, and Oregon Revised Statutes, Chapter 464, relating to the conduct of bingo, raffles and Monte Carlo, and I further swear that I have personally placed my initials on the preceding Gaming Law Competencies attesting to my personal review of these rules and statutes. I understand that any incorrect, false, or incomplete statements contained herein may be considered sufficient cause for denial or revocation of my permit, if one is issued.

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

Full name (printed or typed)

CONFIDENTIAL

Applicant Initial _____