

# OREGON DEPARTMENT OF JUSTICE CHARITABLE ACTIVITIES SECTION



## APPLICATION FOR A NEW AND RENEWAL OF A CLASS A AND B LICENSE TO OPERATE MONTE CARLO GAMES

### IMPORTANT NOTICE – READ CAREFULLY

Enclosed is an application for a license to conduct Monte Carlo Events in Oregon. This application may be used to apply for a new license, and renew or upgrade an existing license. Monte Carlo Event 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 Monte Carlo Event operations, it may not need a license. Licenses are not required if:

- *The organization conducts Monte Carlo Events with not more than \$2,000 handle (gross sales) per event; and*
- *Your total ANNUAL handle is \$5,000 or less.*

If you anticipate that any single Monte Carlo Event may bring in more than \$2,000, or your annual handle could exceed \$5,000, 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. **Also, you must provide documentation (usually a Charter) that shows the applicant organization is a subordinate organization covered by the group exemption.***
- *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 forms SEL 221 or FEC Form 1 and Form 1120 POL will be accepted in lieu of the signed opinion letter.*

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 Monte Carlo Events.

- Monte Carlo events must be conducted by employees or volunteers of your organization, or by a **licensed** Monte Carlo event contractor. If the contractor you propose to use is not licensed by the Department, direct them to apply for a license at the address below. Monte Carlo equipment may be rented from a licensed Monte Carlo equipment supplier and operated by your organization's volunteers or employees. If the Monte Carlo equipment supplier is not licensed by the Department, direct them to apply for a license at the address below.

If you have any questions concerning the application or the licensing process, contact the 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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## OREGON DEPARTMENT OF JUSTICE CHARITABLE ACTIVITIES SECTION

DOJ USE ONLY
Date Received

### APPLICATION FOR A NEW AND RENEWAL OF A CLASS A AND B LICENSE TO OPERATE MONTE CARLO GAMES

Class, Limit and Fee
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<b>Applying for:</b>	<input type="checkbox"/> New License	<input type="checkbox"/> License Renewal	<input type="checkbox"/> License Upgrade
<b>License class:</b>			<b>Non-refundable fee:</b>
<input type="checkbox"/> Class A	Authorizes up to seven Monte Carlo events per license year with a handle <b>in excess</b> of \$10,000 per event.		\$100
<input type="checkbox"/> Class B	Authorizes up to seven Monte Carlo events per license year with a handle <b>not to exceed</b> \$5,000 per event or up to two events per license year with a handle <b>not to exceed</b> \$10,000 per event.		\$40

Organization Information	EIN:	Licensee # : MC-
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<b>1</b>	Full name of organization applying for Monte Carlo event gaming license:			
	Mailing address:	City:	State: ZIP:	
	Telephone:	Email:		
<b>2</b>	<b>MONTE CARLO CONTACT BELOW MUST BE A RESPONSIBLE OFFICIAL AS DESIGNATED ON PAGE 4.</b>			
	Contact person name (Last, First and Middle Initial)		Title:	
	Address:	City:	State: ZIP:	
	Telephone:	Cell Phone:	Email:	
<b>3</b>	Date of incorporation of organization:		State of incorporation of organization:	
	(NEW APPLICANTS: 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>	State the purposes for which your organization intends to use the proceeds from the Monte Carlo events.			
<b>6</b>	Has your organization held TAX EXEMPT status for at least one year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>7</b>	Is the application organization a chapter or division of a larger or parent organization?			
	If YES, attach copy of Charter or other document showing relationship.			
<b>8</b>	If #7 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>9</b>	If #7 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			

**New Applicants Only** 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.

**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.**

<b>10</b>	Name: (Last, First, Middle Initial)	Title:		
	Address:	City:	State:	ZIP:
	Telephone:	Cell Phone:	Email:	
<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:	

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

## Legal History

<b>19</b>	<p>Does the organization currently hold or has it ever held a Gaming License issued by the Oregon Department of Justice?</p> <p style="text-align: center;"><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>If YES, enter BINGO LICENSE#: _____ or RAFFLE LICENSE#: _____ or MONTE CARLO LICENSE #: _____</p> <p>Current Status:      <input type="checkbox"/> Open                                      <input type="checkbox"/> Open                                      <input type="checkbox"/> Open</p> <p style="padding-left: 100px;"><input type="checkbox"/> Closed                                      <input type="checkbox"/> Closed                                      <input type="checkbox"/> Closed</p>
<b>20</b>	<p>Has the organization ever been denied a bingo, raffle, lottery, Monte Carlo event, or other gaming license/permit or has any government agency, in this state or any other state ever revoked a bingo, raffle, lottery, Monte Carlo event, 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><b>Organization name (if different):</b></p> <hr/> <p>Action taken: _____ Date of action: _____</p> <hr/> <p>Agency name: _____ City: _____ State: _____</p>
<b>21</b>	<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><b>Organization name (if different):</b></p> <hr/> <p>Action taken: _____ Date of action: _____</p> <hr/> <p>Agency name: _____ City: _____ State: _____</p>
<b>22</b>	<p>How often does the applicant organization's governing board meet?</p> <p style="text-align: center;"><input type="checkbox"/> Monthly      <input type="checkbox"/> Quarterly      <input type="checkbox"/> Annually      <input type="checkbox"/> Other (specify): _____</p>
<b>23</b>	<p>Has the organization entered into ANY loan or other financing arrangement connected to the Monte Carlo gaming operation? If YES, complete the following information on the proposed lender (attach additional sheets, if needed).</p> <p style="text-align: center;"><input type="checkbox"/> YES      <input type="checkbox"/> NO      Total borrowed funds: \$ _____      Attach copies of all notes.</p> <p>Lender name: _____ Organization member? <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <hr/> <p>Address: _____ City: _____ State: _____ ZIP: _____</p> <hr/> <p>Telephone: _____ Cell Phone: _____ Email: _____</p> <hr/> <p>Amount loaned: _____ Rate: _____ Term: _____ Payment guaranteed by organization? _____</p>
<b>24</b>	<p>Financial institution where organization's general account is maintained:</p> <hr/> <p>Street address: _____ City: _____ State: _____ ZIP: _____</p> <hr/> <p>Account number: _____ <input type="checkbox"/> Checking      <input type="checkbox"/> Savings      <input type="checkbox"/> Other:</p>

<b>25</b>	Date of your first or next Monte Carlo event for this license year:
	Location and address of the above listed Monte Carlo event:
	Do you need to use another organization or company to conduct your events or supply equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>Certification      Must be signed by a <i>responsible official</i> of organization as listed on page 4 (preferably CEO)</b>	
<b>26</b>	<p>I certify the information contained herein is true and complete to the best of my knowledge. I further certify that the Monte Carlo 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 gaming license. I am a responsible official of the applicant organization and authorized to sign this application on its behalf.</p> <p>Signature: _____ Title: _____ Date: _____</p>
<b>27</b>	<p>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 gaming by the institution named below:</p> <p>Educational Institution: _____</p> <p>Signature: _____ Title: _____ Date: _____</p>

**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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Applicant's Signature

Date

(Must be listed as *Responsible Official* of organization on page 4 of this application)

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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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