

DOJ USE ONLY
Fee Paid

**OREGON DEPARTMENT OF JUSTICE
CHARITABLE ACTIVITIES SECTION**

DOJ USE ONLY
Date Received



**APPLICATION FOR NEW AND RENEWAL LICENSE FOR
MONTE CARLO SUPPLIER**

New Renewal Application Fee \$50

_____ **MC Sup-** _____
Print Business Name

(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**

GENERAL INSTRUCTIONS

Print or Type an answer to every question. If a question does not apply, so state (do not use the abbreviation N/A). *If additional space is needed, provide this information on a separate sheet of paper and precede each answer with the section number and appropriate title.* Do not falsify or omit any material fact(s) as each statement made herein is subject to verification. Enclose the required fee of \$50 with this application. Your application cannot be processed without payment.

The applicant (business president, CEO, or business representative) must *initial each page*, including attached pages. The applicant is declaring to the accuracy and completeness of the information contained on that page.

All applicants are advised that this Contractor Application and Disclosure is an official document and misrepresentation or failure to reveal information may be deemed sufficient cause for the refusal or revocation of a license.

The applicants are hereby advised that they are seeking the granting of a privilege, and that the burden of proving qualification for a favorable determination is at all times on the applicants.

If, during the course of the investigation, it is determined by the Oregon Department of Justice that additional information is needed, the applicant is required to provide that requested information to the Department. Failure to provide this information may be grounds for denial by the Department.

At the discretion of the Department, a completed personal inquiry waiver and a financial authorization waiver may be required for any persons identified in response to this application process.

The *original* of this application must be submitted to the Department of Justice.

SUBMIT APPLICATION WITH FEE TO:

**OREGON DEPARTMENT OF JUSTICE
CHARITABLE ACTIVITIES
100 SW Market Street
Portland, OR 97201-5702**

1. BUSINESS IDENTITY

Name of Business: _____

Business Address: _____

Business Telephone: _____

(a) Trade name to be used: _____

(b) Other names by which the business is known: _____

2. FEDERAL TAX ID #: _____

3. BUSINESS TYPE

Indicate whether business is a: Corporation Partnership Sole Proprietorship

Other _____

4. INCORPORATION/ORGANIZATION

If the business is a corporation, complete the following. (If a partnership or other form of business organization, furnish similar information as shown below):

(a) Place of Incorporation _____ Date: _____

(b) Other states or jurisdictions where incorporated, or filed with state corporations divisions:

(c) Has this business filed with the Oregon Secretary of State Corporations Division as a corporation or as an assumed business name (DBA) conducting business in Oregon?
Yes No

(d) Attach a copy of Articles of Incorporation/Partnership Agreement. A copy of 1) Articles of Incorporation or 2) Partnership Agreement is attached. Yes No

(e) Describe the type of business conducted.

(f) List the goods/services the business intends to provide to charitable/non-profit gaming operations in Oregon.

5. GAMING/GAMBLING LICENSES, GOODS AND SERVICES

Has this business ever held or does it now hold any gambling or gaming licenses or permits in any jurisdiction, including Indian gaming? Yes No

- (a) If YES, on a separate page list the license or permit type, license number (if applicable), jurisdiction, regulatory agency, agency address, agency contact person, agency telephone, date of licensing or permit, and license status.
- (b) If any gaming license has been denied, revoked, suspended, or has been subject to any disciplinary sanctions or reviews, provide complete details.
- (c) List all states or places where your business contracts to supply gaming goods or services and to whom those goods or services are provided.

STATE	TO WHOM SUPPLIED

6. CONTROL PERSONS

List all CONTROL PERSONS (corporate officers, directors, and key employees). List **FULL** name, title, residence address, date of birth, social security number, phone and email.

Name (Last)	(First)	(MI)	Title	DOB
Home Address	(City/State)		ZIP	SSN
Phone:	Email:			

Name (Last)	(First)	(MI)	Title	DOB
Home Address	(City/State)		ZIP	SSN
Phone:	Email:			

Name (Last)	(First)	(MI)	Title	DOB
Home Address	(City/State)		ZIP	SSN
Phone:	Email:			

7. CRIMINAL INVESTIGATIONS

Has the business, a related business entity, any control person, or any person identified in response to question #6, ever been the subject of a GRAND JURY or CRIMINAL INVESTIGATION?

Yes No If YES, provide complete details on attachment.

8. INDICTMENTS AND CONVICTIONS

Has the business, a related business entity, any control person, or any person identified in response to question #6, ever been INDICTED, CONVICTED, or ARRESTED for any criminal offense?

Yes No If YES, provide complete details on attachment.

9. CIVIL ACTIONS

Has the business, a related business entity, any control person, or any person identified in response to question #6 ever been involved in any civil lawsuit which was predicated in whole or in part upon conduct which allegedly constituted a crime or crimes?

Yes No If YES, provide complete details on attachment.

10. FINANCIAL ACTIONS

Is the business, a related business entity, any control person, or any person identified in response to question #6 currently delinquent on payment(s) or debt(s) owed to a governmental agency or any other creditor or have any of the persons identified in question #6 ever been sued for nonpayment of a debt?

Yes No If YES, provide complete details on attachment.

CERTIFICATION

I, _____, certify, I have read the above and attached statements, documents, information, and organizational chart. That they are true and correct to the best of my knowledge and belief. Further, this statement is executed with the knowledge that misrepresentation or failure to disclose may be deemed sufficient cause for the denial by the Oregon Department of Justice, Charitable Activities Section. Further, that I am aware that later discovery of an omission or misrepresentation made in the above statements, documents, information, and diagram may be grounds for the cancellation of an existing contract or agreement.

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

Title

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

Title

OREGON DEPARTMENT OF JUSTICE
Waiver and Consent

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

Pursuant to ORS 464.280 as a condition for application and/or retention of a Monte Carlo Event Supplier or Contractor license,

(Name of business applicant)

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

(Must be listed as a *Responsible Official* of the business on page 4 of this application)

Date

Full name (printed or typed)

This page left blank intentionally