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**OREGON DEPARTMENT OF JUSTICE  
CHARITABLE ACTIVITIES SECTION**

DOJ USE ONLY
Date Received



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

**CRIMINAL HISTORY – ONLY INCLUDE INFORMATION OCCURRING WITHIN THE LAST YEAR**

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 – ONLY INCLUDE INFORMATION OCCURRING WITHIN THE LAST YEAR**

A) Do you have any outstanding, unpaid taxes? Yes  No  B) Did you write a nonsufficient funds check or have 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? Yes  No  (If yes, describe below.)

Creditor Name	# of Delinquent Payments.	Amount currently owed	Explanation

*Attach a separate page for additional information.*

E) Were you a party to a lawsuit or bankruptcy or did you have 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 – ONLY INCLUDE INFORMATION OCCURRING WITHIN THE LAST YEAR

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 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"/>

## GAMING HISTORY

A. 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

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

Yes  No If yes, explain below:

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C. 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:

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

\_\_\_\_\_ hours/week Describe your duties: \_\_\_\_\_

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

Yes  No

F. 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: \_\_\_\_\_

**Applicant Initial** \_\_\_\_\_

# 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 \_\_\_\_\_