## OREGON DEPARTMENT OF JUSTICE CHARITABLE ACTIVITIES SECTION

DOJ USE ONLY
Date Received

## **Notice of Monte Carlo Event**

This form must be completed and submitted to the Department of Justice at least 10 DAYS BEFORE the event for all Monte Carlo events where sales are intended to exceed \$5,000.							
Licensee:			. ,		License #: MC-		
Monte Carlo Event	Date of Event:		Starting Time:		Ending	Time:	
Will paid employees of	of your organization be used	to operate the	e Monte Carlo e	vents:	Yes	☐ No	
Do any of the persons or organizations providing supplies, equipment, facilities or services have a business or personal relationship with any officer, director or key person with your organization?  Yes  No							
If Yes, attach sheet p	roviding details of any and a	II such relation	nships.				
Facility							
Name of Facility when	re Event will be held:						
Facility Street Addres	S:						
Owner (Rental Paid T	Ō):						
What is the total cost to Number of events cover	your organization for this propered in above costs:	erty? \$	per eve	ent OF	₹ \$	Total	
Is there a signed cont	ract or other agreement?	Yes	☐ No	If Yes, atta	ach copy. (Ri	EQUIRED)	
	Are you using a paid c	ontractor/sup	plier?	res [	No		
Event Contractor	If another organization will COMPLETE the following:	operate the M	onte Carlo eve	nts on behalf	of your organ	nization,	
Company Name:	ŭ				DOJ L	icense #:	
Address:		City:		St	ate:	Zip:	
Telephone:	Contact	Person:		Tax ID #:			
What is the total cost Number of events cov	to your organization for this vered in above costs:	service?:	\$p	er event Ol	R \$	Total	
Is there a signed cont	ract or other agreement?	Yes	☐ No	If Yes, atta	ach copy. (Ri	EQUIRED)	
Event Supplier	If another organization will COMPLETE the following:	provide equip	ment to your or	ganization for	the Monte C	arlo events,	
Company Name:	g.				DOJ L	icense #:	
Address:		City:		St	ate:	Zip:	
Telephone:	Contact	Person:		Tax ID #:			
What is the total cost to Number of events cov	your organization for this servi	ce?:	\$	per event O	R \$	Total	
Is there a signed cont	ract or other agreement?	Yes	□ No	If Yes, atta	ach conv (Ri		

Gaming	Indicate which types of games will be offered at the event, in accordance with OAR 137-025-0460.						
Blackjack		Craps		Roulette		Caribbean Stud Poker	Let It Ride
Wheel of Fortune		Red Dog		Jackpot		Pai Gow	Texas Hold'em

## Any other games need prior approval.

Prizes	Itemize EACH prize to be awarded with a retail value in excess of \$200. The TOTAL of all \$100,000.	prizes may not exceed					
Qty.	Description	Retail Value					
		\$					
		\$					
		\$					
		\$					
		\$					
		\$					
		\$					
		\$					
		\$					
	TOTAL (attach additional sheets, if needed)	\$					
Describe	e FULLY how imitation money will be redeemed for prizes (auction, silent auction, drawing,	etc )·					
Booonio	or occinion initiation money will be reaccined for phizos (addition, chefit addition, drawing,	010.).					
	ct Person	)					
Disclose the responsible official (designated on page 4) who will be responsible for the conduct of the Monte Carlo event operation:							
Name:							
Address							
Telepho	ne: Cell Phone: Email:						
	person receive compensation of any kind from the Monte Carlo event Operation?:  st amount: \$ per hour # of Hours per event.	Yes No					
11 103, 11	st amount. \$\pi per node # or nodes per event.						
Certifica							
I certify that the information contained herein is true and complete to the best of my knowledge. I acknowledge that giving false information is grounds for denial, suspension or revocation of a gaming license.							
Signatui	re:						
Printed	Name of Responsible Official filing this notice:						
Title with	n organization:						
Address	: :						
Telepho	ne: Cell Phone: Email:						

Send notice 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