



## BUSINESS LICENSING

625 Center Street | PO Box 3040 | Oregon City OR 97045  
Ph (503) 657-0891 | Fax (503) 657-3339

### APPLICATION FOR GAMBLING LICENSE

#### GENERAL INFORMATION:

Application for a Gambling License is required by City Ordinance, Chapter 5.24.010 for charitable, fraternal or religious organizations under the following summary of conditions and regulations:

1. An organization must have maintained its operation at an established location in the City for a period of at least one year prior to the date of application.
2. Any conviction for violation of the gambling laws of the United States or any state within two years of the date of application arising out of operations of the organization shall render the organization ineligible to receive a license.
3. The license is restricted to said location owned by the organization.
4. No site shall be utilized by more than one licensee nor may the licensee conduct operations at more than one location.
5. Licenses shall be issued on an annual basis beginning January 1. Check one for this application.

**Social Gambling**

**Bingo or Lotto**

#### RULES OF OPERATION:

The following is a summary of rules and regulations as required by City Ordinance, Chapter 5.24.010

1. Bingo, Lotto or Social Games may be conducted during two consecutive calendar days, during identical eight hour periods per week as designated by the applicant.
2. No bet, wager or ante or raise shall exceed \$2.00, and no bet or wager may be raised more than three times per hand or game.
3. Blackjack or "21" shall be dealt using three decks of cards from a shoe or other device dispensing cards from the top of the deck. Dice games shall utilize a cup for throwing dice.

## Gambling application (continued)

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### FILL IN FOR THIS APPLICATION

ANNUAL LICENSE \_\_\_\_\_ SPECIAL EVENT \_\_\_\_\_ TYPE \_\_\_\_\_

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_ PHONE \_\_\_\_\_

Name of Representative of Organization: \_\_\_\_\_ Title: \_\_\_\_\_

Location of Gambling Premises\_\_\_\_\_

Date Organization Started Operation at this Location \_\_\_\_\_

Days and Hours Requested for Gambling Operation \_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND THAT THE  
ORGANIZATION IS ELIGIBLE FOR A GAMBLING LICENSE.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

### INDIVIDUAL HISTORY

THIS INFORMATION IS TO BE COMPLETED BY EACH INDIVIDUAL OWNER, OFFICER, PRINCIPAL  
MANAGING EMPLOYEE, AND EMPLOYEE OR AGENT CONNECTED WITH THE OPERATION OF  
GAMBLING TABLES.

Full Name: \_\_\_\_\_

Prior Names: \_\_\_\_\_ Nicknames: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

S.S.#: \_\_\_\_\_ Drivers License: \_\_\_\_\_ State: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_ Color of Hair: \_\_\_\_\_

Marital Status: Single: \_\_\_\_\_ Married: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_

## Gambling application (continued)

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Spouse's Full Name \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_ S.S.#: \_\_\_\_\_ Wk. Phone \_\_\_\_\_

List all residences for the past five years:

<u>Street Address</u>	<u>City</u>	<u>State/Zip</u>	<u>Date To/From</u>
_____	_____	_____	_____
_____	_____	_____	_____

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ Position or Title: \_\_\_\_\_

Work Duties: \_\_\_\_\_

If Stockholder, Number of Shares \_\_\_\_\_ Percent of Stock Held \_\_\_\_\_

Have you ever received a warning, violation notice, suspension or revocation for a gaming law violation as a licensee or permittee? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please give details: \_\_\_\_\_

When: \_\_\_\_\_ Where: \_\_\_\_\_

Have you ever been licensed or employed in a gaming enterprise outside the City of Oregon City? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, complete the following:

<u>Name of Establishment</u>	<u>Address</u>	<u>Position Held</u>	<u>Supervisor/Owner</u>
_____	_____	_____	_____

Have you ever held or do you hold any financial interest in any gaming enterprise?

If yes, supply dates, places and details of interest.

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## Gambling application (continued)

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Have you ever held a gambling or gaming license or Federal Gambling Stamp? **If yes**, complete the following:

<u>State/Federal</u>	<u>Year</u>	<u>City</u>	<u>State</u>

Have you ever held a privileged or professional license in any state, such as boxing promoter, manager, race horse owner, trainer, agent, jockey, certified public accountant, attorney, etc? **If yes**, specify, including location and years held.

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Have you ever been convicted of a crime or violation of the law? **If yes**, list below. (Do not list minor traffic citations).

<u>Date</u>	<u>Place</u>	<u>Charge</u>	<u>Disposition</u>

I understand that a false answer to any of the foregoing questions will subject the application to denial of a license or revocation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*CITY USE ONLY\*\*\*\*\*

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ CHIEF OF POLICE \_\_\_\_\_ DATE \_\_\_\_\_

RECEIPT NO. \_\_\_\_\_ DATE PAID \_\_\_\_\_ LICENSE NO. \_\_\_\_\_