## **APPLICATION FOR SOCIAL GAMING LICENSE**

(Pursuant to Klamath County Chapter 601)

Fees: Firm, Person, or Corporation doing business for profit: \$100.00 annually per card table or Bingo location. Applications after July 1 of each year: \$50.00.

Non-Profit Society, Club or Fraternal Organization which qualifies under Klamath County Code Section 601.150: \$25.00 per card table or Bingo location. Applications after July 1 of each year: \$12.50.

Organizations conducting a one-time, per calendar year, promotional event: \$100.00 per event.

3.	3. Business Phone Number:						
4.	Is the applicant: (check one)		Sole Proprietorshi Corporation	p c. <sub>-</sub> d. <sub>-</sub>	Partnership Club or Fraternal Organization		
5.	If applicant is sole proprietorship, fill in the information requested on the lines below.						
	If the applicant is a partnership, fill in the information requested on the lines below for each partner.  If the applicant is a corporation, fill in the information requested on the lines below for each individual who own shares of stock in the corporation. (Use additional sheet if necessary.)  If the applicant is a non-profit society, club or fraternal organization, fill in the information requested on the lines below for each officer/trustee/director. (Use additional sheet if necessary.)						
	• •	•	• •	-	·		
Name	• •	•	stee/director. (Use a	-	if necessary.)		
Name DOB	• •	h officer/tru Addres	stee/director. (Use a	dditional sheet	if necessary.) Zip		
	• •	h officer/tru Addres	stee/director. (Use a	dditional sheet City/State/	Zip ess		
DOB Name	• •	Addres Phone Addres	stee/director. (Use a	City/State/ Email Addr	zip ess		
DOB	• •	Addres Phone Addres	stee/director. (Use a	City/State/ Email Addr	zip ess Zip ess		

7.	Number of card tables to be used for social games:						
8.	Has anyone financially interested in the business been previously convenient within the past ten (10) years? If yes, name of individual:						
	Date and place of conviction:						
	Name and description of felony:	_					
9.	Has any person financially interested in the business been convicted o any crime involving gambling within the last five (5) years?						
	If yes, name of individual:						
	Date and place of conviction:						
	Name and description of crime:						
10.	Has any person financially interested in the business had a license, in he three (3) or more times by the Oregon Liquor Control Commission, the years? If yes, name of individual: Dates of revocations or suspensions:	e last of which was in the last three					
11.	Has any person financially interested in the business been convicted of an offense involving an immoral act within the last five years? If yes, name of individual:						
	Name and description of offense:						
	Date and place of conviction:						
	If this application is on behalf of a non-profit society, club or fraternal applicant certify that the conduct of social games is not the primary reprofit society, club or fraternal organization?  Has the non-profit society, club, or fraternal organization been in cont	ason for the existence of the non-					
13.	its affairs in Klamath County for a period of two (2) years immediately application?Date of formation:	proceeding the date of this					
knowin will be anothe	NG: Any license issued pursuant to this application can be revoked if ingly or willfully supplied false or misleading information in this applicate assignable or transferable. It is a violation of Klamath County Code Corresson financially interested in the business of the applicant without Board of County Commissioners of Klamath County.	tion. No license granted hereunder hapter 601 to add or substitute					
	re of Applicant:	Date:					
	v Applications:						
	Recommendation of the Sheriff: □ Grant □ Deny						
	Ву:	Date:					
	Signature of Sheriff or Sheriff's Department Staff  Title						
	·						

## **RELEASE FOR CRIMINAL BACKGROUND CHECK**

In conjunction	with my application f	for a Social Gaming License submitted on	, 20,
I hereby autho	rize the Sheriff of Kla	math County to run a criminal background check.	
Dated this	day of	20	
		Name (Signature)	
		Name (Print)	
		Witness	