



Application for Social Gaming License

City of Baker City
 1655 First Street
 Baker City, OR 97814
 541-524-2014

APPLICATION FEE: \$100 Non-Refundable
 SOCIAL GAMING LICENSE: \$600*
 SOCIAL GAMING LICENSE (NON-PROFIT): \$300*

*Fees are set by City Council and are subject to change

APPLICATION TYPE	
<input type="checkbox"/> NEW Application. New applications must be sent to City Council for approval.	<input type="checkbox"/> RENEWAL application with no change.

BUSINESS INFORMATION		
Applicant's Name:		
Business Name:		
Business' Physical Address:		
City:	State:	Zip:
Phone Number:	Email:	
Mailing Address:		
<input type="checkbox"/> Same as above		
City:	State:	Zip:
Non-Profit Society, Club, or Fraternal Organization:		

WILL YOU HAVE A MANAGER? Manager must fill out Individual History Statement	
<input type="checkbox"/> Yes. Name:	<input type="checkbox"/> No

REPRESENTATIVE COMPLETING THE INVESTIGATION MAY CONTACT:	
Name/Title:	
Address:	Phone:

LENGTH OF LICENSE REQUESTED – Please check one	
<input type="checkbox"/> One year from date	<input type="checkbox"/> Five day

Note: Five-day licenses shall be issued to non-profit societies, clubs, or fraternal organizations ONLY.

All personal financially interested in a business must be listed below and must fill out an Individual History Statement. In the case of private clubs, all officers and directors should be listed below, and each person must fill out an Individual History Statement.		
1.	2.	3.
4.	5.	6.
7.	8.	9.



Application for Sidewalk Café Permit

City of Baker City
1655 First Street
Baker City, OR 97814
541-524-2014

Has any person financially interested in the business been previously convicted of a felony within the last ten (10) years?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any person financially interested in the business been convicted of three (3) or more misdemeanors, the last of which was within the last five (5) Years?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any person financially interested in the business been convicted of any offense involving gambling in the last five (5) years, or has any person who has any financial interest in the business forfeited bail for any crime involving gambling within the last four (4) years?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any person financially interested in the business been directly or indirectly involved in a forfeiture regarding a gambling device, as defined by City Ordinance, where such gambling device has been ordered destroyed within the last four (4) years?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any person financially interested in the business had a license in his or her name revoked or suspended three (3) or more times by the Oregon Liquor Control Commission, the last of which was in the last five (5) years?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any person financially interested in the business committed any conduct involving moral turpitude within the last five (5) years?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

I certify that all information provided in this application is true and correct to the best of my knowledge. Please sign.

1.	2.	3.
4.	5.	6.
7.	8.	9.

I hereby swear that all information provided in this application is true and correct to the best of my knowledge. Applicant

Signature: _____ Date: _____

State of Oregon
County of Baker

Subscribed and Sworn before me on this _____ day of _____, 20__

Notary Public of Oregon
My Commission Expires: _____

Note: This form must be notarized before presentation to the Police Department.

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 the Social Gaming License.

Full Name: _____

Prior Names: _____ Nicknames: _____

Home Address: _____ Phone: _____

Business Address: _____ Phone: _____

DOB: _____ Place of Birth: _____ Sex: _____

S.S. #: _____ Driver's License #: _____ State: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Full Name: _____

Prior Names: _____ Nicknames: _____

Home Address: _____ Phone: _____

Business Address: _____ Phone: _____

DOB: _____ Place of Birth: _____ Sex: _____

S.S. #: _____ Driver's License #: _____ State: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Full Name: _____

Prior Names: _____ Nicknames: _____

Home Address: _____ Phone: _____

Business Address: _____ Phone: _____

DOB: _____ Place of Birth: _____ Sex: _____

S.S. #: _____ Driver's License #: _____ State: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

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 the Social Gaming License.

Full Name: _____

Prior Names: _____ Nicknames: _____

Home Address: _____ Phone: _____

Business Address: _____ Phone: _____

DOB: _____ Place of Birth: _____ Sex: _____

S.S. #: _____ Driver's License #: _____ State: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Full Name: _____

Prior Names: _____ Nicknames: _____

Home Address: _____ Phone: _____

Business Address: _____ Phone: _____

DOB: _____ Place of Birth: _____ Sex: _____

S.S. #: _____ Driver's License #: _____ State: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Full Name: _____

Prior Names: _____ Nicknames: _____

Home Address: _____ Phone: _____

Business Address: _____ Phone: _____

DOB: _____ Place of Birth: _____ Sex: _____

S.S. #: _____ Driver's License #: _____ State: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____