

**City of Corvallis
Social Gaming Application**

This application is for a: **New License** **Renewal** **Application fee \$50.00**

Store Name: _____ Phone #: _____

Store Address: _____

Primary Applicant (*Owner or Corporation Name*): _____

This business is a (select one): Sole Proprietorship Partnership Corporation LLC

ANY FALSE OR MISLEADING INFORMATION OR THE OMISSION OF ANY REQUESTED INFORMATION IN THIS APPLICATION ARE CAUSE FOR DENIAL OF THE APPLICATION. LICENSES WHICH HAVE ALREADY BEEN GRANTED WILL BE TEMPORARILY REVOKED OR SUSPENDED.

Primary Applicant Information: Please provide information for all persons financially interested in the business and/or all persons who are either on the board of directors of or hold offices in the entity or organization (including landlords, lessors, lessees, and owners of the building, fixtures or equipment used in the social game). Complete additional applications as needed if more than two (2) individuals have a financial interest in the business.

Owner/Corporate Officer:

Name (First M. Last)	Position	% Financial Interest
AKA (maiden, previously married)	Drivers License #	Date of Birth
Address	Social Security #	
Circle One:		
Have you pled no contest or been convicted of any felony within the last ten (10) years?	Yes	No
Has any Oregon Liquor Control Commission license in your name been revoked or suspended three (3) times within the last five (5) years?	Yes	No
Have you been convicted or are you on parole for any crime involving or related to gambling?	Yes	No
Have your had two (2) or more convictions within five (5) years for gambling-related activities?	Yes	No
Have you violated any provision of the City of Corvallis Social Gaming Ordinance 8.11?	Yes	No
Signature	Date	

Co-Owner/Corporate Officer:

Name (First M. Last)	Position	% Financial Interest
AKA (maiden, previously married)	Drivers License #	Date of Birth
Address	Social Security #	
Circle One:		
Have you pled no contest or been convicted of any felony within the last ten (10) years?	Yes	No
Has any Oregon Liquor Control Commission license in your name been revoked or suspended three (3) times within the last five (5) years?	Yes	No
Have you been convicted or are you on parole for any crime involving or related to gambling?	Yes	No
Have your had two (2) or more convictions within five (5) years for gambling-related activities?	Yes	No
Have you violated any provision of the City of Corvallis Social Gaming Ordinance 8.11?	Yes	No
Signature	Date	

Outlet Manager:

Name (First M. Last)	Position	% Financial Interest
AKA (maiden, previously married)	Drivers License #	Date of Birth
Address	Social Security #	
Circle One:		
Have you pled no contest or been convicted of any felony within the last ten (10) years?	Yes	No
Has any Oregon Liquor Control Commission license in your name been revoked or suspended three (3) times within the last five (5) years?	Yes	No
Have you been convicted or are you on parole for any crime involving or related to gambling?	Yes	No
Have your had two (2) or more convictions within five (5) years for gambling-related activities?	Yes	No
Have you violated any provision of the City of Corvallis Social Gaming Ordinance 8.11?	Yes	No
Signature	Date	

Tournament Sponsors: Please provide the information requested below for all tournament sponsors, if different from primary applicants. Any change in tournament sponsors must be reported to City of Corvallis Finance Department (541) 766-6990.

Type of Tournament	Dates of Tournament	
Name	AKA	
Home Address	Drivers License #	Date of Birth
	Social Security #	
Reported by	Date	

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Name	AKA	
Home Address	Drivers License #	Date of Birth
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Type of Tournament	Dates of Tournament	
Name	AKA	
Home Address	Drivers License #	Date of Birth
	Social Security #	
Reported by	Date	

Investigation Approval:

Finance Department

Date

Notification of licensure will be filed in the Finance Department and with the Corvallis Police Department. Please contact the Finance Department at (541) 766-6990 with any questions or concerns.