



THE CITY OF BAKER CITY
APPLICATION FOR SOCIAL GAMES LICENSE

INITIAL APPLICATION FEE: \$75.00

DATE PAID:

This non-refundable fee must be paid at the time this is completed. This form is then submitted to the Baker Police Department for investigation and a determination is made.

Business/Organization Name:
Business Address and Mailing Address:
Applicant/Owner's Name:
Applicant/Owner's Phone Number:

Non Profit Society, Club, or Fraternal Organization:

Will you have a manager? Yes No Name:
(Manager must fill out Individual History Statement)

Police Department representative completing the investigation may contact:
Name/Title:
Address:
Telephone: Home/Work

Length of license requested: One year from date: Five day: (Check one)

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

Note: All persons 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.

Has any person financially interested in the business been previously convicted of a felony within the last ten (10) years: Yes 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? Yes: 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? Yes: 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? Yes: No:

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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? Yes: _____ No: _____

Has any person financially interested in the business committed any conduct involving moral turpitude within the last five (5) years? Yes: _____ No: _____

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

- | | | |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 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.

**CITY OF BAKER CITY
INDIVIDUAL HISTORY STATEMENT**

All blanks must be filled in; if the question does not apply to you please place N/A (not applicable) in the space.

Name: _____ Other Names Used: _____
Address: _____ Gov. Issued ID # _____
Date of Birth: _____ Age: _____ Height: _____ Weight: _____
Place of Birth: _____ Hair Color: _____ Eye Color: _____
Gender: _____ Name of Spouse: _____ Phone Number: _____

NOTE: For your information, a criminal records check is made on all social games license applicants in the normal processing of a license request. Fingerprints may be required.

1. Have you been convicted (including probation sentencing or bail forfeiture) of any crime, violation, or infraction of any law? (Do not include minor traffic violations which a fine or bail forfeiture of \$50 or less was imposed).

Yes _____ No _____

2. Are there presently any criminal charges, violations, or infractions of the law pending against you?

Yes _____ No _____

3. If you answered "YES" to 1 or 2 above, list below:

Offense	Date	City/State	Result

Employment and Residence History

List current and former employers or occupations during the past (10) years (attach additional sheets if necessary):

Dates-Month/Year	Employer/Business	Occupation	City/State
From ___ To ___	_____	_____	_____
From ___ To ___	_____	_____	_____
From ___ To ___	_____	_____	_____
From ___ To ___	_____	_____	_____

**CITY OF BAKER CITY
INDIVIDUAL HISTORY STATEMENT**

List other cities or states where you have lived in the past ten (10) years other than those noted in the question above (attach additional sheets if necessary).

Dates-Month/Year	City/State
From ____ To ____	_____
From ____ To ____	_____
From ____ To ____	_____

I hereby swear that all information provided on this Individual History Report Form 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.