

**SOCIAL GAMING LICENSE APPLICATION**

**CROOK COUNTY, OREGON**

(Due 30 days before expiration of current license)

Application Fee: \$25  
For Year: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Name of Business: \_\_\_\_\_  
As it should appear on the License

Business Address: \_\_\_\_\_  
Street City Zip

Mailing Address: \_\_\_\_\_  
(if different from above) Street City Zip

Phone Number: \_\_\_\_\_ Alternate: \_\_\_\_\_

**TYPE OF GAMING ON PREMISES**  
(e.g. video poker; Texas Hold 'em)

**QUANTITY**  
(e.g. 3 of machines, tables)


attach additional pages if necessary

Is this business a       Corporation       Partnership       LLC  
                                  Sole Proprietorship       Other \_\_\_\_\_

State where organized: \_\_\_\_\_ Date filed: \_\_\_\_\_

Registration No.: \_\_\_\_\_ Qualified to do business in Oregon? Yes \_\_\_ No \_\_\_

Applicant's failure to supply required information or submission of false or misleading information is grounds for denying or suspending the license.

The undersigned hereby applies for a Crook County Gaming License in accordance with Crook County Code Chapter 5.08, as amended.

The undersigned certifies that the above information is accurate and complete.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Printed Name

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