

City of Mt. Angel

P.O. Box 960 / 5 N. Garfield Street, Mt. Angel, OR 97362
Phone (503) 845-9291 Fax (503) 845-6261

GAMING LICENSE APPLICATION

DATE: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

ALL BUSINESS OWNERS (include names and current addresses of all owners, shareholders, or persons with a financial interest):

NAME	ADDRESS	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____

If any person listed above has had a criminal record, please state the date of arrest, charge, and disposition of case.

DATE OF ARREST	CHARGE	DISPOSITION OF CASE
_____	_____	_____
_____	_____	_____

I hereby certify under penalty of law that all statements supplied are factual to the best of my knowledge.
ALL OWNERS MUST SIGN.

Owner Name (Print): _____ Signature: _____

Owner Name (Print): _____ Signature: _____

Owner Name (Print): _____ Signature: _____

Please attach any additional statements or information to this form if more space is needed.

CITY USE ONLY BELOW THIS LINE

Annual Fee: \$25 Date Paid: _____ Received By: _____ Receipt #: _____

I find nothing that would preclude this applicant's receipt of a Gaming License.

Mt. Angel Police Department: _____ Date: _____
(Chief of Police or Designee)

I do not recommend granting this request for a Gaming License.

Mt. Angel Police Department: _____ Date: _____
(Chief of Police or Designee)