



City of Tigard

Social Gaming License Application

**Before filling out this application, please read Tigard Municipal Code Chapter 5.22.
All persons participating in social gaming activities must be 21 years of age or older.**

Please print clearly.

Business name: _____

Location address: _____

Type of social gaming: _____

Number of tables: _____ Floor space for social gaming (square feet): _____

City business license number: _____ Expiration date: _____

Applicant(s) name: _____

Street address: _____ Mailing address: _____

Email: _____ Phone number: _____

Property owner(s): _____

Street address: _____ Mailing address: _____

Email: _____ Phone number: _____

- Has any person who has a financial interest in a private business, private club or public place of accommodation, or the organizer, if the organizer is the applicant, been convicted of a felony within the last ten (10) years? Yes No
- Has any person who has a financial interest in a private business, private club or public place of accommodation, or the organizer, if the organizer is the applicant, been convicted of five misdemeanors in the last five (5) years? Yes No
- Has any person who has a financial interest in a private business, private club or public place of accommodation, or the organizer, if the organizer is the applicant, been convicted of any crime involving gambling, within the last five (5) years or has forfeited bail for any crime involving gambling? Yes No
- Outside organizer? Yes No If yes, who: _____

By submitting this application for a social gaming license, I, the applicant, represent that I have read and am aware of the requirements of the City of Tigard Municipal Code (TMC) relating to social gaming and hereby agree to comply with those requirements. I hereby certify under penalty of perjury and false swearing that the information I have provided is true and correct and further that I am (*check one*) _____ the sole owner of the property identified herein; or _____ authorized by ALL the owners to make this application.

Applicant(s) signature

Date

Property owner(s) signature

Date



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Provide the following information for all individuals with an ownership interest in the business where the applicant(s) propose to operate social gaming. The city will use this information to determine if such owners have been convicted of a crime. All information will be kept confidential to the extent allowed by Oregon public records law.

Individual #1

Last name: _____ First name: _____ Middle name: _____
 Address: _____ City/state: _____ Zip: _____
 Date of birth (mm/dd/yyyy): _____ Phone number: _____
 Driver's license number: _____ Driver's license state: _____

Individual #2

Last name: _____ First name: _____ Middle name: _____
 Address: _____ City/state: _____ Zip: _____
 Date of birth (mm/dd/yyyy): _____ Phone number: _____
 Driver's license number: _____ Driver's license state: _____

Individual #3

Last name: _____ First name: _____ Middle name: _____
 Address: _____ City/state: _____ Zip: _____
 Date of birth (mm/dd/yyyy): _____ Phone number: _____
 Driver's license number: _____ Driver's license state: _____

Individual #4

Last name: _____ First name: _____ Middle name: _____
 Address: _____ City/state: _____ Zip: _____
 Date of birth (mm/dd/yyyy): _____ Phone number: _____
 Driver's license number: _____ Driver's license state: _____

Please attached a separate sheet with information on any additional individuals involved in the social gaming operation. The completed application and license fee should be submitted to: Tigard Police Department, 13125 SW Hall Boulevard, Tigard, OR 97223.

FOR OFFICE USE ONLY	
Social gaming license fee paid: <input type="checkbox"/> \$100.00 (January 1–December 31) <input type="checkbox"/> \$50.00 (July 1–December 31) Receipt number: _____	Date received: _____ Received by: _____ Date forwarded to Chief of Police: _____ Recommendation: _____ Chief of Police signature: _____ Date: _____
Valid business license: _____	Social gaming license number: _____ Issue date: _____