

CITY OF ROSEBURG SOCIAL GAMING LICENSE APPLICATION



900 SE DOUGLAS
ROSEBURG, OR 97470 - (541) 492-6866
\$100 Original Application Investigation Fee
\$150 Yearly Social Gaming License Fee
(1/2 fee if received after 7/1)

**Entire application must be complete.
Incomplete forms will not be processed.
If a question is not applicable, write N/A.**

License #:
SG _____ - _____

BUSINESS NAME _____
BUSINESS PHONE _____ TARGET OPENING DATE _____
BUSINESS ADDRESS _____ CITY/ZIP _____
MAILING ADDRESS (If different than above) _____
DAYS/HOURS OF OPERATION _____ IF TEMPORARY, DATES OF OPERATION _____

IS THIS SPACE SHARED WITH ANOTHER BUSINESS? YES NO IF YES, WHO _____
WHAT BUSINESS WAS PREVIOUSLY LOCATED AT THIS ADDRESS _____
HAS THE BUILDING OR SPACE BEEN VACANT FOR MORE THAN 6 MONTHS YES NO
ARE YOU CHANGING, ADDING OR REMOVING A SIGN? YES NO
IS THIS NEW CONSTRUCTION YES NO IF NO, DO YOU PLAN ON MAKING CHANGES TO THE BUILDING OR SITE
 YES NO IF YES, PLEASE DESCRIBE _____

Generally licenses are issued within 10 business days; however, construction or remodeling may cause a delay and require additional permits. Applicants are encouraged to contact Planning at (541)492-6750 for more information.

The following information must be completed for all persons having an ownership interest in the business, including owner, partner, associate or lessee – but not including a shareholder in a publicly owned corporation. List additional persons on separate page in the following format.

1. FIRST NAME/MID INITIAL/LAST NAME: _____
SEX: M F DATE OF BIRTH: _____ PLACE OF BIRTH: _____
DRIVER LICENSE# & STATE: _____ JOB TITLE: _____
PERSONAL PHONE #: _____ EMAIL: _____

2. FIRST NAME/MID INITIAL/LAST NAME: _____
SEX: M F DATE OF BIRTH: _____ PLACE OF BIRTH: _____
DRIVER LICENSE# & STATE: _____ JOB TITLE: _____
PERSONAL PHONE #: _____ EMAIL: _____

Is your business incorporated? YES NO If yes, please provide a separate sheet of paper including business name, address, corporate officers, phone numbers and registered local agent.

Have you ever had a business license suspended or revoked? YES NO If yes, please explain: _____

If you answer 'yes' to either of the following questions, please provide a separate sheet of paper to explain the felony or misdemeanor including dates and how this conviction is not applicable to the social gaming business for which you are applying.

**** The attachment will not be part of the public record.**

Has any person with ownership interest in the business been convicted of a felony within the last 7 years? Yes No

If yes, whom? _____

Has any person with ownership interest in the business been convicted of a misdemeanor within the past 7 years relating to fraud, theft or any activity connected to the business to be conducted? Yes No

If yes, whom? _____

As an applicant for a City of Roseburg Social Gaming License, I hereby certify the foregoing information is true and correct, that I have received a copy of RMC 9.13 (Social Gaming), have read and understand the requirements of RMC 9.13 and agree to full comply with all terms and conditions set forth therein and to comply with all state and federal bonding and licensing requirements in connection with my business.

Applicant's Signature

Date

Co-Applicant's Signature

Date

YOU MUST NOTIFY THE CITY RECORDER'S OFFICE OF TELEPHONE NUMBER CHANGES OR IF THE BUSINESS CLOSSES. CHANGE OF OWNERSHIP OR RELOCATION REQUIRES A LICENSE APPLICATION

For Office Personnel Only

Date application received _____

RECEIPT # _____ Prior Business site _____

Comm. Dev. - Yes ___ No ___ Date: ___/___/___ Zoning _____ By _____ Police - Yes ___ No ___ Date: ___/___/___ By _____

Fire - Yes ___ No ___ ___/___/___ By _____ Self Inspection Brochure Sent: ___/___/___ Inspection by Fire Marshal: ___/___/___

Change of Use Required - Yes ___ No ___ County Building Dept. Approval - Yes ___ No ___ Date: ___/___/___ By _____

Approval Yes ___ No ___ (If No, attach memorandum outlining denial) Comments: _____

THIS APPLICANT HAS MET THE REQUIREMENTS FOR A SOCIAL GAMING LICENSE PURSUANT TO THE ROSEBURG MUNICIPAL CODE

Roseburg City Recorder or Designee

Date

BUSINESS NAME: _____ **SG#** _____

Notes:

