

# Social Gaming License Application

520 E. Cascade Avenue | PO Box 39 - Sisters, Or 97759 | ph. (541) 549-6022 | [www.ci.sisters.or.us](http://www.ci.sisters.or.us)



☐ New ☐ Renewal

**Fee: \$100.00 annually**

## Facility Location

Location Address

City, St., Zip

Mailing Address

City, St., Zip

Email

Phone Number

## Manager/Operator of Facility

Name

DOB

SS#

## Owner of Facility (if different)

Name

DOB

SS#

## Promotor of Event (if different)

Name

DOB

SS#

I, \_\_\_\_\_, owner of the above mentioned property am aware that social gaming occurs at this location, and authorize the City of Sisters to investigate the facility with the respect to the conduct of such games during regular business hours.

Signature

Date

Printed Name

### For Office Use Only

☐ Approved

☐ Disapproved

City Manager

Date

Date Received

Received by

Fee Paid

Receipt #