



BOARD OF COMMISSIONERS
Agenda Item Summary

Agenda Category: Licenses	Item No:
---------------------------	----------

Date: 10/27/2020

Originating Department: BOCC

Issue: In the matter of approval of a Social Gaming License for SC Mason Enterprises for one (1) card table.

Background: The Klamath County Ordinance 21.1 allows for Social Gaming License by firms, persons, or corporations doing business for profit. Each new application is reviewed by the Klamath County Sheriff’s Office. The Sheriff has recommended this social gaming license be granted. No house income may result from the operation of these social games. Each license is effective for one calendar year.

Fiscal Impact: Revenue of \$100.00 (\$100.00 per table) to the General Fund Commissioners.

Recommended Motion: Approve the Social Gaming License for SC Mason Enterprises for one (1) card table and authorize the Chair to sign the approval form. The fiscal impact is revenue of \$100.00 to the General Fund Commissioners.

DONE AND DATED this 27th day of October, 2020.

Chair
 Approved
 Denied

Vice-Chair
 Approved
 Denied

Commissioner
 Approved
 Denied

APPLICATION FOR SOCIAL GAMING LICENSE

(Pursuant to Klamath County Chapter 601)

Fees: Firm, Person, or Corporation doing business for profit: \$100.00 annually per card table or Bingo location.
Applications after July 1 of each year: \$50.00.

Non-Profit Society, Club or Fraternal Organization which qualifies under Klamath County Code Section 601.150:
\$25.00 per card table or Bingo location. Applications after July 1 of each year: \$12.50.

Organizations conducting a one-time, per calendar year, promotional event: \$100.00 per event.

1. Is this a NEW license or a RENEWAL? new
2. Name and address of business: SC Mason Enterprises
3927 S 6th St Klamath Falls
3. Business Phone Number: 541-883-8719
4. Is the applicant:
(check one) a. Sole Proprietorship c. Partnership
b. Corporation d. Club or Fraternal Organization

5. If applicant is sole proprietorship, fill in the information requested on the lines below.

If the applicant is a partnership, fill in the information requested on the lines below for each partner.

If the applicant is a corporation, fill in the information requested on the lines below for each individual who own shares of stock in the corporation. (Use additional sheet if necessary.)

If the applicant is a non-profit society, club or fraternal organization, fill in the information requested on the lines below for each officer/trustee/director. (Use additional sheet if necessary.)

<u>Scott Mason</u>		
Name	Address	
<hr/>		
DOB		
<u>Cathy Mason</u>		
Name	Address	
<hr/>		
DOB	Phone number	Email Address
<hr/>		
Name	Address	City/State/Zip
<hr/>		
DOB	Phone Number	Email Address

6. If the applicant is a corporation, is it an Oregon corporation? yes
If it is a foreign corporation, what state was it incorporated in? no
If a foreign corporation, is it authorized to do business in the State of Oregon? n/a

RECEIVED

7. Number of card tables to be used for social games: 1
8. Has anyone financially interested in the business been previously convicted of a felony within the past ten (10) years? NO If yes, name of individual: _____
Date and place of conviction: _____
Name and description of felony: _____
9. Has any person financially interested in the business been convicted of or forfeited bail for any crime involving gambling within the last five (5) years? NO
If yes, name of individual: _____
Date and place of conviction: _____
Name and description of crime: _____
10. Has any person financially interested in the business had a license, in his/her name, revoked or suspended three (3) or more times by the Oregon Liquor Control Commission, the last of which was in the last three years? NO If yes, name of individual: _____
Dates of revocations or suspensions: _____
11. Has any person financially interested in the business been convicted of an offense involving an immoral act within the last five years? NO If yes, name of individual: _____
Name and description of offense: _____
Date and place of conviction: _____
12. Has the applicant successfully applied for and received a license from the Oregon Liquor Control Commission to sell alcoholic beverages on the premises? yes
13. If this application is on behalf of a non-profit society, club or fraternal organization, does the undersigned applicant certify that the conduct of social games is not the primary reason for the existence of the non-profit society, club or fraternal organization? no
14. Has the non-profit society, club, or fraternal organization been in continuous existence, actively conducting its affairs in Klamath County for a period of two (2) years immediately preceding the date of this application? _____ Date of formation: _____

WARNING: Any license issued pursuant to this application can be revoked if it is discovered that the applicant has knowingly or willfully supplied false or misleading information in this application. No license granted hereunder will be assignable or transferable. It is a violation of Klamath County Code Chapter 601 to add or substitute another person financially interested in the business of the applicant without reporting the transfer or substitution to the Board of County Commissioners of Klamath County.

Signature of Applicant: Cathy Mason

Date: 10/15/20

For New Applications:

Recommendation of the Sheriff: Grant Deny

By: CE KR
Signature of Sheriff or Sheriff's Department Staff

Sheriff
Title

Reviewed for any conditions related to County Ordinance requirements. (Chapter 601) All clear. (CK)
Date: 10-21-20

Approved by the Board of Commissioners: _____ Date: _____

RELEASE FOR CRIMINAL BACKGROUND CHECK

In conjunction with my application for a Social Gaming License submitted on 10/15, 2020,

I hereby authorize the Sheriff of Klamath County to run a criminal background check.

Dated this 15 day of Oct, 2020.

Cathy Mason

Name (Signature)

Cathy Mason

Name (Print)

[Signature]
Witness

RECEIPT

DATE: _____ No. 000002

FROM: _____ \$ _____

FOR: _____ DOLLARS

FOR RENT
 FOR

ACCT. PAID DUE

CASH FROM: _____ TO: _____

CHECK

MONEY ORDER BY: _____

RECEIPT

DATE: _____ No. 000003

FROM: _____ \$ _____

FOR: _____ DOLLARS

FOR RENT
 FOR

ACCT. PAID DUE

CASH FROM: _____ TO: _____

CHECK

MONEY ORDER BY: _____

RECEIPT

DATE: _____ No. 000004

FROM: _____ \$ _____

FOR: _____ DOLLARS

FOR RENT
 FOR

ACCT. PAID DUE

CASH FROM: _____ TO: _____

CHECK

MONEY ORDER BY: _____

RECEIPT

DATE: _____ No. 000005

FROM: _____ \$ _____

FOR: _____ DOLLARS

FOR RENT
 FOR

ACCT. PAID DUE

CASH FROM: _____ TO: _____

CHECK

MONEY ORDER BY: _____



adams

FREE

Money/Rent Receipt

200 Sets

SC1152

5 1/4" x 11" (13.4 cm x 27.9 cm)



©1998, 2001 Cardinal Brands Inc., Lawrence, KS 66044
 www.cardinalbrands.com
 Made in Mexico

RECEIPT No. 557364

DATE 10/16/20

FROM St. Mason Ent \$100.00

One hundred & 00/100 DOLLARS

FOR RENT
 FOR Social Gaming

ACCT. PAID DUE

CASH FROM: [Signature] TO: _____

CHECK

MONEY ORDER

CREDIT CARD BY: _____

A-1152
T-4161