



# CITY OF COOS BAY

## Police Department Investigation Application For Card Room License or Work Permit

City of Coos Bay Ordinance 104 requires that an applicant for a Card Room License disclose the true names, personal history, business experience, and past criminal records of those persons who may have an interest in the business. A **non-refundable** investigation fee of \$65.00 shall be submitted to the finance department with the application. Each application for a Work Permit shall be submitted to the finance department with a \$25.00 yearly, **non-refundable** license fee.

**TYPE OF APPLICATION**      Card Room License       Work Permit

### PERSONAL HISTORY

Full Name (Last, First, Middle): \_\_\_\_\_

Social Security No.: \_\_\_\_\_      OLCC No. (if any): \_\_\_\_\_

List all other names you have used, including nicknames. If female, furnish maiden name. If you have ever used any surname other than your true name, list what period of time and under what circumstances the name was used. If you have ever legally changed your name, give the date, place, and court.

\_\_\_\_\_  
\_\_\_\_\_

Present Residence Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Trade name of business (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth:      Month/Day/Year: \_\_\_\_\_      Age: \_\_\_\_\_      Place: \_\_\_\_\_

Citizenship (yes/no):      U.S. Citizen \_\_\_\_\_      By Birth \_\_\_\_\_      Naturalized \_\_\_\_\_

Naturalization Certificate No.: \_\_\_\_\_      Place: \_\_\_\_\_

**PERSONAL HISTORY Cont.**

Physical Description: Height: \_\_\_\_\_ ' \_\_\_\_\_ " Weight: \_\_\_\_\_ lbs. Male:   
Female:

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Scars and Distinguishing Marks: \_\_\_\_\_  
\_\_\_\_\_

Residences (List all residences for the past 10 years beginning with the most recent address.  
Include addresses while attending school and during military service):

Number/Street/Apt number	City/State	From To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ARREST, DETENTION AND LITIGATION**

Have you ever been arrested or detained by a law enforcement agency? \_\_\_\_\_

Have you or your spouse been involved in any court action, civil or criminal? \_\_\_\_\_

Have you ever been fingerprinted for any reason (arrest, job applicant, etc)?

List below the details concerning any affirmative answers to the above questions.

Date	Place	Charge	Disposition
_____	_____	_____	_____
Details _____	_____	_____	_____
_____	_____	_____	_____
Details _____	_____	_____	_____

**ARREST, DETENTION AND LITIGATION Cont.**

Date	Place	Charge	Disposition
_____	_____	_____	_____
Details _____			
_____	_____	_____	_____
Details _____			

If applying for a Card Room License, please list the name, address, and explain involvement of all persons financially interested. (For the purposes of this application, "Financially Interested" is defined as all persons who share in the profits of business, on the basis of gross or net revenue, including landlords, lessors, lessees, the owner of the building, fixtures, or equipment).

Name	Address	Involvement
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMPLOYMENT HISTORY**

Employer _____	Position _____	Phone _____
Address _____	City/State/Zip _____	
Supervisor _____	From _____	To _____
Reason for Leaving _____		
Employer _____	Position _____	Phone _____
Address _____	City/State/Zip _____	
Supervisor _____	From _____	To _____
Reason for Leaving _____		

**EMPLOYMENT HISTORY Cont.**

Employer \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Supervisor \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**PERSONAL REFERENCES**

Give 2 personal references you have known for at least five years. If retired, give former occupation.

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Number of Years Acquainted \_\_\_\_\_

**CERTIFICATE OF APPLICANT**



I hereby give my consent to the City of Coos Bay Police Department to conduct an investigation for the purpose of determining my qualifications to be granted a Card Permit. I do further authorize the release to the Coos Bay City Council pertaining to, but not limited to, my military, driving, police, and or employment records. I understand that the statements made herein are true with the understanding that omissions or false statements on my part shall cause forfeiture of all eligibility to a license or permit.

Signature \_\_\_\_\_

Date \_\_\_\_\_