

PERSONAL DISCLOSURE



Oregon State Lottery
Retail Contract Administration
P.O. Box 12649
Salem, Oregon 97309

FOR LOTTERY USE ONLY

Retailer # _____
For KEY PERSON applying for multiple locations, list below:
Retailer # _____ Retailer # _____

IMPORTANT INSTRUCTIONS

Print or type your answers. **If you make a mistake, line through it and print the correct answer above, along with your initials and the date. DO NOT USE WHITE OUT.** If a question does not apply to you, answer "N/A" (not applicable). If there is not enough space for your answer, use the space provided on page 3. **This form is an official document. Misrepresentation or failure to reveal information requested may, in itself, be cause to deny or terminate a contract or agreement.** Pursuant to Oregon Revised Statutes, Chapter 461, and Oregon Administrative Rules, Chapter 177, the information you provide will be used by the Oregon Lottery to best serve the public interest and to promote the security, integrity, honesty, and fairness of the Oregon Lottery. In compliance with Public Law 93-579 §7 [5 U.S.C. §552(a)], you are hereby notified that disclosure of your social security number is voluntary. If you disclose it, we will use it as a means of identifying you to obtain criminal and financial information. If you do not disclose it, we may experience delays in processing your application.

SECTION A - - BUSINESS IDENTITY

Location Name: _____
(DBA/ABN/Trade)

Location Address: _____

Entity Name (if applicable): _____
(Sole Proprietor, Corporation, LLC, Partnership)

Indicate your position/title with the business:

- Corporate: Officer, Director, Shareholder Area Manager Employee
- LLC: Member Location Manager Other (specify) _____
- Partner/Joint Venturer Spouse/Family Member
- Owner (Sole Proprietors only) Fraternal Organization – position: _____

SECTION B - - PERSONAL INFORMATION

Social Security Number: _____ Name (last, first, middle): _____

List all names by which you have been known (aliases, nicknames, maiden name, other name changes, legal or otherwise):

Home Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

Home Phone: _____ Business Phone: _____ Other: _____

Date of Birth: _____ Place of Birth: _____ Sex: Male ___ Female ___
(City/State/Country)

Driver's License #: _____ State issued: _____

SECTION C - - FAMILY INFORMATION (REQUIRED UNDER ORS 461.700)

Marital Status: Single Married Separated Divorced Widowed Engaged Length of Marital Status _____

Spouse's Social Security Number: _____ Spouse's Name (last, first, middle): _____

Spouse's Home Address: _____

City: _____ State: _____ Zip: _____

Spouse's Date of Birth: _____ Spouse's Place of Birth: _____
(City/State/Country)

Level 3 Restricted

SECTION D - - CRIMINAL INFORMATION (REQUIRED UNDER ORS 461.700)

Failure to provide the requested information below may result in your denial as a Key Person

You may exclude minor traffic violations such as a parking ticket. A minor traffic violation does not include Driving Under the Influence of Intoxicants (DUII).

1. Have you EVER -- even as a minor and regardless of the result:

- Been arrested? _____ Yes _____ No
- Been issued a citation by any police officer or agency? _____ Yes _____ No
- Been detained by any police officer or agency? _____ Yes _____ No
- Been charged with a crime or offense? _____ Yes _____ No
- Been convicted of any crime or offense? _____ Yes _____ No
- Pled guilty or pled no contest to any crime? _____ Yes _____ No
- Been indicted? _____ Yes _____ No
- Been summoned to appear in Court? _____ Yes _____ No

If you answered YES to any of the questions, list the incident(s) and provide details below.

EXAMPLE

Date of Arrest/Incident	Age	Charge(s) (List all charges)	Location (City and State)	Disposition/Result	Involved Police Dept. or Agency
6/21/97	23	DUII and Driving While Suspended (DWS)	Portland, OR	DUII: Convicted DWS: Dismissed	Portland Police

Date of Arrest/Incident	Age	Charge(s) (List all charges)	Location (City and State)	Disposition/Result	Involved Police Dept. or Agency

PLEASE CONTACT THE LOTTERY IF YOU HAVE ANY QUESTIONS ABOUT WHETHER AN INCIDENT OR EVENT SHOULD BE LISTED ABOVE. If you are unsure of any information above or facts aren't clear, provide an explanation below regarding the incident.

REVIEW YOUR ANSWERS - BE SURE YOU HAVE PRINTED CLEARLY AND ANSWERED ALL YOUR QUESTIONS COMPLETELY AND ACCURATELY

SWORN STATEMENT AND DEPOSITION:

“I, _____, being duly sworn, depose and say that having read and reviewed this application and the information contained therein, the information contained in this application to become a lottery retailer, including any statement, disclosure or other document submitted with this application, is true and correct in every material respect to the best of my knowledge and belief. I understand that providing inaccurate or misleading information, and failing to disclose complete information is grounds for rejection of this application and denial of a lottery retailer contract, or termination of any contract entered into with the Oregon State Lottery. Further, I acknowledge that I am voluntarily submitting the information contained in and submitted with this application to the Oregon State Lottery under oath with full knowledge that Oregon Revised Statute 162.075, False Swearing, provides that: “A person commits the offense of false swearing if the person makes a false sworn statement, knowing it to be false” and that the crime of False Swearing is a Class A misdemeanor.

“I AGREE TO IMMEDIATELY REPORT TO THE LOTTERY, IN WRITING, ANY CHANGES TO ANY OF THE FOREGOING INFORMATION. I UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN DENIAL OF MY APPLICATION. I understand the information may be used to protect the public interest and to promote and assure the security, honesty, integrity, and fairness of the Oregon Lottery. I acknowledge that I am responsible for any excessive investigation costs. I authorize the Office of the Director, Oregon State Lottery, to investigate or direct an investigation of any matter concerning me, including but not limited to: financial records and sources; credit history; school or military records; child support enforcement records; criminal history; driving records; local, state and federal tax records; civil litigation; and contact with references, both those I have listed and others. I agree to provide fingerprints if requested. Pursuant to ORS 471.700, I specifically authorize the Oregon Attorney General and the Assistant Director for Security of the Oregon Lottery to confirm with the Oregon Department of Revenue and the Internal Revenue Service the truthfulness of my answers with regard to tax matters. I understand that background investigations will be conducted by the Oregon State Police, Lottery Security Section.”

Note: Must be signed in the presence of Notary Public.

Authorized signer (owner, corporate officer, member, partner, etc.):

Print Name Title

Signature Date

State of _____ County of _____

Signed and sworn to (or affirmed) before me _____ by _____
(date) (name of person making statement)

Notary Public Signature

SEAL

Print Name

My Commission Expires: _____