



Licensing Division
 City of Bend
 710 NW Wall Street, Bend OR 97703
 (541) 388-5580 option 8
www.bendoregon.gov/businesslicense

CHANGE OF INFORMATION FORM – SOCIAL GAMING LICENSE

Download this form before completing fillable fields, then upload to your active license or registration through the Online Permit Center at <https://cityview.ci.bend.or.us/Portal/>. All changes will be effective as of the date this document is signed unless stated otherwise. If applicable a new social gaming license may be issued and must be posted in a conspicuous area within the short-term rental property.

Business Name: _____ License #: _____

Mailing Address: _____

City/State/Zip: _____

Owner Information - All persons holding an ownership interest in the property or holding an ownership interest in the entity that owns the property. If more than one, please attach a separate sheet with complete information.

Owner Name: _____

Mailing Address: _____

City/State/Zip: _____

Email Address: _____

Phone: _____

Authorized Agent Information - Any property management company or other entity or person who has been designated by the owner to act on their behalf.

Effective Date: _____

Authorized Agent Name: _____

Mailing Address: _____

City/State/Zip: _____

Email Address: _____

Phone: _____

Number of Tables – Please list the number of tables being added or removed down below.

_____ Number of tables currently licensed.

_____ Adding Tables – Fees to be assessed by city staff.

_____ Removing Tables – No refunds for removing tables.

Is this a change of mailing address? No Yes. Effective Date: _____

New Mailing Address: _____

City/State/Zip: _____

Is this a change of the business name? No Yes. Effective Date: _____

New Name: _____

Is this a change of the business location? No Yes. Effective Date: _____

New Location: _____

City/State/Zip: _____

Signature

By signing this application, the owner/authorized agent agrees to abide by the Social Gaming License requirements as stated in **Bend Municipal Code Chapter 7.30.005**. I warrant that the information provided in this application is true and agree that by typing my name in the signature box I am providing an electronic signature that is the legal equivalent of my manual signature on this application. Disclosure: Information on this application is a public record subject to disclosure upon request under the Oregon Public Records Law unless an exemption applies.

Owner Signature: _____ Date: _____

Authorized Agent Signature: _____ Date: _____

LIC – Change of Information Form – Social Gaming License - *Last Revised Date: 03/22/2024.*



Accommodation Information for People with Disabilities

To obtain this information in an alternate format such as Braille, large print, electronic formats, etc. please contact the Licensing Division at licensing@bendoregon.gov or (541) 388-5580 ext. 8; Relay Users Dial 7-1-1.