



128 S Main St.  
PO Box 445  
Condon, OR 97823  
Ph. (541) 384-2711  
Fax (541) 384-2700

Email: [admin@cityofcondon.com](mailto:admin@cityofcondon.com)

### Social Game Permit Application

Business Name: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Owner or Manager: \_\_\_\_\_

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

Type of Social Games Applied For: \_\_\_\_\_

Inventory of Game Equipment: \_\_\_\_\_

\_\_\_\_\_

#### **SUBMIT FEE OF \$100 WITH APPLICATION**

I swear the above information is true to the best of my knowledge.

\_\_\_\_\_  
Signature of Owner or Manager

\_\_\_\_\_  
Dated