



WASHINGTON STATE GAMBLING COMMISSION
 LOCATION: 4565 7th Avenue SE, Lacey WA 98503
 MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400
 TELEPHONE: 360-486-3440 – FAX NUMBER: 360-486-3631
 TOLL-FREE IN-STATE: 1-800-345-2529
 TDD: 360-486-3637
 WEB SITE: www.wsgc.wa.gov

CHARITABLE / NONPROFIT ORGANIZATION – LOWER VOLUME ACTIVITIES

***** GENERAL INSTRUCTIONS *****

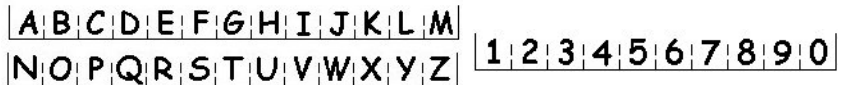
1. Please **Type** or **Print** With Dark Ink.
2. Answer **ALL** questions. Use **N/A** if not applicable. Have you missed anything? For assistance, contact the Licensing Section at (360) 486-3440 OR at our toll-free number 1-800-345-2529.
3. Mail or deliver the completed application and fee(s) to the above address. **PLEASE NOTE** we have the capability of receiving **faxed** items to expedite the receipt of application documentation.
4. Please read the enclosed pamphlet entitled "Gambling License Certification Program" and the condensed rules. **You will find them very helpful and informative.**
5. Be sure that you select the correct license type(s) and correct license class.
6. Make sure that the application is signed and dated by the appropriate individual(s).
7. **AVOID PROCESSING DELAYS.** Ensure that the application and any attachments are complete.
8. Attend mandatory training as required by WAC 230-03-070.

THIS FORM WILL BE READ BY A VERY SENSITIVE SCANNING DEVICE

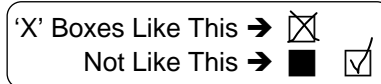
Please use the following examples to fill out this form:

Print with a black ballpoint pen and press firmly, or use a typewriter.

– For best results, please print in capital letters and avoid contact with the lines. The following will serve as an example:

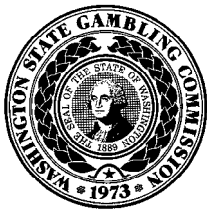


– Please 'X' the boxes. Do NOT shade-in or use '✓'.



– When asked for additional lists or comments, the information must be neatly printed or typewritten on sheets of white 8 ½ X 11 inch paper.

– When asked for legal or business documents, the copies must be clean and legible and marked so the document can be identified to the question being asked.



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CHARITABLE / NONPROFIT ORGANIZATION – LOWER VOLUME ACTIVITIES

TYPES OF ACTIVITY / LICENSE CLASS / FEES: (Mark **ALL** Applicable Activities)

Check the attached *Fee Schedule – Bona Fide Charitable / Nonprofit Organization* (GC5-055 FS) for annual gross receipt volume authorizations for the appropriate license classes and fees – if these classes do not fit your needs, you may wish to apply for the higher volume activities. If so, complete and submit the *High Volume* application (GC4-006).

If your plans include a joint raffle, contact the Gambling Commission for further details and instructions.

Raffles (02)

[See Section 6, Class A – D, of Fee Schedule](#)

Class: Fee: \$

Bingo (01)

[See Section 2, Class A – C, of Fee Schedule](#)

Class: Fee: \$

Punchboards / Pull Tabs (04)

[See Section 5, Class A – C, of Fee Schedule](#)

Class: Fee: \$

Combination (08)

(Bingo, Raffles, Amusement Games and allows general Card Games where no fee is charged)

[See Section 7, Class A – C, of Fee Schedule](#)

Class: Fee: \$

Amusement Games (03)

[See Section 1, Class A – D, of Fee Schedule](#)

Class: Fee: \$

Any organization who owns their Amusement Game equipment or conducts carnivals must be Class "B" or above.

Fund-Raising Event Distributors (29)

[See Section 11, Class E – F, of Fee Schedule](#)

Class: Fee: \$

Social Card Rooms (60)

[See Section 4, Class D, of Fee Schedule](#)

Class: D Fee: \$

**TOTAL FEES
SUBMITTED**

\$

1. APPLICANT:

a. Name: Organization Name / Chapter

Mailing

Address: Street / P.O. Box

City State Zip

County:

Organization's Business Telephone Gambling Premises Telephone

Organization's Fax

E-Mail Address: @

Department of Revenue Unified Business Identifier (UBI) Number:

Business Office Use Only:

Code: 211- Date: / / Amt: \$.00 Val #:

Code: 211- Date: / / Amt: \$.00 Val #:

Code: 211- Date: / / Amt: \$.00 Val #:

Code: 211- Date: / / Amt: \$.00 Val #:

Code: 211- Date: / / Amt: \$.00 Val #:

1. APPLICANT: (Continued)

b. Have you previously applied for or been licensed by the gambling commission? Yes No

IF YES: When: |_____

Type of License: |_____

c. **BINGO ONLY** – County in which the organization's primary business office is located: |_____

If no business office, provide the county in which the organization's president resides: |_____

2. PREMISES / EQUIPMENT:

a. **Premises:** Does the organization own the premises where the activity will be conducted? Yes No

Address: |_____
Street Address

|_____| |_____| |_____|
City State Zip

County: |_____

Is the above address within the boundaries of a town or city? Yes No Phone # |_____|-|_____|-|_____|

IF RENTED, provide the following:

Landlord: Last Name: |_____

First Name: |_____ MI: |_____|

Address: |_____

|_____| |_____| |_____|
City State Zip

SUBMIT A COPY OF THE LEASE AGREEMENT.

b. Will your organization share the premises with another organization that conducts bingo? Yes No

IF YES, on a separate sheet of paper list:

- (i) The name of all organizations sharing the facility;
- (ii) Names and signatures of the highest ranking officer for each organization involved;
- (iii) Copies of any written agreements between organizations; and
- (iv) The method used to share expenses.

c. Equipment:

Does the organization own the equipment used to conduct the gambling activity(ies)? Yes No

IF RENTED, provide the following:

Owner: Last Name: |_____

First Name: |_____ MI: |_____|

Address: |_____

|_____| |_____| |_____|
City State Zip

SUBMIT A COPY OF THE EQUIPMENT LEASE AGREEMENT.

NOTE: If you are applying for a Fund-Raising Event Distributor license – remember the limitations associated with each class of license.

3. ELECTED ORGANIZATION OFFICERS: (List and Complete ALL Information)

a. President (or Equivalent):

Last Name: |_____

First Name: |_____ MI: |__|

Social Security #: |_____|-|_____|-|_____| Birthdate: |_____|-|_____|-|_____|

|_____|-|_____|-|_____|
Home Telephone

|_____|-|_____|-|_____|
Work Telephone

|_____|-|_____|-|_____|
Cell Telephone

Home Address: |_____ Street

|_____ City |_____ State |_____ Zip

County: |_____

E-Mail Address: |_____

@ |_____

b. Treasurer (or Equivalent):

Last Name: |_____

First Name: |_____ MI: |__|

Social Security #: |_____|-|_____|-|_____| Birthdate: |_____|-|_____|-|_____|

|_____|-|_____|-|_____|
Home Telephone

|_____|-|_____|-|_____|
Work Telephone

|_____|-|_____|-|_____|
Cell Telephone

Home Address: |_____ Street

|_____ City |_____ State |_____ Zip

County: |_____

E-Mail Address: |_____

@ |_____

c. Board Chairperson (or Equivalent):

Last Name: |_____

First Name: |_____ MI: |__|

Social Security #: |_____|-|_____|-|_____| Birthdate: |_____|-|_____|-|_____|

|_____|-|_____|-|_____|
Home Telephone

|_____|-|_____|-|_____|
Work Telephone

|_____|-|_____|-|_____|
Cell Telephone

Home Address: |_____ Street

|_____ City |_____ State |_____ Zip

County: |_____

E-Mail Address: |_____

@ |_____

8. INFORMATION REGARDING YOUR LAST FISCAL YEAR PERIOD:

Briefly describe how your organization has met the purpose(s) set out in Section 5.a.(3): (If more space is needed, use separate sheet of paper.)

9. Briefly Describe the Type(s) of Charitable and / or Nonprofit Services that are provided by your organization to the public and / or your members. (You may attach a separate sheet of paper for each of the below areas, but indicate so below.)

- **To the Public:**

- **To Your Members:**

10. Required Attachments – Attach and submit the following documents with your application: (*New applicants* must submit ALL documents listed below.) (***** Applicants previously licensed by the commission need not submit these items unless specifically requested to do so, or if there have been changes since your last renewal.**)

- IRS exempt status letter – enclose a copy of your IRS letter declaring that your organization is exempt from the payment of federal income taxes.
- A copy of your current bylaws and articles of incorporation.
- Written lease or rental agreement for use of the premises. (If you own the premises, please note.)
- Written lease or rental agreement for use of equipment. (If you own the equipment, please note.)
- Copy of minutes – two of the most current **and** one from as far back as available. (At least one year.)

*** * * S T O P * * ***

Please review the entire application AGAIN. Have you forgotten to complete any questions or submit required documents? Incomplete applications and document omissions will cause a significant delay in processing your application.

- PLEASE HELP US TO HELP YOU -

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.56) and other Washington laws. The Commission may disclose to the public or discuss at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.56.540.

