



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 – EZ FORM

***** 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. Refunds of application / license fees will be issued to the applicant. **PLEASE NOTE**, Once the application and fees have been received, additional documentation can be sent via email or fax.
4. Please read the enclosed pamphlet entitled "[Gambling License Certification Program](#)". You can find gambling rules and laws on our website, under [Rules and Laws tab](#). **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. Complete mandatory training as required by [WAC 230-03-070](#). See attached [Training Requirements for All Applicants \(GC5-017\)](#).

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, other state or federal agencies, 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](#).



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

Raffles (02)

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

Social Card Rooms (60)

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

Class: A Fee: \$ _____

Class: D Fee: \$ _____

Amusement Games (03)

[See Section 1, Class A & B, of Fee Schedule](#)

Bingo (01)

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

Class: _____ Fee: \$ _____

Class: A Fee: \$ _____

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

TOTAL FEES SUBMITTED \$ _____

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 can find the appropriate application on our [website](#) or you can call the above number for assistance. If your plans include a joint raffle, contact the Gambling Commission for further details and instructions.

1. APPLICANT:

a. Name: _____
 Organization Name / Chapter

Mailing Address: _____
 Street / P.O. Box

City: _____ State: _____

Zip: _____ County: _____

Telephone:
 Business: _____ - _____ - _____ Fax: _____ - _____ - _____

Gambling Premises: _____ - _____ - _____

E-Mail Address: _____
 @ _____

Department of Revenue Unified Business Identifier (UBI) Number: _____

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

Business Office Use Only:			
Code: 211- _____	Date: _____ / _____ / _____	Amt: \$ _____	.00 Val #: _____
Code: 211- _____	Date: _____ / _____ / _____	Amt: \$ _____	.00 Val #: _____
Code: 211- _____	Date: _____ / _____ / _____	Amt: \$ _____	.00 Val #: _____

2. PREMISES / EQUIPMENT:

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

Street Address: _____

City: _____ State: _____

Zip: _____ County: _____

Is the above address within the boundaries of a town or city? Yes No

Does the jurisdiction in which you plan to operate allow the gambling activities you are applying for? Yes No

IF RENTED, SUBMIT A COPY OF THE LEASE AGREEMENT

b. Equipment:

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

IF RENTED, SUBMIT A COPY OF THE EQUIPMENT LEASE AGREEMENT.

3. PROPOSED ACTIVITY MANAGER(S): (Complete for the Primary Manager of Each Gambling Activity)

If more than 1, attach separate sheet with the following information:

Last Name: _____

First Name: _____ MI: _____

Gambling Activity: _____

Home Street Address: _____

City: _____ State: _____

Zip: _____ County: _____

Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Birthdate: _____ / _____ / _____

E-Mail Address: _____

4. RAFFLE APPLICANTS:

Are you planning on using a raffle format different other than drawing the winning ticket out a receptacle?

See [WAC 230-11-055](#) for Authorized alternative drawing formats.

Yes **If Yes,** contact your field agent for review of your alternative format.

No **If No,** go to section 5.

5. BINGO APPLICANTS ONLY – COMPLETE THE FOLLOWING SCHEDULE: (Times / Days of Bingo)

Monday: _____:_____ am / pm to _____:_____ am / pm

Tuesday: _____:_____ am / pm to _____:_____ am / pm

Wednesday: _____:_____ am / pm to _____:_____ am / pm

Thursday: _____:_____ am / pm to _____:_____ am / pm

Friday: _____:_____ am / pm to _____:_____ am / pm

Saturday: _____:_____ am / pm to _____:_____ am / pm

Sunday: _____:_____ am / pm to _____:_____ am / pm

6. QUALIFICATION / ANNUAL CERTIFICATION INFORMATION:

a. Historical - Initial Application and Changes Only:

(1). When was your organization formed or incorporated? _____ / _____ / _____
Month Day Year

(2) When does your accounting fiscal year end? _____ / _____ / _____
Month Day Year

6. QUALIFICATION / ANNUAL CERTIFICATION INFORMATION: (Continued)

(3) Mark the purpose(s) for which your organization was formed and operated. (Circle your primary purpose.)

- Agricultural Charitable Educational Patriotic Religious
- Athletic Civic Fraternal Political Social

b. Is your organization exempt from the payment of federal income taxes? Yes No

IF YES: What is your Internal Revenue Service (IRS) exemption code section? 501(c)(_____) (Example: 501(c)3)
Please call us if you are confused about your particular IRS code.

7. MEMBERSHIP INFORMATION:

a. How many regular membership meetings has your organization held during the last fiscal year? _____

b. How many active members are in your organization as of the date of this application? _____

c. Are all members allowed to vote in elections for officers and board members? Yes No

IF NO: How many voting members? _____

8. Required Attachments:

- a. IRS exempt status letter – enclose a copy of your IRS letter declaring that your organization is exempt from the payment of federal income taxes.
- b. A copy of your current bylaws and articles of incorporation.
- c. Written lease or rental agreement for use of the premises. (If you own the premises, please note.)
- d. Written lease or rental agreement for use of equipment. (If you own the equipment, please note.)
- e. Copy of minutes – two of the most current and one from as far back as available. (At least one year.)
- f. Information regarding your last fiscal year period. Briefly describe how your organization has met the purpose(s) set out in Section 6.a.(3).
- g. Briefly describe the type(s) of charitable and / or nonprofit services that are provided by your organization to the public and / or your members. (Attach a separate sheet of paper for each type.)

OATH OF THE ELECTED PRESIDENT ONLY

I declare under penalty of perjury, under the laws of the State of Washington, that all information provided on this application is true and complete to the best of my knowledge. **I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for denial of my initial application or revocation of any gambling license(s) currently held.** I understand that I must notify the Gambling Commission if any information required on this application or on my Personal / Criminal History Statement changes or becomes inaccurate in any way. I understand that I must also notify the Gambling Commission should any criminal or civil actions be filed against me during the application or license period. (See WACs [230-03-055](#), [230-06-080](#), [230-06-085](#) and [230-06-090](#).) I understand that if I fail to make such notification it may be grounds for denial, suspension or revocation of my application or license(s). [See [RCW 9.46.075\(7\)](#) and [WAC 230-03-085\(7\)](#).] I understand that if I voluntarily withdraw or if the Commission administratively closes my application, the remainder of my fee, minus processing and investigative costs, will be refunded.

I understand that I am responsible to know and comply with all rules and laws, [RCW 9.46](#) and [WAC 230](#), which can be found on the Internet websites of the [Washington State Gambling Commission](#) or the [Washington State Legislature](#).

Print Name: Last: _____

First: _____ MI: _____

Birthdate: _____ / _____ / _____

Telephone: Home: _____ - _____ - _____ Work: _____ - _____ - _____

Cell: _____ - _____ - _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

President's

Signature: _____ Date: _____ / _____ / _____