



## 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: 1-800-345-2529 / TDD: 360-486-3637  
WEB SITE: [www.wsgc.wa.gov](http://www.wsgc.wa.gov)

## CHARITABLE / NONPROFIT ORGANIZATION – HIGHER VOLUME ACTIVITIES

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### THIS PACKET CONTAINS:

- A pamphlet entitled "[Gambling License Certification Program](#)";
- The basic *Charitable / Nonprofit Organization Application* (GC4-006);
- An explanation of license class structure ([GC5-144](#));
- *Training Requirements for All Applicants* ([GC5-017](#)) letter (See WAC [230-03-070](#) for training attendance requirements.);
- *Affidavit for Completion of Training* ([GC4-250](#));
- *Personal / Criminal History Statement* ([BLS-700-301](#)), *Financial Statement* ([GC4-320](#)), and *Source of Funds Statement* ([GC4-321](#)) forms (See 11.b.(3) and b.(5) for additional information on these forms.); and
- A license fee schedule ([GC5-055 FS](#)).

### GENERAL INFORMATION:

- You may NOT begin any gambling activity(ies) listed in this packet prior to physically receiving a license.
- The information from this application and other requested documents and information is used to determine the qualifications of your organization, premises, and members or employees involved in the management or operation of your proposed gambling activity.
- Should you fail to respond to a written request for additional information, documentation, and / or fees within thirty (30) days of such notice, we may begin administrative closure of your application. In that case, we shall refund your fee (minus our processing costs, if applicable) and close your file without further action.
- If you decide to voluntarily withdraw your application, or the commission staff seeks a denial based on non-qualification, your fees will be refunded less the amount necessary to process your file (see [WAC 230-05-001](#)). All refunds of application / license fees will be issued to the applicant.
- Refunds will not be given after issuance of your license, except as provided in [WAC 230-03-130](#).
- A complete financial and criminal background investigation will be necessary on various members and officers of the organization (See 11.b.(3)). In addition, a premises visitation may be required.
- If applying to conduct a Group III, IV, or V gambling activity (see [WAC 230-07-015](#)) or plan to pay premises rent in excess of \$2,000 per month, you must submit your "Pro Forma Plan of Operations" as specified in [WAC 230-03-155](#), a *Financial Statement* ([GC4-320](#)) and a *Source of Funds Statement* ([GC4-321](#)) form.

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## BASIC APPLICATION INSTRUCTIONS:

1. Ensure your packet contains all the items listed above.
2. Read the [Gambling License Certification Program](#) pamphlet very carefully, and compare your organization against the requirements listed. Do you qualify? If in doubt, contact the licensing section through our toll-free number listed above.
3. It is extremely important that you read and understand all instructions. If some areas are unclear or you are in doubt, please call. We will not start processing your application until it is complete with all requested information available for review and evaluation.
4. Complete all areas and requirements as instructed.
5. Upon completion, recheck the application and ensure you have completed each area, enclosed all requested documents, and completed special requirements.
6. Mail or deliver the completed application and appropriate fee(s) to the address on the front page.  
**PLEASE NOTE:** Once the application and fees have been received, additional documentation can be sent via fax or email.

**Have you missed anything? – For assistance, contact the licensing section at the phone numbers listed on the front page.**



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**GAMBLING ACTIVITY APPLICATION**  
**BONA FIDE CHARITABLE / NONPROFIT ORGANIZATION – HIGHER VOLUME ACTIVITIES**

**NOTE:** All questions require an answer. If a question is not applicable, answer by entering "N/A" in the area provided.

**TYPES OF ACTIVITY / LICENSE CLASS / FEES:** Mark  all applicable activities, including the license class and applicable fee. ([See attached fee schedule for proper fee and license class.](#))

- Bingo – Class “D” or above (01)** Class:  Fee: \$   
 ([See Section 2 of the attached fee schedule.](#))
- Raffles – Class “E” or above (02)** Class:  Fee: \$   
 ([See Section 6 of the attached fee schedule.](#))
- Amusement Games – Class “E” only (03)** Class: E Fee: \$   
 ([See Section 1 of the attached fee schedule.](#))
- Punch Boards / Pull-Tabs – Class “D” or above (05)** Class:  Fee: \$   
 ([See Section 5 of the attached fee schedule.](#))
- Social Card Rooms – Class “A” or “B” only (60)** Class:  Fee: \$   
 ([See Section 4 of the attached fee schedule.](#))

**Total Fees Submitted: \$**

**NOTE:** All refunds of application / license fees will be issued to the applicant.

**1. GENERAL INFORMATION** (To be completed by **All Applicants**):

Organizational Information:

a. Applicant:   
 Organization Name / Chapter

Mailing Address:   
 Street / P.O. Box

City  State  Zip

Organization's Business Phone  Gambling Premises Phone

Organization's Fax

E-Mail Address:   
 @

b. Department of Revenue Unified Business Identifier (UBI) Number:

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

**If Yes:** When?  /  /

What type of license?

<b>Business Office Use Only:</b>			
Code: 211- <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	Amt: \$ <input type="text"/>	Val #: <input type="text"/>
Code: 211- <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	Amt: \$ <input type="text"/>	Val #: <input type="text"/>

1. GENERAL INFORMATION: (Continued)

d. **Bingo Only** –

County in which the organization's primary business office is located: \_\_\_\_\_

IF NO BUSINESS OFFICE, then provide the county in which the organization's president / chief executive officer resides: \_\_\_\_\_

2. PREMISES / EQUIPMENT:

a. Premises: Does the organization own the premises? Yes  No

Address (Where the activity will be conducted): \_\_\_\_\_  
Street

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

City Limits?  Inside  Outside

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

**If Rented**, provide the following:

Landlord: \_\_\_\_\_  
Name

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

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

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

**If Yes**, on a separate sheet of paper list:

- The name of all organizations sharing the facility;
- Names and signatures of the highest ranking officer for each organization involved;
- Copies of any written agreements between organizations; and
- 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 (Attach listing, if necessary):

Owner: \_\_\_\_\_  
Name

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

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip



**4. PROPOSED ACTIVITY MANAGER(S) (All Applicants)** (Complete one for each separate gambling activity. Attach additional sheets if necessary.):

Class "D" or Above Bingo (Primary / Assistant Manager):

Primary  Assistant

Class "C" or Above Punch Board / Pull-Tabs (Primary Manager Only).

Paid Employee Responsible for Supervision of the Operation of Progressive Jackpot Pull-Tab Games.

Paid Employee Responsible for Supervision of Gambling Managers.

Paid Employee Assigned the Highest Level of Authority by the Officers or Governing Board if your Organization:

- Is licensed to receive more than \$300,000 in combined gross gambling receipts; or
- Has established a trust and / or endowment fund and has gambling receipts in excess of \$100,000 contributed to that fund.

Last Name: |\_\_\_\_\_

First Name: |\_\_\_\_\_ MI: |\_\_|

Gambling Activity: |\_\_\_\_\_

Social Security #: |\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_| Birthdate: |\_\_\_\_|/|\_\_\_\_|/|\_\_\_\_|

Home Address (Street): |\_\_\_\_\_

|\_\_\_\_\_ City |\_\_\_\_\_ State |\_\_\_\_\_ Zip

|\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_| |\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_|  
Home Phone Business Phone

|\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_|  
Cell Phone

E-Mail Address: |\_\_\_\_\_

@ |\_\_\_\_\_

**5. QUALIFICATION / ANNUAL CERTIFICATION INFORMATION:**

a. Historical – Initial Application and Changes Only:

**NOTE:** Applicants currently or previously licensed by the gambling commission need only complete those items which have changed since the last application. **If no change**, write N/C in each space provided.

(1) When was your organization formed or incorporated? |\_\_\_\_|/|\_\_\_\_|/|\_\_\_\_|  
Month Day Year

(2) When does your accounting fiscal year end? |\_\_\_\_|/|\_\_\_\_|/|\_\_\_\_|  
Month Day Year

(3) Mark  all purposes for which your organization is formed and operated. Annotate your primary purpose by circling it:

- |                                       |                                     |                                      |                                    |                                    |
|---------------------------------------|-------------------------------------|--------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Charitable | <input type="checkbox"/> Educational | <input type="checkbox"/> Patriotic | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Athletic     | <input type="checkbox"/> Civic      | <input type="checkbox"/> Fraternal   | <input type="checkbox"/> Political | <input type="checkbox"/> Social    |

Other (List):|\_\_\_\_\_

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.)

**5. QUALIFICATION / ANNUAL CERTIFICATION INFORMATION:** (Continued)

c. Is your organization a branch, chapter, or auxiliary of another charitable or nonprofit organization?

Yes  No  **If Yes**, Complete the following:

Name of Organization: \_\_\_\_\_

Relationship: \_\_\_\_\_

Are gambling funds being used (or plan to be used) to benefit the related organization? Yes  No

**6. MEMBERSHIP INFORMATION:** (Complete even if previously licensed.)

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

b. How many active members ([RCW 9.46.0261](#)) 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? \_\_\_\_\_

**7. RAFFLE APPLICANTS:**

a. Are you planning on using a raffle format different other than drawing the winning ticket out of a receptacle? (See [WAC 230-11-055](#) for Authorized Alternative drawing formats.)

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

No **If No**, go to Section 8.

b. Do you plan on holding a raffle with a prize valued at \$40,000 or more? Yes  No

c. Will you be raffling off prizes worth a total value of \$80,000 or more? Yes  No

**NOTE:** If you are exceeding a value of \$40,000 per prize or \$80,000 annually, you must show good cause in writing. (See [WAC 230-11-067](#) for instructions.)

**8. TIME / DAYS / DATES OF OPERATION:**

a. List the normal operating schedule for the following activities:

Bingo \_\_\_\_\_

Punch Boards / Pull-Tabs \_\_\_\_\_

Amusement Games \_\_\_\_\_

Social Card Rooms \_\_\_\_\_

b. All Bingo applicants – Complete the following schedule for day(s) and hours of bingo operation:

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

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**9. INFORMATION REGARDING YOUR LAST FISCAL PERIOD:**

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

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**10. BRIEFLY DESCRIBE THE TYPE(S) OF CHARITABLE AND / OR NONPROFIT SERVICES** that are provided by your organization to the public and / or your members:

- **To the Public:**

- **To your Members:**

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**11. 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 may omit these items unless there has been any changes in officers, bylaws or articles, or you are specifically requested to provide them.

**a. All New Applicants:**

- (1) IRS Exempt Status Letter – Enclose a copy of your IRS letter declaring your organization is exempt from the payment of federal income taxes.
- (2) A copy of your current bylaws and articles of incorporation and any amendments.
- (3) One set of minutes from any meeting of your organization from as far back as you can find.
- (4) Copies of the minutes from your two most recent meetings.
- (5) A list of officers to include full name, date of birth, social security number, address, and phone number.

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**11. REQUIRED ATTACHMENTS** – Attach and submit the following documents with your application.

**b. All Applicants: Including Those Previously Licensed:**

- (1) Your written lease or rental agreement for use of the premises. (If you own the premises, so note.)
- (2) Your written lease or rental agreement for use of equipment. (If you own the equipment, so note.)
- (3) Complete the following:

- I am applying for a Class "D" or above Punch Board / Pull-Tab license?     Yes                       No
- I am applying for a Class "A" or "B" Card Room license?                       Yes                       No
- I am applying for a Class "D" or above Bingo license?                       Yes                       No
- I am applying for a Class "E" Amusement Game license?                       Yes                       No
- I am applying for a Class "E" or above Raffle license?                       Yes                       No
- If you answered yes to any of the above questions, a *Personal / Criminal History Statement* ([BLS-700-301](#)) is required for each of the following organization persons: the president / CEO, the board chairperson, the treasurer, and the gambling activity manager(s).

**NOTE:** The completed *Personal / Criminal History Statement* ([BLS-700-301](#)) must be countersigned by the president or CEO before they can be accepted by the commission.

- (4) The above organization persons must also provide positive identification by submitting a copy of their driver's license, state ID, valid passport, or alien registration card (if they are a registered alien) and a current, full-face photograph (no smaller than 2"x 3" or larger than 3"x 5"). **The person's name and social security number must be written on the back of the photograph.**
- (5) A *Financial Statement* ([GC4-320](#)) and *Source of Funds Statement* ([GC4-321](#)) for the organization is required if you are applying for a bingo license.

**NOTE:** WACs [230-06-080](#), [230-06-085](#) and [230-06-090](#) requires that information supplied to the Gambling Commission be kept current. It also sets time limits to assure timely reporting, and advises that revised agreements, pending lawsuits, or other factors discovered may require further analysis and review.

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**\* \* STOP \* \***

Please review the entire application **again**. Have you forgotten to complete all questions or submit documents? **Please note** that failure to provide the information / documentation **may significantly delay** processing of your application.

**- PLEASE HELP US TO HELP YOU -**

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**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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## OATH OF THE ELECTED CHIEF EXECUTIVE OFFICER 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](#).

President's Signature (From 3.a.): \_\_\_\_\_

Title: |\_\_\_\_\_|

Date: |\_\_\_\_|/|\_\_\_\_|/|\_\_\_\_|

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### Application Prepared By:

Last Name: |\_\_\_\_\_|

First Name: |\_\_\_\_\_| MI: |\_\_\_\_|

Title: |\_\_\_\_\_|

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

|\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_|  
City State Zip

Phone: |\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_| Fax: |\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_|

Cell: |\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_|

E-Mail Address: |\_\_\_\_\_|

@ |\_\_\_\_\_|