



**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**

---

### **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 WACs [230-03-035](#) and [230-03-040](#) 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 4.b.iii. and b.v. 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 twenty (20) 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 4.b.iii.). 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.

---

## **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. Submit the completed application, with the appropriate fee, Washington State Gambling Commission, P.O. Box 42400, Olympia WA 98504-2400.

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



**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)

**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.

**1. 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.

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

a. Organizational Information:

i. 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:   
 @

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

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

**If Yes:** When? --

What type of license?

**Business Office Use Only:**

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

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

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

a. Organizational Information: (Continued)

iv. **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: \_\_\_\_\_

b. Premises / Equipment (**All Applicants**):

i. 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

ii. 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.

iii. 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

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

c. Proposed Activity Manager(s) (**All Applicants**) (Complete one for each separate gambling activity. If more than three (3), provide information by attachment.):

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.

i. Last Name: |\_\_\_\_\_

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

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

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

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

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

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

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

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

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

ii. Last Name: |\_\_\_\_\_

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

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

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

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

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

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

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

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

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







---

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

- d. Progress toward meeting stated purpose(s) during your last fiscal year (**All Applicants**): (Continued)
- ii. 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:**

If more space is needed, use a separate sheet of paper, but identify the question you are addressing.

---

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

**New applicants** must submit all documents listed in A. and B. of this section.

**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:**

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

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

- i. Your written lease or rental agreement for use of the premises. (If you own the premises, so note.)
- ii. Your written lease or rental agreement for use of equipment. (If you own the equipment, so note.)
- iii. 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.



