



**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);
- Washington Administrative Codes (WACs) pertaining to licensing and / or operation of gambling activities;
- Letter for mandatory prelicensing training (GC5-158); (See WACs 230-03-035 and 230-03-040 for training attendance requirements.)
- *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.)
- 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).
- 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 230-04-040, 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.**

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**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.***

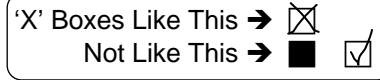
***Print using a black ballpoint pen – pressing firmly, use a typewriter, or fill out by computer.***

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

A B C D E F G H I J K L M  
N O P Q R S T U V W X Y Z

1 2 3 4 5 6 7 8 9 0

- 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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**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: \$**

**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

County:

-- 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

County: \_\_\_\_\_

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

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

**If Rented**, provide the following:

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

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

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

County: \_\_\_\_\_

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

County: \_\_\_\_\_









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**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.

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**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.

- iv. The above organization persons must also provide positive identification by submitting a copy of their drivers license, military 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.**



