



**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 – ENHANCED RAFFLE**

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### **THIS PACKET CONTAINS:**

- A pamphlet entitled "*Gambling License Certification Program*"
- The basic *Enhanced Raffle Application* (GC4-008)
- 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

### **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 230-03-070). 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 230-05-001.
- A complete financial and criminal background investigation will be necessary on various members and officers of the organization. In addition, a premises visitation may be required.

### **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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**BONA FIDE CHARITABLE / NONPROFIT ORGANIZATION  
 ENHANCED RAFFLE APPLICATION**

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

**TYPES OF ACTIVITY / FEES:** Mark  all applicable activities.

**Annual Enhanced Raffle Fee - \$6,360** \$ \_\_\_\_\_

**Additional Fee Per Enhanced Raffle** \_\_\_\_\_ **X** \$ 8,268 = \$ \_\_\_\_\_  
 # of Enhanced Raffles Per Additional Enhanced Raffle Fee

**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-_____	Date: _____ / _____ / _____	Amt: \$_____	Val #: _____





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**6. ENHANCED RAFFLE OPERATIONS:**

a. Will your organization be hiring a licensed service supplier to run the enhanced raffle? Yes  No

Service Supplier: \_\_\_\_\_  
Organization Name

Mailing Address: \_\_\_\_\_  
Street / P.O. Box

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

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Business Phone Business Fax

E-Mail Address: \_\_\_\_\_  
@ \_\_\_\_\_

b. Who will be your organization's dedicated employee who is responsible for oversight of the enhanced raffle operations?

Employee of Nonprofit Organization: \_\_\_\_\_  
Last Name

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street / P.O. Box

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

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

E-Mail Address: \_\_\_\_\_  
@ \_\_\_\_\_

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**7. CALL CENTER INFORMATION**

Will your organization be contracting with a licensed call center to receive enhanced raffle ticket sales? Yes  No

Service Supplier: \_\_\_\_\_  
Organization Name

Mailing Address: \_\_\_\_\_  
Street / P.O. Box

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

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Business Phone Business Fax

E-Mail Address: \_\_\_\_\_  
@ \_\_\_\_\_

**NOTE:** The call center may not solicit enhanced raffle ticket sales. Your organization must have a contractual relationship with the call center stating that the call center must comply with all applicable RCW and WAC.



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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: \_\_\_\_\_

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

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

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#### Application Prepared By:

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

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

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

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

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

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

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

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