



**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

**PROFIT**

**PERMIT APPLICATION FOR PERSONS TO OPERATE BINGO GAMES  
 ONLY DURING AND UPON THE SITE OF BONA FIDE AGRICULTURAL FAIRS  
 (COMMERCIAL BUSINESS APPLICANT)**

- One-Time Bingo Permit** (WAC230-05-020)      **Fee: \$ 29.00**  
 **Annual Bingo Permit** (WAC 230-05-025)      **Fee: \$ 200.00**  
 (For Unlimited Licensed Agricultural Fairs – With Approved Bingo Itinerary)

1. Applicant: \_\_\_\_\_  
 Use Full Name, Corporate or Partnership

2. Mailing Address of Applicant: \_\_\_\_\_

\_\_\_\_\_

City	State	Zip	County
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( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_      ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_      ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 Telephone                                      Fax Number                                      Cell Phone (Optional)

3. Washington State Department of Revenue Tax # (UBI): \_\_\_\_\_

4. Applicant Organization is a: (Mark  One)
- a.  Sole Proprietorship
  - b.  Partnership (Submit a copy of agreement.)
  - c.  Corporation (Submit copy of current incorporation articles, minutes covering the election of current officers, and your most recent stock issue.)
  - d.  Limited Liability Company (Submit a copy of LLC formation and agreement.)
  - e.  Other Specify: \_\_\_\_\_

5. Name of Bingo Activity Primary Manager:  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

City	State	Zip	County	( _____ ) _____ - _____
				Telephone

E-mail Address: \_\_\_\_\_

6. On a separate sheet of paper, provide the following information on each person who will participate in the supervision of a bingo activity: Last Name, First Name, MI; SSN; Date of Birth; Home Address, City, State, Zip Code; and Home Telephone Number. Also provide a brief description of the duties and responsibilities assigned to this person.
7. Provide the full name and current address of each person, corporation, partnership, or other association(s) that may have any interest in the equipment to be used by the (permit) applicant.
8. If equipment is leased or rented, provide details of the lease or rental agreement, or submit a copy of the agreement.

