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
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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** [WAC 230-04-202(9)] **Fee: $ 27.00**

☐ **Annual Bingo Permit** [WAC 230-04-203(10)] **Fee: $ 189.00**
(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

(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
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.

9. For Each Person: (a. – e.) below, provide a completed and signed *Personal / Criminal History Statement* (BLS-700-301). Answer all questions and furnish all information required.
   a. Elected President, Treasurer and Chairman of the Board (and Spouses).
   b. All Owners of 10% or More Interest in the Corporate Applicant (and Spouses).
   c. All Partners in the Applicant Business (and Spouses).
   d. Sole Owner of Applicant Business (and Spouse).
   e. Primary Manager (All Managers).

10. **For One-Time Bingo Permit Only** – Provide the following information:

    Name of Fair: _____

    Fair Premises Address: _____

    _____
    City State Zip County

    Inclusive Dates of Fair: From _____ to _____

11. **For Annual Bingo Permit** – Using the format above, provide the same information for each and every agricultural fair for which you have a contract to conduct bingo games. Use Full Season Itinerary (GC4-009f – attached).

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 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.

DECLARATION / SIGNATURE OF SOLE PROPRIETOR, EACH PARTNER, OR CHIEF EXECUTIVE OFFICER

OATH OF APPLICATION

I declare under penalty of perjury, under the laws of the state of Washington, that all information provided in 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 an initial application or revocation of any gambling licenses currently held. I agree to notify the Washington State Gambling Commission should any information required on this application and / or on my Personal / Criminal History Statement change or become inaccurate in any way. I understand that if I fail to make such notification, it may constitute grounds for denial, suspension or revocation of my license. I further understand that if any criminal or civil actions are filed against me, I must inform the commission. (See WACs 230-04-022, 230-12-305, and 230-12-310.)

Title: _____

Signature: _____

Date: _____

*Partner(s): _____

_____
[*If Partnership, All Partners **Must Sign.**]