



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

**FULL SEASON ITINERARY FOR LICENSE TO OPERATE BINGO GAMES
 ONLY DURING AND UPON THE SITE OF LICENSED BONA FIDE AGRICULTURAL FAIRS**

Licensed Business Name: _____ (_____) _____ - _____
Telephone

Mailing Address: _____
Street or P.O. Box

City State Zip

AGRICULTURAL FAIR

INCLUSIVE DATES

• Name of Fair: _____

Location Name: _____

Location Address: _____
Street City

From: _____

To: _____

• Name of Fair: _____

Location Name: _____

Location Address: _____
Street City

From: _____

To: _____

• Name of Fair: _____

Location Name: _____

Location Address: _____
Street City

From: _____

To: _____

• Name of Fair: _____

Location Name: _____

Location Address: _____
Street City

From: _____

To: _____

• Name of Fair: _____

Location Name: _____

Location Address: _____
Street City

From: _____

To: _____

• Name of Fair: _____

Location Name: _____

Location Address: _____
Street City

From: _____

To: _____

Full Season Itinerary for Bingo Games for the Year _____

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.

**THIS STATEMENT MUST BE SIGNED BY THE PRINCIPAL OWNER OR
HIGHEST RANKING OFFICER OF LICENSEE ORGANIZATION**

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 230-03-050, 230-03-055, 230-06-080, 230-06-085, and 230-06-090.)

Signature of Owner or Highest Ranking Officer

Date

APPROVED EXCEPT FOR THOSE AREAS LINED OUT IN RED.

Signature of Approving Authority

Date

If any questions, please contact: _____