



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
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WEB SITE: www.wsgc.wa.gov

SUPPLEMENTAL APPLICATION PACKET

LICENSE TO ALLOW PREMISES USE FOR PLAYING SOCIAL OR PUBLIC CARD GAMES

THIS PACKET CONTAINS:

1. This summary sheet with general instructions.
 2. *Supplemental Application – License to Allow Premises Use for Playing Social or Card Games.*
 - [Current Employees / Expected Employees](#) (GC4-315) attachment to list persons currently involved or expected to be involved in card room operations.
 - [Personal / Criminal History Statement](#) (BLS-700-301);
 - [Financial Statement](#) (GC4-320);
 - [Source of Funds Statement](#) (GC4-321);
 3. A letter from the Commission regarding our zero-tolerance policy towards illegal and unlawful acts (GC5-001).
 4. [Charitable / Nonprofit Fee Schedule](#) (GC5-055 FS) and [Commercial Stimulant Fee Schedule](#) (GC5-055K FS).
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IMPORTANT INSTRUCTIONS FOR ALL APPLICANTS – READ BEFORE PROCEEDING

1. All forms in this packet may be recopied for your use. The form can also be found at our [WEB site](#). See above.
2. [Washington Administrative Code](#) (WAC) citations are used throughout this application. When cited, refer to the rules (administrative codes) for clarification.
3. If you are currently licensed by the Washington State Liquor Control Board ([WAC 314-16](#)), you are required to obtain written approval from the Liquor Board prior to commencing any additional activity. All requests must be sent through your local liquor control board agent. A copy of that request and approval will be required for this application.
4. The licensing fees for this application are listed on the fee schedules. In addition to these fees, the commission may assess additional amounts to cover inspections and investigations necessary for licensing or certification. These costs will be determined, and are payable, during the financial investigation phase of the application process.
5. If you choose to voluntarily withdraw your application, or if the commission administratively closes your application, the remainder of the fee, and any additional amounts paid, will be refunded minus the commission's processing and investigative costs.
6. If you have not already done so, all applicants and substantial interest holders, including spouses, will be required to provide positive proof of identity with this application. Fingerprints, if not previously provided, may be required. You will be contacted regarding fingerprints.
7. Although you must be licensed to use this supplemental form, each application is evaluated on an individual basis. As a result, do NOT answer any question with the words "on-file".
8. If completed properly, you will be asked to submit a number of attachments. If you need to make additional lists or write comments, the information must be written neatly or typed on sheets of white 8 1/2 X 11 inch paper. When asked for legal or business documents, the copies must be clean and legible.
9. When complete, the application and addendums should be reviewed before submission. This review may help to avoid delays during the application processing period, or worse, the administrative closure or denial of your application for failure to provide required information.
10. This application must be signed and dated by the appropriate individual(s). Where a signature is required, the Commission requires an original signature in ink. Please sign inside the signature blocks provided.

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11. An application is considered complete when the form and attachments have been completed in every respect, includes all requested documents, and is submitted with the proper fee to the Gambling Commission's office located in Lacey, Washington. Mail or deliver your completed application and fee(s) to the address on the front page. Proper postage is the responsibility of the applicant. **PLEASE NOTE:** Once the application and fees have been received, additional documentation can be sent via fax or email.
 12. Keep a copy of your completed application, including all documentation. We will contact you to confirm information from your application, and from the documents you submit.
 13. If you need assistance in completing this application – please call one of the telephone numbers listed on the instruction sheet.
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CHANGES MUST BE REPORTED

During the application process all changes that may affect your answers on this application must be reported to the Commission. For example, notify us if there is a change in owners or officers, articles of incorporation, nonprofit by-laws, organizational structure, lease, rental, consignment, franchise, or other agreements relating to gambling activities or alter the business or organization, whether oral or written, and all cash or asset contributions, draws from lines of credit, and loans, from other than recognized financial institutions, which individually or collectively exceed a total of \$10,000.00 during the calendar year: Provided, that cash or asset contributions do not include donations to licensed charitable or nonprofit organizations.

CARD ROOM LICENSE APPLICANTS – EXAMPLES USING JANUARY 1, 2008 FEES

Please refer to page one of the application. Now look at the fee schedules attached to the form. As you can see, there are several different card room license classes. If you ran a nonprofit organization and you wished to apply for a card room license, you must choose between Class A, B, C or D. If you chose Class D, on page one of the application you would place an in the box identified as “Social Card Room (60)” and write D in the box after “Class”. For the fee amount you would write 058 in the boxes after “Fee \$”.

A commercial/profit-seeking business seeking a Class E license with five (5) gaming tables would place an in the box identifies as “Public Card Room (65)”, and write E05 in the boxes after “Class”. For the fee amount you would write 3980 in the boxes after “Fee \$”. Note: you may apply for up to fifteen (15) tables under Class E. Read the fee schedule carefully to calculate the proper fee. Applications must have the correct fee to be processed.

A Card Room Class F Endorsement allows enhanced card room activities including alternative fee collections and the use of player-supported jackpot schemes. If you wish to apply for a Card Room Class F Endorsement you must already have a Class E Card Room license, or applying for one using this application. To add a Class F Endorsement, on page one of the application you would “Public Card Room (65) Class F”, and write 1732 for “Fee \$”.

If you wish to apply for a House-Banked Public Card Room License, you **NEED NOT APPLY** for a Class E Card Room License, or a Class F Endorsement. The House-Banked License covers all elements of Class E and Class F activities. If you wished to apply for a ten (10) table House-Banked Card Room License, on page one of the application you would “Public Card Room (67)”, write 10 in the boxes behind “HB”. Read the fee schedule carefully to calculate the proper fee. If you were applying for ten tables you would write 24264 for “Fee \$” because \$24,264 is the sum of the \$6,944 annual fee and 10 X \$1,732 for each table.

WHAT OTHER LAWS OR RULES MIGHT EFFECT MY CARD ROOM APPLICATION?

Your desire to expand your business to include a card room may be effected by a number of Local, State and Federal laws. For example the Gambling Commission requires you to have all necessary business licenses, appropriate health certificates, fire inspections, and use and occupancy permits before it can issue a license. Also, a number of city and county governments have enacted restrictions (or moratoriums) regarding card rooms and other gambling activities. Call local governmental agencies to obtain up-to-date information on any restrictions prior to preparing this application.



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SUPPLEMENTAL APPLICATION
LICENSE TO ALLOW PREMISES USE FOR PLAYING SOCIAL OR PUBLIC CARD GAMES

IMPORTANT: This application may only be used by those organizations or businesses that are currently licensed by the Gambling Commission to operate as a commercial stimulant, any class of Punch Boards / Pull-Tabs, or as a nonprofit to operate Class "D" and above Bingo, and / or Class "D" and above Punch Board / Pull-Tabs.

Review the instruction sheet, consult the fee schedule, and then complete this area to apply for additional license(s):

- Nonprofit Organizations:
 Social Card Room (60) Class |___| Fee \$ |___|
 General fee or no fee, Limited Card Games.
 (See Section 4 of the attached Charitable/Nonprofit Fee Schedule (GC5-055 FS).)
- Commercial Stimulant Organizations:
 Public Card Room (65) Class |___| Fee \$ |___|
 (See Section 1 of the attached Commercial Stimulant/Profit-Seeking Fee Schedule (GC5-055K FS).)
- Public Card Room (65) To Add Class F Endorsement Fee \$ |___|
 Enhanced Card Room Activities Endorsement Includes Alternative Fee
 Collections and use of Player-supported Jackpot Schemes.
 (See Section 1 of the attached Commercial Stimulant/Profit-Seeking Fee Schedule (GC5-055K FS).)
- Public Card Room (67) H B |___| Fee \$ |___|
 (House-Banked) # of Tables
 (See Section 2 of the attached Commercial Stimulant/Profit-Seeking Fee Schedule (GC5-055K FS).)

NOTE

License fees are listed on the fee schedule. In addition to the fee schedule, the commission may assess other amounts to cover inspections and investigations necessary for licensing. These costs will be determined, and are payable, during the financial investigation phase of the application process.

Total Fee Submitted \$ |___|

NOTE: All refunds of application/license fees will be issued to the applicant.

Please Print

Organization Number: |___|

1. **Applicant:** |___|
 Use Full Name, Corporate or Partnership Name

2. **Business Mailing Address:** |___|
 |___| City |___| State |___| Zip

3. **Telephone:** |___| Primary Telephone Number |___| Message Telephone Number
 |___| Fax Telephone Number |___| Cell Telephone Number (Optional)

4. **Trade Name:** |___|
 DBA

5. **Location Address:** |___| Street Address
 City: |___| State: |___| Zip: |___|

6. **Telephone:** |___| Primary Telephone Number |___| Message Telephone Number

Business Office Use Only:

Code: 211-|___| Date: |___|/|___|/|___| Amt: \$|___|.00 Val #: _____

Code: 211-|___| Date: |___|/|___|/|___| Amt: \$|___|.00 Val #: _____

15. COMMERCIAL STIMULANT APPLICANTS ONLY - FLOOR PLAN REQUIRED: Provide a copy of your business floor plan. The copy should be no larger than 11" X 17". Be sure to include the property boundaries, service facility locations, exits, and entrances, both present and proposed. Clearly mark and label all areas where gambling activity will occur including Amusement Games, Punch Board \ Pull-Tab, and Card Room locations. Also, clearly mark the location of the cashier's cage, count room, surveillance room, and the location of all surveillance cameras.

FOR EACH CARD ROOM, clearly mark the location of each gaming table and provide a diagram of each table layout.

Is your business location adjacent to another business that provides a licensed gambling activity?

Yes No

If you marked "Yes", please refer to the restrictions in WAC [230-06-046](#). This reference can be found in the Condensed Licensing Rules found in the back of this packet. Class E, F, and house-banked card rooms may not be adjacent to each other if each licensed business premises:

- a. Shares inside public access between the two licensed business premises; or
- b. Has employee access between the two licensed business premises visible to the public; or
- c. Shares windows or similar structures that allow customers to see into the other licensed business premises.

Adjacent card rooms must post signs at each entrance that is accessible by the public to clearly notify customers of the licensed business premises' identity.

16. COMMERCIAL STIMULANT APPLICANTS, CLASS F ENDORSEMENT (Player-Supported Jackpots) ONLY:

WACs [230-15-365](#), [230-15-335](#) and [230-15-340](#) set out additional requirements that must be met to qualify for this higher level of gambling activity. On a separate sheet of paper, provide the following information:

- | | Included | Not
Applicable | |
|----|--------------------------|--------------------------|---|
| a. | <input type="checkbox"/> | <input type="checkbox"/> | A list of the Player-Supported Game(s) to be played; |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | A detailed description of those game(s); |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | A copy of all rules of play for each game; |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | The name of the prize fund custodian and their Gambling Commission license number; |
| e. | <input type="checkbox"/> | <input type="checkbox"/> | All internal control procedures associated with controlling the game and accounting for fees and prizes. Refer to WAC 230-15-335 for procedural requirements. |

17. COMMERCIAL STIMULANT CLASS F ENDORSEMENT AND HB APPLICANTS ONLY:

SURVEILLANCE EQUIPMENT: All surveillance equipment must meet the requirements of WACs [230-15-270](#) and [230-15-275](#). Provide a list of the type(s) of surveillance system(s) and equipment you will be purchasing. Also provide a copy of the specifications for each type of surveillance equipment used.

- | | Included | Not
Applicable | |
|----|--------------------------|--------------------------|---|
| a. | <input type="checkbox"/> | <input type="checkbox"/> | A list of the types of surveillance equipment to be used. |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | A copy of the specifications for each type of surveillance equipment. |

18. COMMERCIAL STIMULANT APPLICANTS, CLASS HB (House-Banked) ONLY:

WAC [230-15-275](#) sets out additional requirements that must be met to qualify for this higher level of gambling activity. On a separate sheet of paper provide the following information:

- | | Included | Not
Applicable | |
|----|--------------------------|--------------------------|---|
| a. | <input type="checkbox"/> | <input type="checkbox"/> | The name(s) of the game(s) to be played. |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | A detailed description of all games to be played; |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | A copy of all rules of play for each game; |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | A list of the types of gaming tables to be used; |

19. COMMERCIAL STIMULANT APPLICANTS, CLASS HB (House-Banked) ONLY: Have you, or will you, be contracting with service suppliers to finance, oversee, provide for, or handle any aspect of your gaming activities?

Yes (Complete requirements below.)

No (Go to next question)

If you have, or will be, contracting with service suppliers, provide clean and legible copies of:

- | | Included | Not
Applicable | |
|----|--------------------------|--------------------------|---|
| a. | <input type="checkbox"/> | <input type="checkbox"/> | Any franchise agreements or other agreements with distributors or manufacturers of equipment; |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Copies of all contracts (obligations) between the applicant and any other licensee(s) of the Gambling Commission including all current or proposed management agreements or contracts between the applicant and any licensed gambling service supplier (See WAC 230-03-210 .) |

EXCEPTION: Retain copies of all game contracts on premises for your assigned local agent to review.

NOTE: If you have not yet contracted with a service supplier, you must notify the Commission immediately if and when you do contract with one.

20. COMMERCIAL STIMULANT APPLICANTS, CLASS HB (House-Banked) ONLY: On a separate sheet of paper, or by separate report, provide the details of your planned system of internal accounting and administrative controls. This internal accounting and administrative controls system disclosure must be a complete document including diagrams and a narrative, see WAC [230-15-275](#), and must meet the standards set forth in WACs [230-15-425](#), [230-15-430](#), [230-15-440](#) and [230-15-460](#).

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](#).

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

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](#).

- _____ |_____|/|_____|/|_____|
Signature Date

Application Prepared By:

Last Name: |_____|

First Name: |_____| MI: |_____|

Business Name: |_____|

Mailing Address: |_____|

City: |_____| State: |_____| Zip: |_____|

E-Mail Address: |_____|

@ |_____|

Telephone: |_____|-|_____|-|_____| Primary Telephone Number |_____|-|_____|-|_____| Message Telephone Number

|_____|-|_____|-|_____| Fax Telephone Number |_____|-|_____|-|_____| Cell Telephone Number (Optional)

IMPORTANT REMINDERS

You may reduce the time it takes to process your application by:

1. Following all instructions;
2. Answering all questions;
3. Submitting any additional requested documentation\information by the due dates provided; and
4. Contacting local governmental agencies to obtain information about any restrictions.

You can expedite your application process by:

1. ENSURING that all [Personal / Criminal History Statement](#) (BLS-700-301), [Financial Statement](#) (GC4-320), and [Source of Funds Statement](#) (GC4-321) are complete;
2. Include all requested information with your application; and
3. Rapidly respond to all requests for additional information.

If you will enlarge or improve your business area,

and use money from sources other than a financial institution; take some time to ensure that you have properly completed the [Financial Statement](#) (GC4-320) and [Source of Funds Statement](#) (GC4-321). This form is essential in determining your business funding sources.

If your funding sources includes,

friends, relatives, another business, or some other source; be sure that all [Personal / Criminal History Statement](#) (BLS-700-301), [Financial Statement](#) (GC4-320), and [Source of Funds Statement](#) (GC4-321) information from those entities are disclosed and submitted with this application.

Should you have specific information or documentation questions involving [Personal / Criminal History Statements](#) (BLS-700-301), [Financial Statement](#) (GC4-320), or the [Source of Funds Statement](#) (GC4-321), you may contact the Financial Investigations Unit at 1-800-345-2529 or (360) 486-3440 for assistance.