



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

FAIR BOARD MEMBERS

Attachment to application for Agricultural Fairs to Operate Bingo, Raffles, and / or Amusement Games

As detailed below, provide the requested information on the elected fair board President, Treasurer, and Chairman of the Board.

• Full Name: _____ Position on Fair Board: _____
 Social Security No.: _____ Phone Number: (_____) _____ - _____
 Home Address: _____ Date of Birth: _____

_____ City _____ State _____ Zip _____ County _____

• Full Name: _____ Position on Fair Board: _____
 Social Security No.: _____ Phone Number: (_____) _____ - _____
 Home Address: _____ Date of Birth: _____

_____ City _____ State _____ Zip _____ County _____

• Full Name: _____ Position on Fair Board: _____
 Social Security No.: _____ Phone Number: (_____) _____ - _____
 Home Address: _____ Date of Birth: _____

_____ City _____ State _____ Zip _____ County _____

• Full Name: _____ Position on Fair Board: _____
 Social Security No.: _____ Phone Number: (_____) _____ - _____
 Home Address: _____ Date of Birth: _____

_____ City _____ State _____ Zip _____ County _____

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 unlikely 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.

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 and will be disclosed to my employer. 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 further understand that if any criminal or civil actions are filed against me, I must inform the commission and my employer. See WACs 230-03-050, 230-03-055, 230-06-080, 230-06-085, and 230-06-090.

Name: _____

Title: _____ Date: _____

Chief Executive Officer