



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

ENHANCED RAFFLE CALL CENTER

This Packet Contains:

1. A pamphlet entitled *Gambling License Certification Program*.
2. General Instructions.
3. The basic application (GC4-018) with attachments:
 - *Disclosure of Corporate Officers / Stockholder* (GC4-017);
 - *Disclosure of LLC Members / Managers* (GC4-017b);
 - *Disclosure of Partnership* (GC4-017c);
 - *Gaming Representative* application (GC4-002);
 - *License Class Structure Information* (GC5-144);
 - *Personal / Criminal History Statement* (BLS-700-301);
 - *Financial Statement* (GC4-320);
 - *Source of Funds Statement* (GC4-321);

FEEL FREE TO DUPLICATE ANY AND ALL FORMS WITHIN THIS PACKET.

General Instructions

1. Before completing this application, please **STOP AND READ** the enclosed pamphlet entitled *Gambling License Certification Program* and the condensed rules. You will find them very helpful and informative.
2. We ask that you type or print with black ink and please answer ALL questions. Use N/A if not applicable.
3. All applicants and substantial interest holders will be required to provide positive proof of identity. See Item (5)(b) of the application for details.
4. Fingerprint cards are required from some applicants. Should fingerprint cards be required, the cards will be sent to you with appropriate instructions.
5. The highest-ranking member of the organization must sign and date this application.
6. When complete, the application and addendums should be rechecked. This check may help to avoid delays during the processing of the application, or worse, the administrative closure, or denial of your application.
7. Mail or deliver the completed application and fee to the above address. **PLEASE NOTE:** You may fax application documentation to expedite processing, but clear copies must be submitted as faxed documentation may be illegible.
8. If you need assistance in completing this application - please call one of the phone numbers shown above.

ATTENTION APPLICANT

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

- **Following the above instructions;**
- **Answering all questions on this application; and**
- **Submitting all additional requested documentation / information as soon as possible.**

We highly recommend that you submit your application in person so that we may conduct a complete precicensing interview. This may save you a great deal of time and possible expense.



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ENHANCED RAFFLE CALL CENTER

FEE: \$4,770.00

An enhanced raffle call center is any person or business that receives authorized enhanced raffle ticket sales.

SPECIAL NOTE: In addition to the basic license fee, the commission may require additional payments to recover background and other investigative costs. Payment of these fees will be required in advance, and their payment is a condition which must be met to continue processing your application. See RCW 9.46.070(5).

1. Applicant: _____
 Use Full Name, Partnership, or Corporate Name

Business Mailing Address: _____

_____ City _____ State _____ Zip _____
 (____) _____ - _____ (____) _____ - _____ (____) _____ - _____
 Telephone Fax Number Cell Phone (Optional)

Premises Address (Street Address): _____

_____ City _____ State _____ Zip _____
 (____) _____ - _____ (____) _____ - _____ (____) _____ - _____
 Telephone Fax Number Cell Phone (Optional)

Business Trade Name: _____

The business is located (mark one): Inside Outside of the city limit.

2. TYPE OF BUSINESS: (Mark applicable block and complete the entire section)
Attach additional sheets, if necessary.

Sole Proprietor:

Owner's Name: _____
 Last, First, Middle Birthdate Social Security No.

Spouse: _____
 Last, First, Middle Birthdate Social Security No.

Partnership: See attached form GC4-017c.

LLC Member / Manager: See attached form GC4-017b.

Corporation: See attached form GC4-017.

Business Office Use Only:

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

(3) IF YOUR MAIN OFFICE IS LOCATED OUTSIDE THE STATE OF WASHINGTON, provide the name of the individual who will act as your in-state resident agent as required by WAC 230-03-052. MUST BE A NATURAL PERSON.

Agent's Full Name: _____
Last, First, Middle Birthdate Social Security No.

Home Address: _____
City Zip

Office Address: _____
City Zip

(____) - _____ (____) - _____ (____) - _____
Telephone Fax Number Cell Phone (Optional)

4. HAVE YOU HAD ANY LICENSES / PERMITS / AUTHORIZATIONS GRANTED, REVOKED, SUSPENDED, DENIED, OR WITHDRAWN?

No Yes **If Yes**, attach a letter explaining the circumstances include dates and locations.

5. CHECK EACH AREA FOR WHICH MATERIAL HAS BEEN SUBMITTED.

(If an area does not apply to your business, mark it N/A.)

a. If applicant is a corporation - submit signed and dated copies of articles of incorporation, minutes of corporate meetings showing the election of officers, and issuance of stock. Include a copy of your stock register.

COMPLETE, IN FULL, the attached *Disclosure of Corporate Officers / Stockholders (GC4-017)*.

Out-of-state corporations, as well as LLCs, must be registered in Washington State (see *Disclosure of LLC Members / Managers (GC4-017b)*).

NOTE: If applicant is a Limited Liability Company (LLC), complete, in full, the attached *Disclosure of LLC Members / Managers (GC4-017b)*.

NOTE: If applicant is a Partnership, complete, in full, the attached *Disclosure of Partnership (GC4-017c)*.

b. Complete and submit the following forms and personal identity materials if you are a **sole owner and spouse**; a **partner and spouse of a partner**; if a corporation: all **corporate officers, members of the board, owners of 5%, 10%, or more (see WAC 230-03-045) of any class of stock, and the spouses of these individuals.** (Feel free to duplicate any and all forms in this packet.)

➤ *Personal / Criminal History Statement (BLS-700-301)*

➤ *Financial Statement (GC4-320)*

➤ *Source of Funds Statement (GC4-321)*

➤ Fingerprint Cards (FD-258) (If instructed to do so.)

➤ A Copy of One of the Following Official Documents:

- ◆ Valid Driver's License;
- ◆ State Identification Card;
- ◆ Valid Passport; or an
- ◆ Alien Registration Card.

c. Signed and dated copies of partnership agreements or limited liability agreement as well as the limited liability formation as filed with the Secretary of State's office. If verbal, submit a statement outlining terms, parties involved, and date formed.

d. Signed and dated copies of leases or similar agreements, and all assignments and / or amendments, regarding the premises used for your business.

SPECIAL NOTE

ALL Call Center Representatives who receive enhanced raffle ticket sales are required to be licensed. See WAC 230-03-317. This packet contains an application packet (GC4-002). Call us if you have any questions regarding this licensing requirement.

OUR 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 SOLE PROPRIETOR OR SPOUSE,
EACH PARTNER, OR CHIEF EXECUTIVE OFFICER:**

READ VERY CAREFULLY

OATH OF APPLICANT

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](#).

X _____

X _____

X _____

APPLICATION PREPARED BY:

Name Title Date

Address City State Zip

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

Email Address