



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

CHARITABLE / NONPROFIT ORGANIZATION

THIS PACKET CONTAINS:

- The basic *Charitable / Nonprofit Organization Application* (GC4-028);
- A pamphlet entitled "[Gambling License Certification Program](#)";
- An explanation of license class structure ([GC5-144](#));
- *Training Requirements for All Applicants* ([GC5-017](#)) letter (See WAC [230-03-070](#).); and
- A license fee schedule ([GC5-055 FS](#)).

GENERAL INFORMATION:

- The information from this application and other requested documents are used to determine the qualification of your organization, premises, and members or employees involved in the management or operation of your proposed gambling activity.
- Should you fail to respond to a written request for additional information, documentation, and / or fees within thirty (30) days, we may begin administrative closure of your application. In that case, we will close your file without further action.
- If you decide to voluntarily withdraw your application, or the commission staff seeks a denial based on non-qualification, your fees will be refunded less the amount necessary to process your file (see [WAC 230-05-001](#)).

BASIC APPLICATION INSTRUCTIONS:

1. Read the [Gambling License Certification Program](#) pamphlet very carefully, and compare your organization against the requirements listed. Do you qualify? If in doubt, contact us.
2. It is extremely important that you read and understand all instructions and questions. Complete all areas and attach all required forms and documents.
3. If some areas are unclear or you are in doubt, please call.
4. Ensure your packet contains all the items listed above.
5. Mail or deliver the completed application and appropriate fee(s) to the address on the front page. Once the application and fees have been received, additional documentation can be sent via fax or email.



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CHARITABLE / NONPROFIT ORGANIZATION APPLICATION

NOTE: All questions require an answer. If a question is not applicable, answer by entering "N/A" in the area provided.

TYPES OF ACTIVITY / LICENSE CLASS / FEES: Mark all applicable activities, including the license class and applicable fee. ([See attached fee schedule for proper fee and license class.](#))

- Raffles** (02) [See Section 6 of Fee Schedule](#) Class: [__] Fee: \$ [____,____]
- Bingo** (01) [See Section 2 of Fee Schedule](#) Class: [__] Fee: \$ [____,____]
- Punchboards / Pull Tabs** (04) [See Section 5 of Fee Schedule](#) Class: [__] Fee: \$ [____,____]
- Combination** (08) [See Section 7 of Fee Schedule](#) Class: [__] Fee: \$ [____,____]
 Bingo, Raffles, Amusement Games and allows general Card Games where no fee is charged.
- Amusement Games** (03) [See Section 1 of Fee Schedule](#) Class: [__] Fee: \$ [____,____]
 Any organization who owns their Amusement Game equipment or conducts carnivals must be Class "B" or above.
- Fund-Raising Event Distributors** (29) Class: [__] Fee: \$ [____,____]
[See Section 11, Class E – F, of Fee Schedule](#)
- Social Card Rooms** (60) [See Section 4 of Fee Schedule](#) Class: [__] Fee: \$ [____,____]
 Class C – Social Card Room Tournament use Supplemental Application GC4-014a.

TOTAL FEES SUBMITTED \$ [____,____]

1. ORGANIZATIONAL INFORMATION:

a. Applicant: [_____] Organization Name / Chapter

Mailing Address: [_____] Street / P.O. Box

[_____] City [_____] State [_____] Zip

[_____] Organization's Business Phone [_____] Gambling Premises Phone

[_____] Organization's Fax

E-Mail Address: [_____] @ [_____]

b. Department of Revenue Unified Business Identifier (UBI) Number: [_____]

c. Have you previously applied for or been licensed by the commission? Yes No

If Yes: Organization / License Number? [_____] - [_____]

What type of license? [_____]

Business Office Use Only:			
Code: 211-[____]	Date: [____] / [____] / [____]	Amt: \$ [____,____].00	Val #: _____
Code: 211-[____]	Date: [____] / [____] / [____]	Amt: \$ [____,____].00	Val #: _____
Code: 211-[____]	Date: [____] / [____] / [____]	Amt: \$ [____,____].00	Val #: _____
Code: 211-[____]	Date: [____] / [____] / [____]	Amt: \$ [____,____].00	Val #: _____

2. PREMISES: (Not Required for Raffles)

a. Premises: Does the organization own the premises? Yes No

If Leased, submit a copy of the lease agreement.

Address (Where the activity will be conducted): _____
Street

_____ City _____ State _____ Zip

Phone: _____-_____-_____

City Limits? Inside Outside

b. Does the jurisdiction in which you plan to operate allow the gambling activities you are apply for? Yes No

3. ELECTED ORGANIZATION OFFICERS:

a. President (or Equivalent):

Last Name: _____

First Name: _____

Middle Name: _____ Birthdate: _____ / _____ / _____

Home Address: _____
Street

_____ City _____ State _____ Zip

_____ Home Phone _____ Work Phone

_____ Cell Phone

b. Treasurer (or Equivalent):

Last Name: _____

First Name: _____

Middle Name: _____ Birthdate: _____ / _____ / _____

Home Address: _____
Street

_____ City _____ State _____ Zip

_____ Home Phone _____ Work Phone

_____ Cell Phone

c. Board Chairperson (or Equivalent):

Last Name: _____

First Name: _____

Middle Name: _____ Birthdate: _____ / _____ / _____

Home Address: _____
Street

_____ City _____ State _____ Zip

_____ Home Phone _____ Work Phone

_____ Cell Phone

4. ACTIVITY MANAGER(S) FOR EACH GAMBLING ACTIVITY (Attach additional sheets if necessary.):

Last Name: _____
 First Name: _____
 Middle Name: _____ Birthdate: ____/____/____
 Gambling Activity: _____
 Home Address (Street): _____

 _____ City _____ State _____ Zip _____
 _____-____-____ Home Phone _____-____-____ Business Phone
 _____-____-____ Cell Phone

5. QUALIFICATION / ANNUAL CERTIFICATION INFORMATION:

a. When was your organization formed or incorporated? ____/____/____
 Month Day Year

b. When does your accounting fiscal year end? ____/____/____
 Month Day Year

c. Mark all purposes for which your organization is formed and operated.
 Agricultural Charitable Educational Patriotic Religious
 Athletic Civic Fraternal Political Social

d. Is your organization exempt from the payment of federal income taxes? Yes No

If Yes: What is your Internal Revenue Service (IRS) exemption code section? 501(C) (_____) (Example: 501(C)3, please call us if you are confused about your particular IRS code.)

e. Is your organization a branch, chapter, or auxiliary of another charitable or nonprofit organization?
 Yes No **If Yes,** Complete the following:
 Name of Organization: _____
 Relationship: _____

6. MEMBERSHIP INFORMATION:

Does your organization have at least 15 voting members? (See [RCW 9.46.0209](#)) Yes No

7. RAFFLE APPLICANTS:

a. Are you planning on using a raffle format different other than drawing the winning ticket out of a receptacle? (See [WAC 230-11-055](#) for Authorized Alternative drawing formats.)
 Yes No **If Yes,** please contact your field agent for review of your alternative format.

b. Do you plan on holding a raffle with a prize valued at \$40,000 or more? Yes No

c. Will you be raffling off prizes worth a total value of \$300,000 or more? Yes No

NOTE: If you are exceeding a value of \$40,000 per prize or \$300,000 annually, you must show good cause in writing. (See [WAC 230-11-067](#) for instructions.)

8. AMUSEMENT GAME APPLICANTS:

Provide days/hours of operation:
 Days (example: Mon-Fri): _____
 Hours: From: ____:____ am / pm To: ____:____ am / pm

9. REQUIRED ATTACHMENTS – Attach and submit the following documents with your application.

All New Applicants:

- a. IRS Exempt Status Letter – Enclose a copy of your IRS letter declaring your organization is exempt from the payment of federal income taxes.
- b. A copy of your current bylaws and articles of incorporation and any amendments.
- c. Copies of the minutes from your two most recent meetings plus one that is in excess of 12 months.
- d. On a separate sheet, briefly describe how your organization has met the purpose(s) set out in 5.c. during your last fiscal period.
- e. On a separate sheet, briefly describe the type(s) of charitable and / or nonprofit services that are provided by your organization to the public and / or your members.
- f. Copy of the current lease agreement for the building and equipment. Excludes Raffles only applicants.

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to disclosure under 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.

OATH OF HIGHEST-RANKING INDIVIDUAL ONLY

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 suspension or revocation of any gambling license(s) currently held, or denial of any future applications for a new license.**

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](#).

Full Legal Name & Signature of Highest-Ranking Individual:

Last Name: |_____|

First Name: |_____|

Middle Name: |_____|

Signature: _____ **Date:** |__|/|__|/|__|
President or Equivalent MM DD YYYY

Application Prepared By:

Last Name: |_____|

First Name: |_____| Middle Name: |_____|

Primary Phone: |_____|-|_____|-|_____| Cell Phone: |_____|-|_____|-|_____|

E-Mail Address: |_____|
@ |_____|