



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: 360-407-3778
 TOLL-FREE: 1-800-345-2529 – TDD: 360-486-3637
 WEB SITE: www.wsgc.wa.gov

ANNUAL RENEWAL APPLICATION – BONA FIDE CHARITABLE / NONPROFIT ORGANIZATION

SPECIAL INSTRUCTIONS:

1. Complete the entire application and follow the instructions set out in the renewal notice. Be sure to return it to our office on or before the date required. Failure to do so may jeopardize the operation of your gambling activity(ies).
2. For timely processing of your organization's renewal license, please ensure the highest-ranking executive officer (president or equivalent) signs the application.
3. For help, please contact a Customer Service Specialist at any of the above telephone numbers.

TYPES OF ACTIVITY / LICENSE CLASS / FEES:

Fill in the license class and fee for each type of activity you are renewing. (See attached fee schedule for current fee.)

Organization #: |_____|-|_____|

- | | | |
|--|------------|------------------------|
| <input type="checkbox"/> Bingo (01) | Class: __ | Fee: \$ _____ , _____ |
| <input type="checkbox"/> Raffles (02) | Class: __ | Fee: \$ _____ , _____ |
| <input type="checkbox"/> Amusement Games (03) | Class: __ | Fee: \$ _____ |
| <input type="checkbox"/> Punch Boards / Pull-Tabs (04) | Class: __ | Fee: \$ _____ , _____ |
| <input type="checkbox"/> Social Card Rooms (60) | Class: __ | Fee: \$ _____ |
| <input type="checkbox"/> Fund-Raising Event Distributor (29) | Class: __ | Fee: \$ _____ |
| <input type="checkbox"/> Combination License (08) | Class: __ | Fee: \$ _____ |

TOTAL FEES SUBMITTED: \$ |_____|,|_____|

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

1. ORGANIZATION NAME / ADDRESS / TELEPHONE NUMBER:

Applicant: |_____|
 Organization Name / Chapter

Mailing Address: |_____|
 Street Address / P. O. Box

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

Telephones: |_____|-|_____|-|_____| |_____|-|_____|-|_____|
 Organization's Business Number Gambling Premises Number

|_____|-|_____|-|_____|
 Organization's Fax Number

Email Address: |_____|
 @ |_____|

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 #: _____

6. PRIMARY GAMBLING ACTIVITY MANAGER(S): (Complete one for each separate gambling activity. If more than one (1) separate activity manager, provide information by attachment.)

Last Name: _____

First Name: _____ MI: _____

Have Gambling Commission training requirements been completed by this individual? Yes No

Date of Birth: ____/____/____

Gambling Activity: _____

Home Address: _____

Street Address

City State Zip

Telephone: Home: _____-_____-____ Work: _____-_____-____

**** SPECIAL NOTICE ****

All charitable and nonprofit managers who perform or are responsible for one or more of the following gambling managerial functions must be licensed as a **Charitable / Nonprofit Gambling Manager**. See [WAC 230-03-245](#).

- Class D or above Bingo (Primary / Assistant Managers);
- Class C or above Punch Board / Pull-Tabs (Primary Manager only);
- An employee responsible for the supervision of gambling managers;
- An employee assigned the highest level of authority by the officers or governing board, when the organization is licensed to receive more than \$300,000 in combined gross gambling receipts; or has an established trust or endowment fund and has gambling receipts in excess of \$100,000 contributed to that fund;
- An employee responsible for supervising the operation of progressive jackpot pull-tab games, as authorized in [WAC 230-14-155](#).

Should you have any individuals in one or more of the above categories, excluding anyone presently licensed as bingo game manager, please contact our agency for an application.

If you have any questions, please call us at 1-800-345-2529 or (360) 486-3440.

7. RAFFLE LICENSEES:

a. Are you using a raffle format different other than drawing the winning ticket out of receptacle? (See [WAC 230-11-055](#) for authorized alternative drawing formats.)

Yes **If Yes**, please contact you field agent for review of your alternative format.

No Go to Section 8.

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 \$80,000 or more? Yes No

NOTE: If you are exceeding a value of \$40,000 per prize or \$80,000 annually, you must show good cause in writing. See [WAC 230-11-067](#) for instructions.

8. PUNCH BOARD / PULL-TAB LICENSEES:– Do you feature Pull-Tab machines with progressive jackpot games? (**NOTE:** This does not include carry-over pull-tab games.)

Yes **If Yes**, who is your licensed nonprofit gambling manager?

Name: _____

No Go to Section 9. (See WACs [230-14-050](#), [080](#), [090](#), [095](#), [155](#), [200](#), [205](#), [210](#), and [215](#).)

9. QUALIFICATION / ANNUAL RENEWAL INFORMATION:

a. General:

(1) Have there been any changes or amendments to your:

- (i) By-Laws? Yes No
- (ii) Articles of Incorporation?..... Yes No
- (iii) IRS tax exemption (suspended / revoked)? Yes No

If Yes to any of the above, attach a copy of the changed documents.

b. Membership Information:

- (1) How many general membership meetings has your organization held during your last fiscal year? |_____|
- (2) How many regular board meetings has your organization held during your last fiscal year? |_____|
- (3) How many active members are in your organization as of the date of this application? |_____|
- (4) Are all members allowed to vote? Yes No

If No, how many active voting members do you have? |_____|

c. Loans:

Any new loans? Yes No

Any new loans, draws on lines of credit, or cash obtained over the license year, which individually or collectively exceed a total of \$10,000, must be reported. Provide a written explanation and attach copies of loan documents to this renewal notice. Documents from recognized financial institutions may be omitted, but should be noted in your explanation. See [WAC 230-06-080](#).

d. Liens:

Have any local, state, or federal tax liens been filed against the organization? Yes No

e. Bingo Licensees ONLY:

Have you entered into an agreement to share a bingo facility and / or bingo management with another bingo licensee? Yes No

If Yes, have the provisions of WACs [230-10-460](#), [465](#) and / or [470](#) been met? Yes No

10. IF YOUR MAIN OFFICE IS LOCATED OUTSIDE THE STATE OF WASHINGTON

You must provide the name, address and phone number of an in-state representative that we may contact on your behalf. (Attach a list in the format below.) **MUST BE A NATURAL PERSON, NOT A BUSINESS.**

Last Name: |_____|

First Name: |_____| MI: |_____|

Home Address: |_____|
Street Address

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

Telephone: Home: |_____|-|_____|-|_____| Work: |_____|-|_____|-|_____|

**** STOP ****

Please review the entire application **AGAIN**. Assuring complete answers and attachments will facilitate the processing of your renewal and prevent delays due to **missing** or **incorrect** information. If you need help, **please ask**.

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](#).

**** REMEMBER ****

Only your highest-ranking executive officer (president or equivalent) may sign this application.

OATH OF APPLICATION

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](#).

Print – Last Name: _____

Print – First Name: _____ MI: _____

Signature: _____

Title: _____

Date: ____/____/____

Application Prepared By:

Print – Last Name: _____

Print – First Name: _____ MI: _____

Title: _____

Date: ____/____/____

E-Mail Address: _____

@ _____

Telephone: _____-_____-_____-_____ Fax: _____-_____-_____-_____

Cell Phone: _____-_____-_____-_____