



**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.

**\*\* 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.

**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.

<b>Business Office Use Only:</b>	
Code: 211- _____	Date:  _____ / _____ / _____  Amt: \$ _____ , _____ .00 Val #: _____
Code: 211- _____	Date:  _____ / _____ / _____  Amt: \$ _____ , _____ .00 Val #: _____
Code: 211- _____	Date:  _____ / _____ / _____  Amt: \$ _____ , _____ .00 Val #: _____
Code: 211- _____	Date:  _____ / _____ / _____  Amt: \$ _____ , _____ .00 Val #: _____

**1. ORGANIZATION NAME / ADDRESS / TELEPHONE NUMBER:**

Applicant: \_\_\_\_\_  
Organization Name / Chapter

Mailing Address: \_\_\_\_\_  
Street Address / P. O. Box

\_\_\_\_\_  
City State Zip

Telephones: \_\_\_\_\_  
Organization's Business Telephone Number Gambling Premises Telephone Number

\_\_\_\_\_  
Organization's Fax Telephone Number

**2. PREMISES:**

Address (Where the activity will be conducted):

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Is the above address within the boundaries of a town or city?  Yes  No

Does the jurisdiction in which you operate allow the gambling activities you offer?  Yes  No

Does the organization own the premises?  Yes  No

**If rented**, provide the following:

Landlord (Last Name): \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

Have you entered into a new premises lease or exercised an option to renew your current lease in the past 12 months?

No  Yes **If Yes**, submit a signed and dated copy of the new lease.

**RAFFLE ONLY** –

County in which the organization's primary business office is located: \_\_\_\_\_

**If no business office**, in which county does the organization president reside? \_\_\_\_\_

**3. EQUIPMENT:**

Does the organization own the equipment used to conduct the gambling activity(ies)?  Yes  No

**If rented**, provide the following: (Attach listing, if necessary.)

Owner (Last Name): \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

Have you entered into a new equipment lease or exercised an option to renew your current equipment lease in the past 12 months?

No  Yes **If Yes**, please submit a signed and dated copy of the new lease.



**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: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_

**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? \_\_\_\_\_



**\*\* 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: |\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_|