



**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 licensing technician at any of the above telephone numbers.

**THIS FORM WILL BE READ BY A VERY SENSITIVE SCANNING DEVICE**

Please use the following examples to fill out this form:

**Print with a black ballpoint pen and press firmly, or use a typewriter.**

– For best results, please print in capital letters and avoid contact with the lines. The following will serve as an example:

A	B	C	D	E	F	G	H	I	J	K	L	M	1	2	3	4	5	6	7	8	9	0
N	O	P	Q	R	S	T	U	V	W	X	Y	Z										

– Please 'X' the boxes. Do NOT shade-in or use '✓'.

'X' Boxes Like This	➔	<input checked="" type="checkbox"/>
Not Like This	➔	<input type="checkbox"/> <input checked="" type="checkbox"/>

- When asked for additional lists or comments, the information must be neatly printed or typewritten on sheets of white 8 ½ X 11 inch paper.
- When asked for legal or business documents, the copies must be clean and legible and marked so the document can be identified to the question being asked.

**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.](#))

- |  |            |                  |
|--|------------|------------------|
| <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: \$ |\_\_|,|\_\_|**

**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 #: _____
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

County: \_\_\_\_\_

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

\_\_\_\_\_  
Organization's Fax Telephone Number Cell Telephone Number (Optional)

E-Mail Address: \_\_\_\_\_  
@ \_\_\_\_\_

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

**2. PREMISES / EQUIPMENT:**

Address (Where the activity will be conducted):

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

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

\_\_\_\_\_  
County

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

Is the above address within the boundaries of a town or city?  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.**

**2. PREMISES / EQUIPMENT:** (Continued)

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.**

**3. LIST OF OFFICERS:**

a. President or Equivalent:

Last Name: \_\_\_\_\_

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

Have you completed the training requirements for the President or Equivalent listed on the attached *Affidavit for Completion of Officer Training (GC4-283b)*?  Yes  No

**If Yes,** complete and return the affidavit with this renewal application.

Date of Birth: \_\_\_\_-\_\_\_\_-\_\_\_\_ Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address

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

Telephone:  
Home: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work: \_\_\_\_-\_\_\_\_-\_\_\_\_

b. Treasurer:

Last Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_-\_\_\_\_-\_\_\_\_ Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address

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

Telephone:  
Home: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work: \_\_\_\_-\_\_\_\_-\_\_\_\_

c. Chairman of the Board:

Last Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_-\_\_\_\_-\_\_\_\_ Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address

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

Telephone:  
Home: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work: \_\_\_\_-\_\_\_\_-\_\_\_\_



**6. 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: |\_\_\_\_\_|

Social Security #: |\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_|

No Go to Section (6). (See WAC 230-14-050, 080, 090, 095, 155, 200, 205, 210, and 215.)

**7. 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. 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 WAC 230-10-460, 465 and / or 470 been met?  Yes  No

**\*\* 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.

**\*\* 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.

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## 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 (see 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 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.

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**\* \* REMEMBER \* \***

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

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### 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 revocation / suspension of any gambling license(s) currently held. 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 understand that if I fail to make such notification, it may constitute grounds for suspension or revocation of my license. I further understand that if any criminal or civil actions are filed against any officers of the organization during the application or licensure period, the commission must be informed. See WACs 230-03-035, 230-03-040, 230-06-080, 230-06-085 and 230-06-090.

Print – Last Name: |\_\_\_\_\_|

Print – First Name: |\_\_\_\_\_| MI: |\_\_|

Signature: \_\_\_\_\_

Title: |\_\_\_\_\_|

Date: |\_\_|\_|-|\_\_|\_|-|\_\_|\_|

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#### **Application Prepared By:**

Print – Last Name: |\_\_\_\_\_|

Print – First Name: |\_\_\_\_\_| MI: |\_\_|

Title: |\_\_\_\_\_|

Date: |\_\_|\_|-|\_\_|\_|-|\_\_|\_|

Address: |\_\_\_\_\_|

City: |\_\_\_\_\_| State: |\_\_|\_| Zip: |\_\_\_\_\_|

E-Mail Address: |\_\_\_\_\_|

@ |\_\_\_\_\_|

Telephone: |\_\_|\_|-|\_\_|\_|-|\_\_|\_|

Fax: |\_\_|\_|-|\_\_|\_|-|\_\_|\_|

Cell Phone: |\_\_|\_|-|\_\_|\_|-|\_\_|\_|