



**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](http://www.wsgc.wa.gov)

## **APPLICATION PACKET FOR CHARITABLE / NONPROFIT ORGANIZATIONS FUND-RAISING EVENT (Standard or Limited)**

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### **THIS PACKET CONTAINS:**

- Instructions (general and specific);
- The basic application form (GC4-090);
- A pamphlet entitled [Gambling License Certification Program](#);
- Training Requirements for All Applicants ([GC5-017](#)) letter;
- Affidavit for Completion of Training ([GC4-250](#)); and
- *Fee Schedule – Bona Fide Charitable / Nonprofit Organization* ([GC5-055 FS](#)).

### **GENERAL INFORMATION:**

- You may not conduct a fund-raising event unless licensed to do so.
  - If you decide to voluntarily withdraw your application or the commission staff seeks a denial based on non-qualifications, your fees will be refunded minus the amount necessary to process your file. See [WAC 230-05-001](#). Refunds will not be given after issuance of your license, except as provided in [WAC 230-06-130](#).
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### **SIMPLIFIED APPLICATION INSTRUCTIONS:**

#### **(A) Basic Instructions:**

1. Ensure your packet contains all the items listed above.
2. Read the ***Gambling License Certification Program*** pamphlet very carefully.
3. Read RCW [9.46.0209](#), [9.46.0233](#), and [9.46.0261](#). They define a bona fide charitable or nonprofit organization, a bona fide member, and a fund-raising event. Assure that your organization meets all the qualifications set forth. If uncertain, contact the licensing services section at the phone number shown at the top of this page.
4. It is very important that you read and understand all instructions. If some areas are unclear, call the licensing services section for help. Actual processing of your application begins only after your completed application is received, with fee, including all required and requested documents.
5. Assure that the application is complete. Recheck all entries, enclose all needed documents, include any special requirements, and sign the application.
6. Enclose check or money order made payable to the ***Washington State Gambling Commission***.

#### **(B) Specific Instructions: (line by line) (Answer all questions. Use N/A to indicate not applicable.)**

**Type of event:** Mark  the appropriate class of license you are applying for and whether you will be conducting a standard (Class A or B) or limited FRE (Class D). (**NOTE:** See attached worksheet to determine whether you will be conducting a standard or limited FRE.) Please note the time periods involved in each license class. Once licensed, you must operate within the allotted period of your license type. Mark  appropriate box stating if you are a ***First Time or Previously Licensed Applicant***.

#### **1. General Information:**

- A. Enter your organization's name in the space provided. Include any chapter or district number. Example: The Charity Club, Chapter 127.
- B. Provide your organization's complete mailing address. Include Street, P.O. Box, City, State, Zip and County.
- C. Enter your organization's business telephone number and gambling premises telephone number in the space provided. Include your area code.
- D. Enter your organization's e-mail address, if applicable.
- E. In the space provided, enter your Unified Business Identifier (UBI) number as assigned by the Washington State Department of Revenue (this is a nine (9) digit number; e.g., 600 111 000).
- F. Has your organization been previously licensed with the gambling commission? Mark  yes or no. If yes, when were you previously licensed and under what name?

(B) **Specific Instructions:** (Continued)

2. **Event Information:**

- A. Fill in the exact "from" and "to" dates, and the exact times you wish to conduct your proposed gambling event. Use "noon" or "midnight" instead of 12. Be sure the dates and times are correct. Later changes or corrections must follow [WAC 230-09-005](#) and will include a service fee (see [Section 10 of the attached fee schedule](#)).
- B. Identify where you wish to conduct your proposed gambling event. Include the premises name, street address, and the name of the premises owner. Review [WAC 230-09-080](#) and [WAC 230-09-095](#) for limitations and requirements if renting or leasing the site.

**NOTE:** If you are conducting a limited FRE, you may not conduct the event at a location owned by the equipment provider.

Mark  whether your proposed gambling event will be inside or outside the city limits. Be very careful, **some cities and counties prohibit certain types of gambling activities**. Call the licensing services section if you are uncertain. Enter the cost of the premises rental.

- C. Identify the owner of the gambling equipment you will be using. Include both their name and address. Review [WAC 230-09-055](#) and [WAC 230-09-095](#) for limitations and requirements if renting or leasing gambling equipment. Enter the cost of the equipment.
- D. Mark the appropriate box if you are planning to hold a Social Card Room Tournament as part of your Fund-Raising Event. Enter the tournament entry fee (*standard FRE*) or the cost of scrip needed to enter the card room tournament (*limited FRE*). Enter the cost to purchase additional chips (*standard FRE*) or additional scrip (*limited FRE*).
- E. Identify the manager of your proposed gambling event. Provide all the information requested.

3. **Organization Members:**

A. through C. – In the spaces provided, complete the information requested on each individual listed. **Please** provide all the information requested or it may delay processing of your application.

4. **Qualification / Certification Information:**

This section is very important in determining your qualifications to conduct the event as a bona fide charitable or nonprofit organization under the provisions of [chapter 9.46 of the Revised Code of Washington](#) and [chapter 230 of the Washington Administrative Code](#). Each organization is required to undergo initial certification and / or annual recertification to ensure compliance with the law.

Items A. through D. are based primarily on your previous fiscal year's activities and accomplishments. **Be very specific** on your accomplishments and the type(s) of services you may provide to the public and your membership.

5. **Required Attachments:**

Attach all required supporting documents including contracts with the premises and equipment provider.

- 6. **FOR LIMITED FREs ONLY:** You must provide details regarding operation of your event to indicate that it is being conducted for the purpose of raising funds. Fill out the worksheet as indicated to determine an estimate of net receipts you expect to receive after expenses have been determined. You must also identify how you will determine the method to award merchandise prizes (i.e., auction, raffle, combination).
- 7. **Limited FRE Participation:** Per [WAC 230-09-155](#), Limited FREs licensees must comply with [WAC 230-06-070](#). In order to show compliance with FRE limits, licensees also must provide details regarding how much of the admission fees from the limited FRE they allocate to gambling scrip and how much they allocate to other activities, such as meals and entertainment.

8. **Distribution of Net Receipts in Excess of \$10,000:**

The maximum annual net receipts that may be retained by a nonprofit organization conducting an FRE is \$10,000. (**NOTE:** Net receipts are calculated by subtracting money used to purchase or award prizes from all wagers and bets received. Limited FREs can also deduct the cost of equipment rental when calculating the \$10,000 annual net receipts maximum).

You will be required to disclose the net receipts from any previous FRE conducted during the same calendar year. You must also disclose an eligible organization designated by your organization to receive any profits in excess of \$10,000. The worksheet will assist you in determining whether the organization you have chosen will meet the definition of a charitable or nonprofit eligible to receive gambling proceeds. No one organization may receive more than \$10,000.

9. **Oath of the elected chief officer only:**

Read the oath **carefully** prior to signing this application. Please note that **you are committing your organization to a highly regulated activity** and you must comply and fulfill the obligations contained in this oath.

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**(C) Event Requirements / Information:**

1. You must read and comply with the commission rules. Develop and post house rules ([WAC 230-09-020](#)) where you will conduct your event.
  2. If you are conducting a standard FRE, you must ensure you are properly staffed. Based on a survey of licensed fund-raising events (casino / reno nites), an organization should plan to utilize a minimum of 30-40 or more bona fide members to effectively operate a 10 station activity. It is essential to remember that careful planning may make the difference between success or failure. Remember, only bona fide members that are 18 years old and above may participate in the operation or management of a standard fund-raising event.
  3. If you are conducting a limited FRE, you must ensure that you have at least 3 members who will be responsible for any collection of cash related to the gambling activity, distribution of scrip, conducting the scheme to determine the winners of merchandise prizes, and maintenance of records.
  4. In accordance with [WAC 230-09-005](#), you must notify your local law enforcement agency in writing at least ten (10) days prior to the fund-raising event and the gambling equipment must be available and set-up at least two (2) hours prior to the event for possible inspection. Any changes in time, date, or location must be approved by the commission and notice given to your local law enforcement agency.
  5. If you do not own all gambling equipment needed, you may either:
    - A. Purchase, lease, or borrow equipment from a licensed distributor or a licensed bona fide charitable or nonprofit organization which has held a fund-raising event within the past twelve (12) months, or
    - B. You may construct your own equipment only if you apply for and receive either a Manufacturers license or a Special Sales Permit to manufacture gambling equipment prior to your Fund-Raising Event. Under [WAC 230-03-200\(6\)](#), devices and supplies used to conduct fund-raising events are gambling equipment. This includes but is not limited to the following: Gambling chips, cards, dice, card shuffling devices, graphical game layouts for table games, ace finders or no-peek devices, roulette wheels, keno equipment, or tables manufactured exclusively for gambling purposes.
- Note 1:** Any charitable or nonprofit organization that rents or leases fund-raising event equipment to other organizations more than five (5) times per year must first obtain a fund-raising event equipment distributor's license. An application may be obtained from any local office of the Gambling Commission or the licensing services section.
- Note 2:** Rental of premises and equipment must not exceed amounts set out in [WAC 230-09-001](#).
6. The organization's event manager must complete the training offered by the Gambling Commission. See [WAC 230-03-070](#) and letter ([GC5-017](#)) regarding this requirement.

**(D) Final Reminders:**

1. Before mailing your application, recheck your entries. ***Have you missed anything?***
2. Enclose the correct fee and mail or deliver to the address shown on Page 1.

**For assistance, contact the licensing section at  
360) 486-3440 or toll-free number at 1-800-345-2529.**

Fund-Raising Event (F.R.E.)	Limited F.R.E.	Recreational Gaming Event (R.G.A.)
Purpose is to raise money for charitable/nonprofit organization's purposes	Purpose is to raise money for charitable / nonprofit organization's purposes	Purpose is purely entertainment, not fund-raising (i.e. fun raising) Purely nongambling.
Conducted by charitable / nonprofit organization	Conducted by charitable / nonprofit organizations	Conducted by any organization that has been in existence for at least six months
Participants may purchase their chips for cash.	Participants may be required to pay a fee to participate, which may include being given chips, and they may purchase additional chips	There is no value to the chips, and additional chips may not be purchased. Only cost to participant is to defray costs of meal, entertainment, and rental of premises / equipment.
Participants may redeem their chips for cash and / or merchandise.	Participants may use their chips to redeem for ONLY merchandise prizes by participating in an auction, raffle or other similar activity.	There is no value to the chips, and therefore no value to redeemed chips, except that there may be an auction from donated prizes.
The event may be open to the public.	Only members or guests of sponsoring org. may participate. Not Open to the public.	Only members or guests of the sponsoring organization may participate. Not Open to the public.
No staff from the distributor may operate a gaming station. ONLY members may operate gaming stations.	FRE equipment distributor staff may operate gaming stations. Only members of the nonprofit may be involved in money handling.	Anyone can operate the NONgambling stations. If the FRE equipment distributor provides the staff, the organization doesn't need a permit.
Equipment must be leased from an FRE equipment distributor. Licensee responsible to make good faith effort to ensure profitability of event when signing contracts for equipment rental	Equipment may be leased or purchased from an FRE equipment distributor or FRE licensee. Licensee responsible to make good faith effort to ensure profitability of event when signing contracts for equipment rental. See <a href="#">WAC 230-09-145</a> .	Equipment can be leased from an FRE equipment distributor. No limitations on cost of equipment or premises rental. <b>NOTE: If homemade equipment is used, no RGA license is necessary.</b>
The organization may use its own facility or rent one.	The organization may use its own facility or rent one. The FRE equip. distributor may NOT provide the facility.	The organization may use its own facility or rent one.
The members operating the gaming stations may not be paid for their services. No tipping.	Staff from the FRE equipment distributor may be paid by the distributor, but not tipped by the participants. Members of the nonprofit may not be paid or tipped.	No limitations on payment for those operating the gambling stations.
Any proceeds in excess of \$10,000 must be given to a nonprofit eligible to receive funds from gambling activity.	Any proceeds in excess of \$10,000 will be given to a nonprofit eligible to receive funds from gambling activity.	No funds generated therefore no excess proceeds.
There is no limit on the value of redeemed chips. (Possibility the organization may lose money, although good planning should prevent this from happening.)	The value of any purchased prizes used for redemption of chips must not exceed 10% of the gross revenue less cost of equipment rental for the event.	There is no value to the chips and all prizes offered are donated.
The organization may not deduct the cost of rental equipment from the yearly maximum \$10,000 limit	The organization MAY deduct the cost of rental equipment and services and purchased prizes from the yearly \$10,000 maximum.	No limitations
FRE equipment distributor must be paid a fixed fee, not a percentage of the receipts.	FRE equipment distributor must be paid a fixed fee, not a percentage of the receipts.	No receipts earned, so no percentage issues presented.



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**FUND-RAISING EVENT APPLICATION (Standard or Limited)  
 BONA FIDE CHARITABLE / NONPROFIT**

**SUBMIT APPLICATION 60 DAYS PRIOR TO THE EVENT**

**TYPE OF EVENT:** Mark  appropriate box for class:

- Class A – One event, not to exceed 24 consecutive hours. Open to the public.
- Class B – One event, more than 24 consecutive hours, not to exceed 72 consecutive hours. Open to the public.
- Class D – Limited Fund-Raising Event, one event – not more than six consecutive hours. Members and guests only.

Mark  appropriate box:

- First Time Applicant
- Previously Licensed Applicant

**Fee:** \$ \_\_\_\_\_

[See Section 11 of the attached fee schedule \(GC5-055 FS\).](#)

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

**Limits Per Calendar Year: Two 24-hour or one 72-hour event, maximum of \$10,000 total annual net receipts.**

**1. GENERAL INFORMATION:** (To be completed by all applicants.)

A. Applicant: \_\_\_\_\_  
 Organization Name / Chapter (Lead Organization)

B. Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip

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

C. Telephone: \_\_\_\_\_  
 Organization Telephone Gambling Premises Telephone  
 \_\_\_\_\_  
 Fax Telephone Number

D. E-mail Address: \_\_\_\_\_  
 @\_\_\_\_\_

E. Unified Business Identifier (UBI) # assigned by the Dept. of Revenue: \_\_\_\_\_

F. Has the organization ever held a Gambling Commission license?

Yes  No

**If Yes,** When: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Under what name: \_\_\_\_\_

**2. EVENT INFORMATION:**

A. Date of Event: **NOTE: Dates and times must be exact.**

**FROM:** Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (mm-dd-yyyy)

Time: \_\_\_\_\_:\_\_\_\_\_: am \_\_\_\_\_-\_\_\_\_\_ pm (Mark  if  Noon or  Midnight)

**TO:** Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (mm-dd-yyyy)

Time: \_\_\_\_\_:\_\_\_\_\_: am \_\_\_\_\_-\_\_\_\_\_ pm (Mark  if  Noon or  Midnight)

**Business Office Use Only:**

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

**2. EVENT INFORMATION:** (Continued)

**B. Name of Premises**

to be used for Event: |\_\_\_\_\_|

Premises Owner: |\_\_\_\_\_|

Premises

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

|\_\_\_\_\_|

City

State

Zip

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

City Limits:  Inside  Outside \$ |\_\_\_\_\_| Cost of premises rental per contract.

Does the jurisdiction in which you plan to operate allow the gambling activities you are applying for?

Yes  No

**C. Owner of Equipment \*:**

|\_\_\_\_\_|

Organization / Distributor

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

|\_\_\_\_\_|

City

State

Zip

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

\$ |\_\_\_\_\_| Cost of equipment rental per contract.

**\* IF LIMITED FRE**, cannot be the same as premises owner.

**D. Are you planning to have a social card room tournament as part of your fund-raising event?**  Yes  No

**If Yes**, please answer the following questions.

Cost to enter or purchase scrip? \$ |\_\_\_\_\_|

Is there an additional cost to play or cost to purchase additional scrip? \$ |\_\_\_\_\_|

**E. Proposed**

Event Manager: Last: |\_\_\_\_\_|

First: |\_\_\_\_\_| MI: |\_\_\_\_\_|

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

|\_\_\_\_\_|

City

State

Zip

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

E-mail Address: |\_\_\_\_\_|

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

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

Birthdate: |\_\_\_\_\_|/|\_\_\_\_\_|/|\_\_\_\_\_|

|\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_|

Home Telephone

|\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_|

Work Telephone

|\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_|

Cell Telephone



**4. QUALIFICATION / CERTIFICATION INFORMATION:**

A. Historical Information:

(1) When was your organization formed or incorporated? |\_\_\_\_\_|/|\_\_\_\_\_|/|\_\_\_\_\_| (mm/dd/yyyy)

(2) When does your accounting fiscal year end? |\_\_\_\_\_|/|\_\_\_\_\_| (mm/dd)

(3) Mark  all the purposes for which your organization is formed and operated. **Circle the primary purpose:**

- Agricultural     Charitable     Educational     Patriotic     Religious     Others  
 Athletic     Civic     Fraternal     Political     Social

(4) Is your organization exempt from the payment of federal income taxes?     No     Yes

**If Yes,** what is your Internal Revenue Service (IRS) exemption code section? 501(c)(|\_\_\_\_\_|)  
[Examples: 501(c)(3) / 501(c)(4)]. **Call us if you are confused about your particular IRS code.**

(5) Is your organization a branch, chapter, or auxiliary of another charitable or nonprofit organization?

No     Yes

**If Yes,**

What is the name of organization? |\_\_\_\_\_|

Relationship? |\_\_\_\_\_|

(6) Are gambling funds being used (or plan to be used) to benefit the affiliated organization?

No     Yes

**If Yes,**

Which affiliated organization? |\_\_\_\_\_|

Relationship? |\_\_\_\_\_|

B. Membership Information: (All Applicants)

(1) How many regular membership meetings has your organization held during your last fiscal year? |\_\_\_\_\_|

(2) How many active members are in your organization as of the date of this application? |\_\_\_\_\_|

(3) Are all members allowed to vote in elections for officers and board members?

Yes     No    **If No,** how many voting members? |\_\_\_\_\_|

C. Briefly describe how, over the past fiscal year, your organization has met the purpose(s) checked and circled in #4.A.(3). (Attach additional sheets if needed.)

D. Briefly describe the type(s) of charitable or nonprofit services provided by your organization to the public and / or your members. (Attach additional sheets if needed.)

To the public:

To your members:

**5. REQUIRED ATTACHMENTS:**

**A. New Applicants Only:** This information is used to determine the qualifications of your organization, premises, and members or employees involved in the management or operation of your proposed gambling activity. Please check each listed area for which material is being submitted. Applicants previously licensed by the commission need not submit these items unless specifically requested to do so.

- (1) IRS exempt status letter – enclose a copy of your IRS letter declaring your organization is exempt from the payment of federal income taxes. If you do not have a letter declaring exemption for your particular branch or chapter, you must obtain a letter from the IRS prior to submitting this application.
- (2) A copy of your current bylaws and articles of incorporation – to include a dissolution statement.
- (3) Copies of minutes – two of the most current **and** one from as far back as available (at least one year).

**B. All Applicants:** Submit the following documents / information and check each listed area for which material has been submitted.

- (1) Signed and dated lease or rental agreement for use of the premises. (If you own the premises, so note.)
- (2) Written lease or rental agreement for use of equipment. (If you own the equipment, so note.)
- (3) Other. All other attachments required either due to lack of space or by option.

List: \_\_\_\_\_  
\_\_\_\_\_

**6. LIMITED FUND-RAISING EVENT WORKSHEET**

- A. What are your estimated total gross receipts from participants of the gambling activity (initial scrip purchase plus additional scrip purchase)? \$ \_\_\_\_\_
- B. Subtract the cost of purchased prizes. REMINDER, purchased prizes may not be more than 10% of Line 6.A. - \_\_\_\_\_
- C. Subtract the cost of equipment rental. - \_\_\_\_\_
- D. This final number reflects your anticipated adjusted net receipts. It should be a positive number or you are not operating the event with the intended purpose of raising funds for your organization's stated purpose. \$ \_\_\_\_\_

**7. LIMITED FUND-RAISING EVENT PARTICIPATION**

- A. Initial cost to participate (*Example: Each player must pay \$50 and will receive a booklet of scrip*) \$ \_\_\_\_\_
- B. Method for purchasing additional scrip (*Example: If a player wants to purchase additional scrip, the cost is \$25 per smaller booklet of scrip. They may purchase unlimited additional scrip for \$25. The scrip booklets have the dollar amount printed on them.*) (Attach additional sheets if needed.)
  
- C. Costs included in the initial price to enter that are not related to the gambling activity (meals, drinks, etc.) (*Example: The players will pay \$100 to attend a dinner. The fund raising event will occur after the dinner. The money will be collected separate upon entering the table game area.*) \$ \_\_\_\_\_
- D. Scheme that will be followed to distribute the merchandise prizes to participate at the end of the event (i.e. raffle, auction, etc.) (*Example: At the conclusion of the event the players may exchange their chips for tickets. The players may place their tickets into bins located near the merchandise prizes. When all players have distributed their tickets into the bins, we will have a raffle to determine who will win each prize.*) (Attach additional sheets if needed.)

**8. DISTRIBUTION OF NET RECEIPTS IN EXCESS OF \$10,000**

Per [WAC 230-09-010](#), you are required to distribute the excess to other charitable / nonprofit organizations that are either licensed by the commission or meet the criteria set forth in [RCW 9.46.0209](#).

Copy this *blank* page for additional organizations, if needed.

A. Organization Name: |\_\_\_\_\_

Is this organization currently licensed or has been previously licensed with the Gambling Commission?

Yes  No

**If Yes**, supply license number, if known: |\_\_\_\_\_-|\_\_\_\_\_

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

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

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

|\_\_\_\_\_-|\_\_\_\_\_-|\_\_\_\_\_ Work Telephone

|\_\_\_\_\_-|\_\_\_\_\_-|\_\_\_\_\_ Fax Telephone

|\_\_\_\_\_-|\_\_\_\_\_-|\_\_\_\_\_ Cell Telephone

B. Contact Person: Last: |\_\_\_\_\_

First: |\_\_\_\_\_ MI: |\_\_\_\_\_

E-mail Address: |\_\_\_\_\_

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

C. When was the organization formed or incorporated? |\_\_\_\_\_|/|\_\_\_\_\_|/|\_\_\_\_\_|  
Month Day Year

D. Mark  all the purposes for which the organization is formed and operated. **Circle the primary purpose:**

- Agricultural     Charitable     Educational     Patriotic     Religious     Others
- Athletic     Civic     Fraternal     Political     Social

E. How many regular membership meetings has your organization held during your last fiscal year? |\_\_\_\_\_|

How many active members are in your organization as of the date of this application? |\_\_\_\_\_|

Are all members allowed to vote in elections for officers and board members?

Yes  No

**If No**, how many voting members? |\_\_\_\_\_|

F. Briefly describe how, over the past fiscal year, the organization has met the purpose(s) checked and circled in 8.D.

**\*\* STOP \*\***

**Please review the entire application again. Complete all questions. Attach all required documents. This will facilitate the processing of your application and prevent delays due to missing or incorrect information. If you need our 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](#).

