



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 GAMBLING MANAGER

* * IMPORTANT NOTICE * *

Before you complete this application – ***you should know:***

That if you perform any of the duties as defined in [WAC 230-07-115](#), the Gambling Commission shall retain your entire license fee whether or not you are granted a license as specified in [WAC 230-03-240](#).

See a reprint of these rules enclosed with this application.

* * GENERAL INSTRUCTIONS / INFORMATION * *

- Make check payable to: ***Washington State Gambling Commission***
 - You must complete the entire application and all attachments. Place N/A if not applicable.
 - ***If needed***, attach additional documents or explanation sheets.
 - You are required to provide positive proof of identity. Copy of one of these official documents: a valid driver's license, a military identification card, a valid passport, or if you are a registered alien – an alien registration card.
 - You must complete a training course we established (see attached *Who Must complete Mandatory Training?* letter (GC5-158)). Depending on the gambling activity that you will manage, you must read the training material, then complete and sign the attached *Affidavit for Training Completion* (GC4-243) attesting that you have read and understand the material. You can find the training material on our website at www.wsgc.wa.gov/training/handouts.asp. If you cannot access our website, please call the Individual's Unit at 1-800-345-2529. (See [WAC 230-03-070](#).)
 - You may be required to submit fingerprint cards; if so, a *Fingerprint Card* (FD-258) is attached. Please also see the attached *Dear Applicant* letter regarding submission of fingerprints (GC5-231); letter to *Local Law Enforcement Agency* regarding fingerprints (GC5-232), *Fingerprinting Policy* (GC5-237), and a sample of a completed fingerprint card (GC5-236).
 - Please call if you have any questions.
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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 ([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](#).

OATH OF APPLICANT

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 and will be disclosed to my employer.** 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 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 perform any of the duties of the position I am applying for prior to receiving my license, the Commission will retain my entire license fee, whether or not I am granted a license. I will complete any required training within 30 days of the effective date of my 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](#).

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Signature Date

EMPLOYER AUTHORIZATION

I hereby authorize the applicant to submit this application to become a charitable / nonprofit gambling manager for our organization.

The applicant has begun to perform the duties of charitable / nonprofit gambling manager. Yes No

Signature of Chief Executive Officer