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

PRINT

RESET FORM

RECREATIONAL GAMING ACTIVITY PERMIT

SUBMIT APPLICATION 14 DAYS PRIOR TO THE EVENT.

Mark ☒ appropriate box for license type you are applying for:

☐ Commercial Stimulant / Profit-Seeking Organization . Fee: $ 63

☐ Bona Fide Charitable / Nonprofit Organization . . . . . Fee: $ 61

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

This application is available for online submission. Visit our website and sign in to My Account.

* * * ATTENTION * * *

Before you complete and submit this application there are three (3) different options to sponsor or conduct a Recreational Gaming Activity (RGA). (See WAC 230-03-005.)

1. Your organization may conduct the RGA and use professional gambling equipment obtained from a licensed equipment distributor. **You must complete this application prior to conducting the RGA**.
2. Your organization may sponsor and contract with a licensed equipment distributor and have the distributor conduct the RGA for you. You will **NOT** need an RGA permit because the distributor is licensed.
3. Your organization may conduct the RGA and use non-professional homemade devices. You will **NOT** need an RGA permit, nor need to notify our agency, but you must notify your local law enforcement agency.

If you have any questions regarding the above options, please call us at our in-state toll-free number 1-800-345-2529 or (360) 486-3440.

* * * GENERAL INFORMATION / INSTRUCTIONS * * *

1. Please type or print with black ink.
2. Complete **ALL** portions of the application.
3. Mail or deliver the completed application and the fee (listed above) to the Washington State Gambling Commission.
4. Ensure that the application is signed and dated by the highest-ranking organizational official.
5. When completed, recheck the application carefully. Be sure it is complete. This check may help you prevent processing delays.

GENERAL INFORMATION

1. Applicant: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
   Organization Name / Chapter

   Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
   Street / P. O. Box

   |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___| |___|___|___|___|___|
   City State Zip

2. E-Mail Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

   @ |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

3. Telephone: |___|___|___|-|___|___|___|-|___|___|___|___| |___|___|___|-|___|___|___|-|___|___|___|___|
   Organization's Business Gambling Activity Premises

   |___|___|___|-|___|___|___|-|___|___|___|___|
   Organization's Fax

4. Date Organization was Organized: |___|___| / |___|___| / |___|___|___|___|
   Month Day Year

5. Has your organization been previously licensed by the commission? ☐ Yes ☐ No

Business Office Use Only:

Code: 211-|___|___| Date: |___|___| / |___|___| / |___|___|___|___| Amt: $|___|___|___|.00 Val #: _____

ACTIVITY INFORMATION

1. Date of Activity: **NOTE:** Date and Time Must be Exact

FROM: Date: |___|___| / |___|___| / |___|___|___|___|
Month Day Year

TO: Date: |___|___| / |___|___| / |___|___|___|___|
Month Day Year

Time: |___|___|:|___|___| ☐ am ☐ pm
(Mark if ☐ Noon or ☐ Midnight)

Time: |___|___|:|___|___| ☐ am ☐ pm
(Mark if ☐ Noon or ☐ Midnight)

2. Name of Premises to be Used for Activity: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Owner of Premises: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Premises Street Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___| |___|___|___|___|___|
City State Zip

City Limits: ☐ Inside ☐ Outside

3. Does the jurisdiction in which you plan to operate allow the gambling activities you are applying for? ☐ Yes ☐ No

4. Owner of Gambling Devices / FRE Equipment: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
Organization / Distributor

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___| |___|___|___|___|___|
City State Zip

What was the cost of the lease / rental? $|___|___|___|,|___|___|___|

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 ORGANIZATIONAL OFFICER / MANAGER OR DESIGNATED RGA MANAGER / COORDINATOR

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.

Signature: _____ Date: |___|___| / |___|___| / |___|___|___|___|

APPLICATION PREPARED BY:

_____ _____
Name Title

Address: _____

City _____ State _____ Zip _____

(_____)_____- _____ (_____)_____- _____ (_____)_____- _____
Telephone Fax Other