Profit Organizations to Conduct Bingo at Agricultural Fairs Only

- ❒ Application
- ❒ Fees
- ❒ Attachments for questions 6, 7, 8 on the application
- ❒ Personal / Criminal History Statement (BLS-700-301) for
    a) Elected President, Treasurer, and Chairman of the Board (and Spouses)
    b) All Owners of 10% or More Interest in the Corporate Applicant (and Spouses)
    c) All Partners in the Applicant Business (and Spouses)
    d) Sole Owner of Applicant Business (and Spouse)
    e) All Managers

Note: The agricultural fair must be licensed before a bingo permit is issued.

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

PROFIT

PERMIT APPLICATION FOR PERSONS TO OPERATE BINGO GAMES ONLY DURING AND UPON THE SITE OF BONA FIDE AGRICULTURAL FAIRS

(COMMERCIAL BUSINESS APPLICANT)

✓ **One-Time Bingo Permit** (WAC230-05-020) **Fee: $ 27.00**

☐ **Annual Bingo Permit** (WAC 230-05-025) **Fee: $ 189.00**
(For Unlimited Licensed Agricultural Fairs – With Approved Bingo Itinerary)

1. Applicant: JANE'S CRAFTS
Use Full Name, Corporate or Partnership

2. Mailing Address of Applicant: 1234 MAIN ST

LACEY	WA	98503	THURSTON
City	State	Zip	County

(360) 555 - 5555 Telephone (360) 555-5554 Fax Number (360) 555-5555 Cell Phone (Optional)

3. Washington State Department of Revenue Tax # (UBI): 999-99-9999

4. Applicant Organization is a: (Mark 0 One)
   - a. x Sole Proprietorship
   - b. Partnership (Submit a copy of agreement.)
   - c. Corporation (Submit copy of current incorporation articles, minutes covering the election of current officers, and your most recent stock issue.)
   - d. Limited Liability Company (Submit a copy of LLC formation and agreement.)
   - e. Other Specify: _____

5. Name of Bingo Activity Primary Manager:

Name JANE DOE Date of Birth: 5/4/1956

Address 1234 HIGH ST

LACEY	WA	98503	THURSTON	(360)555-5555
City	State	Zip	County	Telephone

E-mail Address: SOMETHING@NOTMAIL.COM

6. On a separate sheet of paper, provide the following information on each person who will participate in the supervision of a bingo activity: Last Name, First Name, MI; SSN; Date of Birth, Home Address, City, State, Zip Code; and Home Telephone Number. Also provide a brief description of the duties and responsibilities assigned to this person.

7. Provide the full name and current address of each person, corporation, partnership, or other association(s) that may have any interest in the equipment to be used by the (permit) applicant.

8. If equipment is leased or rented, provide details of the lease or rental agreement, or submit a copy of the agreement.

9. For Each Person: (a. – e.) below, provide a completed and signed *Personal / Criminal History Statement* (BLS-700-301). Answer all questions and furnish all information required.

   a. Elected President, Treasurer and Chairman of the Board (and Spouses).

   b. All Owners of 10% or More Interest in the Corporate Applicant (and Spouses).

   c. All Partners in the Applicant Business (and Spouses).

   d. Sole Owner of Applicant Business (and Spouse).

   e. Primary Manager (All Managers).

10. **For One-Time Bingo Permit Only** – Provide the following information:

Name of Fair: COUNTY FAIR

Fair Premises Address: 123 DIVISION AVE

OLYMPIA	WA	98503	THURSTON
City	State	Zip	County

Inclusive Dates of Fair: From 6/26/2014 to 6/30/2014

11. **For Annual Bingo Permit** – Using the format above, provide the same information for each and every agricultural fair for which you have a contract to conduct bingo games. Use Full Season Itinerary (GC4-009f – attached).

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 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.

DECLARATION / SIGNATURE OF SOLE PROPRIETOR, EACH PARTNER, OR CHIEF EXECUTIVE OFFICER

OATH OF APPLICATION

I declare under penalty of perjury, under the laws of the state of Washington, that all information provided in 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 an initial application or revocation of any gambling licenses 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 denial, suspension or revocation of my license. I further understand that if any criminal or civil actions are filed against me, I must inform the commission. (See WACs 230-03-050, 230-03-055, 230-06-080, 230-06-085, and 230-06-090.)

Title: Owner

Signature: Jane Doe

Date: 5/4/2014

*Partner(s): _____

[*If Partnership, All Partners **Must Sign**.]

6. Doe, John
SSN: 999-99-9998
DOB: 6/1/1956
Address: 1234 High ST
Lacey WA 98503
Telephone: 360-555-5554
Duties: Supervise the bingo activity, sell bingo cards and dauber

7. Jane Doe
Address: 1234 High St
Lacey WA 98503

8. Equipment is owned by applicant lease not needed.

STATE OF WASHINGTON
BUSINESS LICENSING SERVICE
PO Box 9034
Olympia, WA 98507-9034
Telephone: 1-800-451-7985

LICENSE NUMBER 00-99999

UBI NUMBER 999-999-999

Personal/Criminal History Statement

(For Liquor, Lottery, Gambling and Cigarette/Tobacco Wholesaler/Retailer Licenses)

Please type or print clearly in dark ink. Complete all spaces or print N/A in spaces that do not apply.

Type of License(s) you are applying for: *(You must provide a copy of this form to each of the agencies you checked below.)*

☐ **LIQUOR** ☐ **LOTTERY** ☑ **GAMBLING** ☐ **CIGARETTE/TOBACCO Wholesaler/Retailer**

BUSINESS NAME: *(DBA or trade name)* Jane's Crafts				
BUSINESS LOCATION ADDRESS: *Street or Route* 1234 Main St	*City* Hawks Prairie	*County* Thurston	*State or Country* WA	*Zip Code* 99999

I AM A: *(Check all that apply)* ☑ SOLE PROPRIETOR ☐ CORPORATE OFFICER ☐ STOCKHOLDER ☐ FINANCIER ☐ LLC MEMBER/MGR ☐ SPOUSE ☐ PARTNER Title: _____ 10% or more ☐ MANAGER ☐ OTHER: _____

NAME: *(Last, First, Middle)* Doe, Jane			*Maiden* Smith	SOCIAL SECURITY NUMBER: 999-99-9999
HOME MAILING ADDRESS: *(Street or PO Box)* 1234 High St			*City* Lacey	*County* Thurston
State or Country: WA	*Zip Code:* 98503		HOME PHONE: 360-555-5554	WORK/CELL PHONE: 360-555-5555
HOW LONG LIVING AT HOME ADDRESS ABOVE: 30	HEIGHT: 5'05"	WEIGHT: 130	EYE COLOR: BRN	HAIR COLOR: BRN
BIRTHDATE: *(Month, Day and Year)* 6/1/1956	SEX: ☐ MALE ☑ FEMALE	RACE: Caucasian	DRIVER'S LICENSE NUMBER & STATE OF ISSUE: WA DOE**J*123AB	
ARE YOU A U.S. CITIZEN? ☑ YES ☐ NO	If NO, give alien registration/entry visa/work permit number(s):		PORT OF ENTRY:	DATE OF ENTRY: *(Month, Day and Year)*
SPOUSE'S NAME: *(Last, First, Middle)* Doe, John			*Maiden*	DATE OF MARRIAGE: *(Month, Day and Year)* 1/1/1975

LICENSE HISTORY

List any business licenses that you have ever held, currently applied for, or have been denied/revoked/suspended in any state.

TYPE	LICENSE NUMBERS	BUSINESS NAME	STATE	LAST YEAR HELD
GAMBLING				
LIQUOR				
LOTTERY				
OTHER				

CRIMINAL HISTORY STATEMENT

Have you EVER:
1. Been arrested or cited?
2. Been charged with a crime?
3. Been convicted?
4. Been Jailed?
5. Been placed on probation?
6. Forfeited bail or paid a fine over $25 (Include traffic fines)?

☑ YES ☐ NO

You must answer "YES" if any of the above have occurred, **even if charges were dismissed, deferred or changed.** Explain each charge fully below and attach additional sheets as needed. False or incomplete information may result in denial, suspension or revocation of a license. **You must include events that occurred while you were a juvenile.**

OFFENSE DATE	OFFENSE	CITY	COUNTY	STATE	DISPOSITION AND DATE
6/1/1975	Speeding	Olympia	Thurston	WA	Paid Ticket 9/1/1975

CERTIFICATION

I certify under penalty of perjury that all answers and statements on page 1 and 2 are true, correct and complete. I understand that untruthful or misleading answers are cause for denial of a license and/or revocation of any license granted. **I hereby authorize investigation of my criminal history, financial records and other sources as necessary for licensing.**

SIGNATURE: X Jane Doe		
PRINT NAME: Jane Doe	DATE SIGNED: 6/2/2014	PLACE SIGNED: *(City, County and State)* Lacey, Thurston, WA
If applying for gambling license, elected chief executive officer or employer must also sign this form. SIGNATURE: X Jane Doe		
PRINT NAME: JaneDoe	DATE SIGNED: 6/2/2014	PLACE SIGNED: *(City, County and State)* Lacey, Thurston, WA

Continue on to the backside of this form.

Personal/Criminal History Statement (Page 2)

LICENSE NUMBER _____

UBI NUMBER _____

Page 2 to be completed by applicants applying for Liquor, Gambling, Cigarette and Tobacco wholesaler/retailer Licenses.

ADDITIONAL PERSONAL HISTORY

PLACE OF BIRTH: *City*	County	*State or Country*	
Seattle	King	WA	
OTHER NAMES USED:		PREVIOUS SOCIAL SECURITY NUMBER:	
PLACE OF MARRIAGE: *City*	*County*	*State or Country*	*Zip Code*
Olympia	Thurston	WA	98504
MILITARY SERVICE: *(Branch and dates of service)*	COUNTRY OF MILITARY SERVICE:	TYPE OF DISCHARGE:	
E-MAIL ADDRESS:	FAX NUMBER:		
Something@notmail.com	360-555-4555		

EMPLOYMENT HISTORY

List employment, self-employment, military, unemployment and school attendance for the **last 10 consecutive years** (including foreign residences). **If more space is needed, attach additional sheets in the same format.**

Dates From - To:	TITLE:	SUPERVISOR:		
5/1990-Current	Self employed			
EMPLOYER/SCHOOL:				
Jane's Crafts				
ADDRESS: *(Street or Route)*	*City*	*County*	*State or Country*	*Zip Code*
1234 Main St	Hawks Prairie	Thurston	WA	99999
Dates From - To:	TITLE:	SUPERVISOR:		
EMPLOYER/SCHOOL:				
ADDRESS: *(Street or Route)*	*City*	*County*	*State or Country*	*Zip Code*
Dates From - To:	TITLE:	SUPERVISOR:		
EMPLOYER/SCHOOL:				
ADDRESS: *(Street or Route)*	*City*	*County*	*State or Country*	*Zip Code*

RESIDENCE INFORMATION

You must list all places of residence for the **last 10 consecutive years** (include foreign residences). List current residence first. **If more space is needed, attach additional sheets in same format.**

Dates From - To:	STREET ADDRESS:			
1/1984 to current	1234 High St			
	CITY:	COUNTY:	STATE or COUNTRY:	ZIP CODE:
	Lacey	Thurston	WA	98503
Dates From - To:	STREET ADDRESS:			
	CITY:	COUNTY:	STATE or COUNTRY:	ZIP CODE:

APPLICANT: YOU MUST MAKE COPIES FOR EACH OF THE AGENCIES YOU HAVE CHECKED ON PAGE 1 OF THIS FORM

LIQUOR CONTROL BOARD
PO BOX 43098
OLYMPIA WA 98504-3098

LOTTERY COMMISSION
PO BOX 43027
OLYMPIA WA 98504-3027

GAMBLING COMMISSION
PO BOX 42400
OLYMPIA WA 98504-2400

CIGARETTE/TOBACCO
PO BOX 43098
OLYMPIA WA 98504-3098

For assistance or to request this document in an alternate format, visit http://business.wa.gov/BLS or call 1-800-451-7985. Teletype (TTY) users may call 360-705-6718.

STATE OF WASHINGTON
BUSINESS LICENSING SERVICE
PO Box 9034
Olympia, WA 98507-9034
Telephone: 1-800-451-7985

LICENSE NUMBER 00-99999

UBI NUMBER 999-999-999

Personal/Criminal History Statement

(For Liquor, Lottery, Gambling and Cigarette/Tobacco Wholesaler/Retailer Licenses)

Please type or print clearly in dark ink. Complete all spaces or print N/A in spaces that do not apply.

Type of License(s) you are applying for: *(You must provide a copy of this form to each of the agencies you checked below.)*

☐ **LIQUOR** ☐ **LOTTERY** ☑ **GAMBLING** ☐ **CIGARETTE/TOBACCO Wholesaler/Retailer**

BUSINESS NAME: *(DBA or trade name)*				
Jane's Crafts				
BUSINESS LOCATION ADDRESS: *Street or Route*	*City*	*County*	*State or Country*	*Zip Code*
1234 Main St	Hawks Prairie	Thurston	*WA*	99999

I AM A: *(Check all that apply)* ☐ SOLE PROPRIETOR ☐ CORPORATE OFFICER ☐ STOCKHOLDER ☐ FINANCIER ☐ LLC MEMBER/MGR ☑ SPOUSE ☐ PARTNER Title: _____ 10% or more ☐ MANAGER ☐ OTHER: _____

NAME: *(Last, First, Middle)*			*Maiden*	SOCIAL SECURITY NUMBER:
Doe, John				999-99-9998
HOME MAILING ADDRESS: *(Street or PO Box)*			*City*	*County*
1234 High St			Lacey	Thurston
State or Country:	*Zip Code:*		HOME PHONE:	WORK/CELL PHONE:
WA	98503		360-555-5554	360-555-5555
HOW LONG LIVING AT HOME ADDRESS ABOVE:	HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:
30	6'02"	230	BRN	BRN
BIRTHDATE: *(Month, Day and Year)*	SEX: ☑ MALE ☐ FEMALE	RACE:	DRIVER'S LICENSE NUMBER & STATE OF ISSUE:	
6/1/1956		Caucasian	WA DOE**J*123AB	
ARE YOU A U.S. CITIZEN? ☑ YES ☐ NO	If NO, give alien registration/entry visa/work permit number(s):		PORT OF ENTRY:	DATE OF ENTRY: *(Month, Day and Year)*
SPOUSE'S NAME: *(Last, First, Middle)*			*Maiden*	DATE OF MARRIAGE: *(Month, Day and Year)*
Doe, Jane			Smith	1/1/1975

LICENSE HISTORY

List any business licenses that you have ever held, currently applied for, or have been denied/revoked/suspended in any state.

TYPE	LICENSE NUMBERS	BUSINESS NAME	STATE	LAST YEAR HELD
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OFFENSE DATE	OFFENSE	CITY	COUNTY	STATE	DISPOSITION AND DATE
7/4/2013	Speeding	Olympia	Thurston	*WA*	Paid Ticket 9/1/2013

CERTIFICATION

I certify under penalty of perjury that all answers and statements on page 1 and 2 are true, correct and complete. I understand that untruthful or misleading answers are cause for denial of a license and/or revocation of any license granted. **I hereby authorize investigation of my criminal history, financial records and other sources as necessary for licensing.**

SIGNATURE:		
X John Doe		
PRINT NAME:	DATE SIGNED:	PLACE SIGNED: *(City, County and State)*
John Doe	6/2/2014	Lacey, Thurston, WA

If applying for gambling license, elected chief executive officer or employer must also sign this form.

SIGNATURE:		
X John Doe		
PRINT NAME:	DATE SIGNED:	PLACE SIGNED: *(City, County and State)*
John Doe	6/2/2014	Lacey, Thurston, WA

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UBI NUMBER _____

Page 2 to be completed by applicants applying for Liquor, Gambling, Cigarette and Tobacco wholesaler/retailer Licenses.

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PLACE OF BIRTH: *City*	County	*State or Country*	
Seattle	King	WA	
OTHER NAMES USED:		PREVIOUS SOCIAL SECURITY NUMBER:	
PLACE OF MARRIAGE: *City*	*County*	*State or Country*	*Zip Code*
Olympia	Thurston	WA	98504
MILITARY SERVICE: *(Branch and dates of service)*	COUNTRY OF MILITARY SERVICE:	TYPE OF DISCHARGE:	
E-MAIL ADDRESS:	FAX NUMBER:		
Something@notmail.com	360-555-4555		

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List employment, self-employment, military, unemployment and school attendance for the **last 10 consecutive years** (including foreign residences). **If more space is needed, attach additional sheets in the same format.**

Dates From - To:	TITLE:	SUPERVISOR:		
5/1990-Current	Self employed			
EMPLOYER/SCHOOL:				
EZ Manufacturer, Inc.				
ADDRESS: *(Street or Route)*	*City*	*County*	*State or Country*	*Zip Code*
1234 Main St	Hawks Prairie	Thurston	WA	99999
Dates From - To:	TITLE:	SUPERVISOR:		
EMPLOYER/SCHOOL:				
ADDRESS: *(Street or Route)*	*City*	*County*	*State or Country*	*Zip Code*
Dates From - To:	TITLE:	SUPERVISOR:		
EMPLOYER/SCHOOL:				
ADDRESS: *(Street or Route)*	*City*	*County*	*State or Country*	*Zip Code*

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You must list all places of residence for the **last 10 consecutive years** (include foreign residences). List current residence first. **If more space is needed, attach additional sheets in same format.**

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1/1984 to current	1234 High St			
	CITY:	COUNTY:	STATE or COUNTRY:	ZIP CODE:
	Lacey	Thurston	WA	98503
Dates From - To:	STREET ADDRESS:			
	CITY:	COUNTY:	STATE or COUNTRY:	ZIP CODE:

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