

PERMIT APPLICATION FOR A COMMERCIAL BUSINESS TO CONDUCT BINGO AT AGRICULTURAL FAIRS ONLY

	ne Agricultural Fair must use the <i>Charitable / Nonprofit Organization Application</i> (GC4-028) and
ap	oply for a license. See fee schedule (GC5-055-FS) and then complete this area. <u>Base License Fee</u>
	Special Property Bingo Permit (Single Agricultural Fair)
	Agricultural Fair Bingo (Different Agricultural Fairs)
1.	Applicant:
	Mailing Address:
	City: Zip: _ _ _ _ _ _ State: _ Zip: _ _ _ _ _ _ _ _ _ _ _ _
	Telephone: _ _ _ _ _ _ _ _ _ _ _
	Cell: - - - -
2.	Have you previously held a permit issued by the WSGC?
3.	Washington State Department of Revenue Tax # (UBI):
4.	Applicant Organization is a: (Mark ⊠ One)
	a. 🗌 Sole Proprietorship
	b. Dertnership (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.	Provide the following information: (Attach additional sheets if necessary.)
	Name of Agricultural Fair:
	Fair Premises Address:
	City: _ _ _ _ _ _ _ State: _ Zip: _ _ _
	Inclusive Dates of Fair:
	From: / / / / / to / / / to /
	Business Office Use Only:
(Code: 211 Date: Amt: \$ Val #:

6.	Bingo Equipmen	t: Ma	ark 🛛	⊠ Ap	plica	able																			
	Applicant ow	/ns e	əquip	omer	nt																				
	Applicant wil	l rec	eive	, ren	t, or	leas	e eq	luipm	ent ⁻	from	: (If r	ente	ed or	lea	sed, s	subn	nit a	cop	y of tl	ne a	gree	men	t.)		
	Full Name:	I	 _	_	 _	 _	 _	 _	 _	.	 _	.	 _	 _		 .	.	_	 	.	 _	 _	 -	.	I
		I	 _	 _	 _	 _	 _	 _	 _	 _	 _	 _	 _	_ _	_	! .I	.	 _	 _	I .I	 _	 _	 -	_	
	Address:	I	 _	 	 _	 _	_	 _	 _	.	 _	.	 _	 _	 	.	 _	_	 _	!	_	 _	 .	 _	I
	City:	_		 	_	 	 	 	 _	 _	 	 _	 	_ :	State	:	_		Zip:		 _	 _	 -	_	
7.	Name of Primary license, state ide									ıll leg	gal n	ame	and	pro	of of i	iden	tity :	such	as a	сор	y of	a val	id dr	iver's	;
	Last Name:	 _	 _	 _	 _	 _	 _	 _	 _	 	 _	 _	 _	 _	_	 .	 	 _	 _	I .I	 _	 _	 -	.	I
	First Name:	 _	_! !		 _	 _	 _	 _	 _	.	 _	.	 _	_	 _	! 	<u> </u>	_	 _	 .	 _	 _	 -	 _	I
	Middle Name:	I	 _	 _	 _	 _	 _	 _	 _	<u> </u>	 _	<u> </u>	 _	 _	 _	 .		 _	 _	I .I	 _	 _	 -	 _	I
	Maiden / Alias N	ame):		 _	 _	 _	 _	 _	.	 _	.	 _	_	_	.	.	_	 _		.	 _	 .	_	I
	Telephone:	ı I	 .	. -	_	 	_ - _	I	 				В	irthc	late:		I I	_ / _	 	/ /	I	 _	 -	 _	I
	Address:	 _	 _	 _	 _	 _	 _	 _	 _	<u> </u>	 _	<u> </u>	 _	_	 _	 .	 		 _	I .I	 _	 _	 -	 _	I
	City:		 	 	 			 	 		 	_ _			State	:			Zip:		 _	 _	 -	 _	I
	E-Mail Address:	I	 _	 _	 _	 _	 _	 _	 _	<u> </u>	 _	<u> </u>	 _	 _	 _		 _	_	 _	I .I	 _	 _	 -	 _	I
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 For Each Person: (a. – e.) below, provide a completed and signed Personal / Criminal History Statement (BLS-700-301), full legal name and proof of identity such as a copy of a valid driver's license, state identification card, or valid passport. (Attach additional sheets if necessary.)

Answer all questions and furnish all information required.

- a. Elected President, Treasurer, Secretary and Chairman of the Board (and spouses).
- b. All owners of 10% or more interest in the business (and spouses).
- c. All partners if business is a partnership (and spouses).
- d. Sole owner of business if a sole proprietorship (and spouse).
- e. All managers.

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to disclosure under 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.

OATH OF HIGHEST-RANKING INDIVIDUAL OR DESIGNEE

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 suspension or revocation of any gambling license(s) currently held, or denial of any future applications for a new 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 (https://www.wsgc.wa.gov/regulationenforcement) or the Washington State Legislature (http://leg.wa.gov/). In the event I am the Designee, I also acknowledge that the Highest-Ranking Individual is also responsible to know and comply with all previously referenced rules and laws.

Full Legal Name and Signature of Highest-Ranking Individual or Designee:

Last Name:	I	_	_	 	 	 _	 _		 	 	I I	 	 _	I I	 	I I	 .I	l .I	 _	_
First Name:	I	_	_	 _	 _	 _	 _	.	! .	l .I	I I	! 	l .I	l .I	 	 	 	I I	 -	I I	 	l I	 .	l .I	 -	_
Middle Nam	e:		 _	 _	 _	 _		 .	 .	l .I	 	 .	 	l .I	 	I I	I I	 	 -	I I	I I	I I	 .	 	 -	_
Signature: _	Sole	Prop	rietor	/ Chie	ef Exe	cutive	e Offic	er / Ll	_C Ma	inage	r / Pa	rtner /	/ Desi	gnee	-	ate:	 		/		_ / י / סס			 	 .	-

WAC 230-03-015 Permits to conduct bingo at agricultural fairs. (1) You must apply to us if you wish to operate bingo games at agricultural fairs licensed to conduct bingo. You may apply for either:

- (a) An annual permit to conduct bingo games at different agricultural fairs; or
- (b) A special property bingo permit to conduct bingo games at a single agricultural fair.
- (2) Each agricultural fair is fully responsible for the operation of bingo conducted under its license.
- (3) A commercial or charitable or nonprofit organization may apply for a special property bingo permit.

STATE OF WASHINGTON

360-705-6741

BUSINESS LICENSING SERVICE PO Box 9034 Olympia, WA 98507-9034

LICENSE NUMBER _

UBI NUMBER

Personal/Criminal History Statement

. ...

	· · · ·		• •	all spaces or print		,	
Type of Er	ndorsements(s) you are app	lying for: (Prov	ide a copy of this form	n to each agency. See	page 2) 🗌 LOTT	ERY (complete pag	e 1 only)
	R 🗌 GAMBLING 🗌 CI	GARETTE/TOBAC	CO Wholesaler/Ret	ailer 🗌 VAPOR F	RODUCTS Delive	ery/Retailer/Sales	
BUSINESS I	NAME: (DBA or trade name)						
BUSINESS I	LOCATION ADDRESS: Street of	or Route	City		County	State or Country	Zip Code
IAMA: (Check all th						LLC MEMBER/MGR	
	t, First, Middle)			Maiden		SOCIAL SECURITY N	
10 WIL. (200				Malach			
HOME MAIL	ING ADDRESS: (Street or PO	Box)		City		County	
State or Cou	intry:	Zip Code:		HOME PHONE:		WORK/CELL PHONE	:
HOW LONG LIV	VING AT HOME ADDRESS ABOVE:	HEIGHT:	WEIGHT:	EYE COLOR:		HAIR COLOR:	
BIRTHDATE	: (Month, Day and Year)	SEX: AMALE	RACE:	DRIVER'S LICENSE	NUMBER & STATE O	F ISSUE:	
		istration/entry visa/wo	rk permit number(s):	PORT OF ENTRY:		DATE OF ENTRY: (M	onth, Day and Year)
SPOUSE'S I	NAME: (Last, First, Middle)			Maiden		DATE OF MARRIAGE	: (Month, Day and Year)
			LICENSE	HISTORY		1	
List any bu	usiness licenses that you h	nave ever held, cu	rrently applied for, c	or have been denied	/revoked/suspend	led in any state.	
TYPE	LICENSE NUMBER	S	BL	JSINESS NAME		STATE	LAST YEAR HELD
GAMBLING							
LIQUOR							

CRIMINAL HISTORY STATEMENT

3. Been convicted?

4. Been Jailed?

Have you EVER:

LOTTERY OTHER

> 1. Been arrested or cited? 2. Been charged with a crime?

5. Been placed on probation?

6. Forfeited bail or paid a fine over \$25 (Include traffic fines)?

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
			•	•	

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			
PRINT NAME:		DATE SIGNED:	PLACE SIGNED: (City, County and State)
If applying for gambling	SIGNATURE:		
license, elected chief ex- ecutive officer or employer	X		
must also sign this form.	PRINT NAME:	DATE SIGNED:	PLACE SIGNED: (City, County and State)

 \Box YES \Box NO

Personal/Criminal History Statement (Page 2)

LICENSE NUMBER

UBI NUMBER

			Α	DDITIONAL PE	RSON	AL HISTOR	Y			
PLACE OF BIRTH: (City		County				State or C	ountry		
OTHER NAMES US	ED:					PREVIOUS SO	OCIAL SECU	JRITY NUME	BER:	
PLACE OF MARRIA	GE: City		County					State or Co	ountry	Zip Code
MILITARY SERVICE	: (Branch and dates of s	service)	COUNTRY	OF MILITARY SERV	ICE:			TYPE OF D	ISCHARGE:	
E-MAIL ADDRESS:				FA	X NUM	BER:				
				EMPLOYME	ENT H	ISTORY				
	self-employment, m needed, attach ad					ce for the last	t 10 <u>conse</u>	ecutive yea	ars (including	foreign residences).
Dates From - To:	`	TITLE:					SUPERVIS	OR:		
EMPLOYER/SCHO	OL:									
ADDRESS: (Street of	or Route)			City			County		State or Country	Zip Code
Dates From - To:		TITLE:					SUPERVIS	OR:		
EMPLOYER/SCHOO	OL:									
ADDRESS: (Street of	or Route)			City			County	5	State or Country	Zip Code
Dates From - To:		TITLE:					SUPERVIS	OR:		
EMPLOYER/SCHOO	OL:									
ADDRESS: (Street of	or Route)			City			County	S	State or Country	Zip Code
				RESIDENCE	INFO	RMATION				
	places of residen				ars (i	nclude foreig	n residen	<u>ces</u>). List	current reside	nce first. If more
Dates From - To:	STREET ADDRESS:	3116613	in Same it	inat.						
	CITY:				COUN	TY:		S	TATE or COUNTR	RY: ZIP CODE:
Defec From To	STREET ADDRESS:									
Dates From - To:										
	CITY:				COUN	TY:		ST	TATE or COUNTR	Y: ZIP CODE:
								I		
APPLIC LIQUOR CONT PO BOX 43098 OLYMPIA WA 9		LOT PO B	ERY CO OX 43027	MMISSION	GA PC	NCIES YOU H MBLING C D BOX 42400 YMPIA WA	OMMISSI	ON	CIGARET PO BOX 4	TE/TOBACCO

For assistance or to ask about the availability of this document in an alternate format, please call 360-705-6705. Teletype (TTY) users may use the Washington State Relay Service by calling 711.

WASHINGTON STATE GAMBLING COMMISSION FEE SCHEDULE – COMMERCIAL STIMULANT / PROFIT-SEEKING ORGANIZATION

Per WAC 230-05-124, all licensed organizations must submit quarterly license fees and license reports to us for each licensed gambling activity beginning with the first quarter of their license year. The quarterly license fee is due with the quarterly license report.

WAC 230-05-165 Commercial stimulant organization fees. All commercial stimulant organizations must pay the following fees:

(1) Annual licenses:

License Type	Base License Fee	Gross Gambling Receipts Rate	Maximum Annual License Fee
Card Games - Nonhouse-Banked	\$70	1.550%	\$32,000
Card Games - House-Banked	\$11,000	1.550%	\$64,000
Punch Boards / Pull-Tabs	\$770	1.516%	\$20,800

(2) Change fees:

Change of:	Fee
Name	\$110
Location	\$110
Business Classification (Same Owners)	\$110
Corporate Stock / Limited Liability Company Shares / Units	\$110, and cost reimbursement for investigating the transaction and qualification of each substantial interest holder
License Transfers	\$110

(3) Other fees:

Transaction	Fee
Duplicate License	\$55

WAC 230-05-170 Fees for other businesses. All other business organizations must pay the following fees:

(1) Annual licenses or permits:

(1) Annual licenses	or permits.		
License Type	Base License Fee	Gross Gambling Receipts Rate	Maximum Annual License Fee
Agricultural Fair Bingo (Annual Permit)	\$220	-	-
Call Centers for Enhanced Raffles	\$5,280	-	-
Commercial Amusement Games	\$550 plus \$70 per approved location	1.198%	\$17,600
Distributor	\$770	1.516%	\$11,200
Fund-Raising Event Distributor	\$310	1.516%	\$1,600
Linked Bingo Prize Providers	\$1,650	.048%	\$32,000
Manufacturer	\$1,650	1.516%	\$40,000
Manufacturer's Special Sales Permit	\$275	-	-
Punch Board/Pull- Tab Service Business Permit	\$275	-	-

License Type	Base License Fee	Gross Gambling Receipts Rate	Maximum Annual License Fee
Gambling Service Supplier	\$330	1.516%	\$11,200
Major Sports Wagering Vendor	\$30,000		
Mid-Level Sports Wagering Vendor	\$5,000		
Ancillary Sports Wagering Vendor	\$2,000		

(2) Events or permits:

		Gross	Maximum
	Base	Gambling	Annual
	License	Receipts	License
License or Permit Type	Fee	Rate	Fee
Recreational Gaming Activity	\$70	-	-
Special Property Bingo	\$35	-	-

(3) Change fees:

(-,	
Change of:	Fee
Name	\$110
Location	\$110
Business Classification (Same Owners)	\$110
Corporate Stock / Limited Liability Company Shares / Units	\$110, and cost reimbursement for investigating the transaction and qualification of each substantial interest holder
License Transfers	\$110

(4) Other fees:

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Transaction	Fee
Add a New Amusement Game Location	\$70
Defective Punch Board / Pull-Tab Cost Recovery Fees	Up to \$110
Duplicate License	\$55
Pre- and Post-Licensing Investigations	Cost reimbursement
Review, Inspection, and/or Evaluation of Gambling Equipment, Supplies, Services, Games, Schemes, or Group 12 Amusement Games	Deposit and cost reimbursement

WAC 230-05-175 Individuals license fees. Individuals must pay the following fees:

(1) Annual license and additional employer fees:

			Additional
	New	Annual	or Change
	Application	Renewal	of Employer
License Type	Fee	Fee	Fee
Call Center for Enhanced Raffle Representative	\$275	\$170	-

WASHINGTON STATE GAMBLING COMMISSION FEE SCHEDULE – COMMERCIAL STIMULANT / PROFIT-SEEKING ORGANIZATION

(1) Annual license and additional employer fees:

		1 7	
License Type	New Application Fee	Annual Renewal Fee	Additional or Change of Employer Fee
Card Room Employee License – Nonhouse- Banked (Class A)	\$200	\$95	\$65
Card Room Employee License – Class F And House-Banked (Class B)	\$275 (in-state) \$340 (out-of-state)	\$170	\$65
Charitable or Nonprofit Gambling Manager	\$200	\$95	\$95
Commercial Gambling Manager	\$200	\$95	\$95
Distributor Representative	\$275	\$170	\$65
Linked Bingo Prize Provider Representative	\$275	\$170	\$65
Manufacturer Representative	\$275	\$170	\$65
Gambling Service Supplier Representative	\$275	\$170	\$65
Major Sports Wagering Vendor Representative	\$275	\$170	\$65

(1) Annual license and additional employer fees:

	New Application	Annual Renewal	Additional or Change of Employer
License Type	Fee	Fee	Fee
Mid-Level Sports Wagering Vendor Representative	\$275	\$170	\$65
Ancillary Sports Wagering Vendor Representative	\$275	\$170	\$65

(2) Class B card room employees must pay the out-of-state application fee if over the last ten years the applicant lived outside of Washington for six non-consecutive months or more.

(3) Other service fees:

Transaction	Fee
Change of name	\$30
Card room employee emergency waiver request	\$65
Duplicate license	\$30

(4) Military personnel returning from service

If a license expires while an individual is on active military service, the individual may apply to have their license reissued at the renewal fee. The application must be received within six months after completing their active military service. The applicant must provide evidence of the completion date of active military service.

<u>NOTE</u>: All fees are subject to change. The Commission will notify licensees of amended fee amounts by notice of rule-making. Per RCW 9.46.070, other fees on this schedule, the Commission will assess applicants all actual investigative and inspection costs.

OTHER HELPFUL WACs:

WAC 230-05-104 Defining "base license fee." (1) "Base license fee" is the fee you pay us when you:

- (a) Apply for an organization license or permit; or
- (b) Renew your organization's license or annual permit.

(2) "Base license fee" is the minimum annual license fee a licensed organization or permit holder will pay for operating an authorized activity.

WAC 230-05-106 Defining "maximum annual license

fee." "Maximum annual license fee" is the most you will pay to operate an authorized activity for the license year, which includes the:

- (1) Base license fee; and
- (2) Quarterly license fees.

WAC 230-05-122 Calculating quarterly license fees. (1) The quarterly license fee is calculated based on the gross gambling receipts from the previous quarter as reported on your quarterly license report.

(2) Each license year, the quarterly license fees will be offset by the base license fee. (For example, if your base license fee is sixty-five dollars and your quarterly license fee is forty-five dollars for the first quarter, no additional amount is due for the first quarter. You would offset any future quarterly license fees by the remaining twenty dollars of your base license fee.) WAC 230-05-124 Quarterly license fees and license reports. All licensed organizations must submit quarterly license fees and license reports to us for each licensed gambling activity beginning with the first quarter of their license year. The quarterly license fee is due with the quarterly license report.

The quarterly license reports must be in the format we require and must:

(1)		Be received by us
	Cover the period:	no later than:
	January 1 through March 31	April 30
	April 1 through June 30	July 31
	July 1 through September 30	October 31
	October 1 through December 31	January 31

(2) Be received online at our administrative office or postmarked no later than the dates indicated in the table in subsection (1) of this section; and

(3) Be submitted even if there is no quarterly license fee payable to us; and

(4) Be accurate; and

(5) Be completed by the highest ranking executive officer or a designee. If someone other than the licensee or an employee prepares the report, the preparer must include his or her name and business telephone number on the report; and

(6) Be submitted for any period of time the license was valid even if there was no gambling activity or the gambling license was not renewed.