PRINT RESET FORM

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
IN-STATE TOLL-FREE: 1-800-345-2529 / WEB SITE: www.wsgc.wa.gov

NONPROFIT

PERMIT APPLICATION TO CONDUCT BINGO AT AGRICULTURAL FAIRS ONLY

NOTE:

The fair must use GC4-015 and apply for a license.

BASE LICENSE FEE: $ |___|___|___|
(See GC5-055-FS for fee.)

Organization Name (Permittee): |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

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

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

Telephone: Primary: |___|___|___|-|___|___|___|-|___|___|___|___| Fax: |___|___|___|-|___|___|___|-|___|___|___|___|

Cell: |___|___|___|-|___|___|___|-|___|___|___|___|

Name of Agricultural Fair:|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Dates Fair to be Conducted: From: |___|___|/|___|___|/|___|___|___|___| To: |___|___|/|___|___|/|___|___|___|___|

Times: From: |___|___|:|___|___| ☐ am / ☐ pm To: |___|___|:|___|___| ☐ am / ☐ pm

Bingo Equipment: Mark ☒ Applicable

☐ Applicant Organization Owns Equipment

☐ Applicant Organization Gets / Rents / Leases Equipment From:

Full Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

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

Describe Lease / Rental or Other Arrangement: _____

_____

_____

_____

Business Office Use Only:

Code: 211-_____ Date: _____ Amt: $ _____ Val #: _____

Who will manage the Bingo Game(s) for the Permittee?

Last Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

First Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Middle Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

City: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|