PRINT CLEAR 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 / WEBSITE: www.wsgc.wa.gov

NONPROFIT

PERMIT APPLICATION FOR A CHARITABLE / NONPROFIT ORGANIZATION TO CONDUCT BINGO AT AGRICULTURAL FAIRS ONLY

The Agricultural Fair must use the *Charitable / Nonprofit Organization Application* (GC4-028) and apply for a license. See fee schedule (GC5-055-FS) and then complete this area.

Base License Fee

☐ **Special Property Bingo Permit (Single Agricultural Fair)** $ |___|___|___|

☐ **Annual Permit (Different Agricultural Fairs)** $ |___|___|___|

1. Applicant: ____________________

   ____

   Mailing Address: ____________________

   City: __________ State: ____ Zip: ______

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

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

2. Have you previously held a permit issued by the WSGC? ☐ Yes ☐ No

3. 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 |__| / |__| / |____|

4. Bingo Equipment: Mark ☒ Applicable

   ☐ Applicant owns equipment.

   ☐ Applicant will receive, rent, or lease equipment from: (If rented or leased, submit a copy of the agreement.)

   Full Name: ____________________

   ____

   Address: ____________________

   City: __________ State: ____ Zip: ______

Business Office Use Only:

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

5. Name of Primary Bingo Activity Manager: Provide full legal name and proof of identity such as a copy of a valid driver's license, state identification card, or valid passport.

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

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

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

Maiden / Alias Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Telephone: |___|___|___|-|___|___|___|-|___|___|___|___| Birthdate: |___|___| / |___|___| / |___|___|___|___|

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

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

E-Mail Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

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

6. The applicant must be a bona fide charitable / nonprofit organization. Please provide the following additional information:
   a. Copy of your Articles of Incorporation;
   b. Copy of your By-Laws, including all amendments; and
   c. Copy of your IRS Exempt Status Letter declaring your organization is exempt from the payment of federal income taxes

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 ONLY

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/regulation-enforcement) or the Washington State Legislature (http://leg.wa.gov/).

Full Legal Name and Signature of Highest-Ranking Individual:

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

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

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

Signature: _____ Date: |___|___| / |___|___| / |___|___|___|___|
President / Highest-Ranking Individual MM / DD / YYYY

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