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

FAIR

Print

Reset Form

LICENSE APPLICATION FOR **AGRICULTURAL FAIRS** TO OPERATE **BINGO, RAFFLES, AND/OR AMUSEMENT GAMES**

(For Agricultural Fairs Authorized Under Chapter 15.76 or 36.37 RCW ONLY)

LICENSE APPLIED FOR: See Fee Schedule (GC5-055 FS) for fees.

	Base License Fee
☐ Bingo	$ |___|___|___|
☐ Raffle	$ |___|___|___|
☐ Amusement Game	$ |___|___|___|

1. **Agricultural Fair Name**: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

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

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

2. **Fair Manager:** |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

   Home Telephone: |___|___|___|-|___|___|___|-|___|___|___|___| Cell: |___|___|___|-|___|___|___|-|___|___|___|___|

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

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

3. **EVENT INFORMATION**

   Fair Operating Dates and Hours:
   Date of Event: **NOTE: Dates and times must be exact.**

   FROM: Date: |___|___| / |___|___| / |___|___|___|___| (mm/dd/yyyy)

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

   TO: Date: |___|___| / |___|___| / |___|___|___|___| (mm/dd/yyyy)

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

4. Does any other person, association, corporation, partnership or organization have any interest in the gambling equipment, premises, or building to be used by the applicant to conduct the gambling activity?

   b. Name of Premises to be used for Event: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

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

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

   Premise Owner: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

   City Limits: ☐ Inside ☐ Outside

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

Business Office Use Only:

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

3. **EVENT INFORMATION** (Continued)

c. Owner of Equipment: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
Organization / Distributor

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

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

d. Proposed Event Manager (Use Full Legal Name):

Please 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: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

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

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

E-mail Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

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

Birthdate: |___|___| / |___|___| / |___|___|___|___|

Telephones

Home: |___|___|___|-|___|___|___|-|___|___|___|___| Work: |___|___|___|-|___|___|___|-|___|___|___|___|

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

4. FAIR BOARD OFFICERS:

Please provide full legal name and Proof of Identity such as a copy of a valid driver's license, state identification card, or valid passport.

a. President (or Equivalent):

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

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

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

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

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

E-mail Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

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

Birthdate: |___|___| / |___|___| / |___|___|___|___|

Telephones

Home: |___|___|___|-|___|___|___|-|___|___|___|___| Work: |___|___|___|-|___|___|___|-|___|___|___|___|

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

4. FAIR BOARD OFFICERS: (Continued)

b. Treasurer (or Equivalent):

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

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

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

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

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

E-mail Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

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

Birthdate: |___|___| / |___|___| / |___|___|___|___|

Telephones

Home: |___|___|___|-|___|___|___|-|___|___|___|___| Work: |___|___|___|-|___|___|___|-|___|___|___|___|

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

c. Board Chairperson (or Equivalent):

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

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

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

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

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

E-mail Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

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

Birthdate: |___|___| / |___|___| / |___|___|___|___|

Telephones

Home: |___|___|___|-|___|___|___|-|___|___|___|___| Work: |___|___|___|-|___|___|___|-|___|___|___|___|

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

5. ACTIVITY MANAGER INFORMATION:

Provide all information required regarding the person <u>primarily managing</u> the activity. (Attach additional sheets if necessary)

Please 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: |___|___|___|___|___|___|___|___|___|___|___|___| Birthdate: |___|___| / |___|___| / |___|___|___|___|

Gambling Activity: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Home Address (Street): |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

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

Telephones

Home: |___|___|___|-|___|___|___|-|___|___|___|___| Work: |___|___|___|-|___|___|___|-|___|___|___|___|

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

6. **WITH THE BINGO ACTIVITY,** are ALL persons, including employees, volunteers, or members, working solely for the licensee?

☐ Yes

☐ No – Other organization must submit:

- *Permit Application to Conduct Bingo at Agricultural Fairs Only* (GC4-010) or
- *Permit Application for Commercial Business to Conduct Bingo at Agricultural Fairs Only* (GC4-009a)

Name of Organization / Individual(s): |___|___|___|