



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

INDIVIDUAL LICENSE APPLICATION PACKET

This application is for employees of businesses that operate licensed gambling activities.
It will take about 10 days to process a completed application.

TO AVOID PROCESSING DELAYS

1. Submit a completed application with the proper fee payable to the **Washington State Gambling Commission** (WSGC).
2. You are required to submit a fingerprint card (FD-258), follow the attached instructions (GC5-231 and GC5-232).
3. Sign this application and make sure your employer signs the Employer Certification section on Page 2.
4. You are required to submit Proof of Identity such as a copy of: a valid driver's license, a state identification card, or a valid passport.

WHO NEEDS TO BE LICENSED

1. Card Room Employees. If you perform any of the duties listed in WAC 230-03-265 in a licensed:
 - a. nonhouse-banked card room,
 - b. Class F endorsed nonhouse-banked card room, or
 - c. house-banked card room.
2. Nonprofit Gambling Managers (WAC 230-03-235). If you are an employee or member of a charitable or nonprofit organization who:
 - a. Has control to a material degree over a Bingo license with gross gambling receipts of \$150,000 and over or a Punch Board / Pull-Tab license with gross gambling receipts of \$200,000 and over; or
 - b. Supervise:
 - i. Progressive jackpot pull-tab games; or
 - ii. Gambling Managers; or
 - c. Is assigned the highest level of authority by the Officers or Governing Board of your organization: is licensed to receive \$300,000 or more in combined gross gambling receipts or has established a trust and / or endowment fund and have gambling receipts in excess of \$100,000 that contribute to that fund.
3. Gaming Representatives:
 - a. Manufacturer's Representative – if you sell, promote, or provide a manufacturer's gambling equipment, supplies, or you supervise those who do (WAC 230-03-300).
 - b. Distributor's Representative – if you sell, promote or provide distributor's equipment, supplies, or you supervise those who do (WAC 230-03-305).
 - c. Service Supplier's Representative – if you are employed by a service supplier to provide gambling related services, or supervise those who do (WAC 230-03-310).
 - d. Enhanced Raffle Call Center Representative – if you are employed by a call center to receive enhanced raffle ticket sales or supervise those who do (WAC 230-03-317).
 - e. Linked Bingo Prize Provider Representative – if you are employed by a linked bingo prize provider in connection with the management of a linked bingo prize game or distribution of supplies for those games (WAC 230-03-315).
4. Commercial Gambling Manager: if you supervise the operation of progressive pull-tab games (WAC 230-03-250).

TRAINING REQUIREMENTS

You must complete a training course we establish (see *Training Requirements for All Applicants* (GC5-017)) within 30 days of being licensed if you (WAC 230-03-070):

- sign the licensing application; or
- are a manager; or
- are responsible for conducting gambling activities; or
- are responsible for completing records.

Manufacturer's Representatives do not need to complete training.



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FEE: \$ _____

See Fee Schedule: GC5-055 FS for Nonprofit
GC5-055K FS for Commercial

INDIVIDUAL LICENSE APPLICATION

1. What type of license are you applying for:

Card Room Employee (68):
Over the past 10 years, have you lived outside the state of Washington for a total of six (6) or more months.
If Yes, out-of-state fee is required (see WAC 230-05-175).

Nonprofit Gambling Manager (61)
Commercial Gambling Manager (62)

Gaming Representative:

Manufacturer's Rep. (23)
Distributor's Rep. (22)
Service Supplier's Rep. (63)
Enhanced Raffle Call Center Rep. (32)
Linked Bingo Prize Provider Rep. (64)

2. APPLICANT INFORMATION (Provide Full Legal Name):

Last Name: _____

First Name: _____

Middle Name: _____

Maiden/
Alias Name: _____

Birthdate: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____
@ _____

Telephone: _____ Home _____ Cell _____

Have you ever been licensed for any gaming or related activities in Washington State, any other state or jurisdiction, including tribal facilities?
Yes No

Provide a detailed explanation if your application was denied, your license revoked or suspended, or you had any administrative actions, such as a NOVAS.

3. EMPLOYMENT INFORMATION:

Name of
Licensed Employer: _____

City: _____ Organization Number: _____

4. SERVICE SUPPLIERS ONLY - INTEREST OR OWNERSHIP:

Gambling service supplier representative must report conflicts of interest. If a licensed gambling service supplier representative has a substantial interest in a licensed manufacturer or distributor, they must inform us, the punch board, pull-tab, or bingo operators to whom they provide services, and the affected licensed manufacturer or distributor of the substantial interest and their intention to act as a gambling service supplier representative. (WAC 230-03-340)

Yes No If Yes, provide a written explanation on a separate piece of paper.

Business Office Use Only:

Code: 211- _____ Date: _____ Amt: \$ _____ .00 Val #: _____

