

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 TOLL-FREE: 1-800-345-2529 / WEBSITE: www.wsgc.wa.gov

INDIVIDUAL LICENSE APPLICATION PACKET

This application is for employees of businesses, or employees or members of charitable or nonprofit organizations 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). *All refunds of application / license fees will be issued to the licensee.*
- 2. You are required to submit a fingerprint card (FD-258), follow the attached instructions (GC5-231, GC5-232, and GC5-029).
- 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. Will have control to a material degree over a bingo or punch board and pull-tab licensee with gross gambling receipts over \$150,000; or
 - b. Will be responsible for overseeing the operation of electronic raffles to include, but not limited to, being onsite during the operation of an electronic raffle, documenting the functionality of the electronic raffle system, and observing the manual draw; or
 - c. Will be the supervisor of gambling managers who manage: electronic raffles or a bingo or punch board and pull-tab licensee with gross gambling receipts over \$150,000 in their previous license year; or
 - d. Is assigned the highest level of authority by the officers or governing board of directors to manage the dayto-day affairs of the organization and is responsible for safeguarding assets purchased with gambling funds and/or managing the disbursement of gambling funds when the organization:
 - i. Is licensed to receive more than \$300,000 in gross gambling receipts; or
 - ii. Has established a trust and / or endowment fund and have gambling receipts in excess of \$100,000 that contribute to that fund.
 - e. Will be the supervisor of the operation of progressive jackpot pull-tab games.
- 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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6. CRIMINAL HISTORY STATEMENT – Have you ever:

- a. Forfeited bail or paid a fine over \$25 (incl. traffic fines)?
- b. Been arrested?
- c. Been charged with a crime?

- d. Been convicted?
- e. Been jailed?

f. Been placed on probation?

☐ YES

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 your license. You must include information as a juvenile if you are applying for a Gambling License.

Date Charged	Charge	City	County	State	Outcome / Disposition

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 APPLICATION

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/).

Print Full Legal Name:

Last Name:	 		 	 _	 	 _	 	 	 	 	 	 											
First Name:	 					 _	 	 	 			 										 	
Middle Name:		 		 _				 	 		 	 										 	
Signature:												 	Da	te:			· · · · ·		/ ר / סכ			I I	

EMPLOYER CERTIFICATION

I hereby authorize the applicant to submit this application to become a licensed employee of my business or organization.

Signature of	Higł	nest	-Rar	hkin	g Of	ficer	or D)esig	inee:																	
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