



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: 360-486-3630
TOLL-FREE: 1-800-345-2529 / WEBSITE: www.wsgc.wa.gov

CHARITABLE / NONPROFIT ORGANIZATION PACKET

THIS PACKET CONTAINS:

- The *Charitable / Nonprofit Organization Application* (GC4-028);
- *Training Requirements for All Applicants* (GC5-017) letter (See WAC 230-03-070); and
- *Fee Schedule – Bona Fide Charitable / Nonprofit Organization / Other Businesses* (GC5-055-FS).

GENERAL INFORMATION:

- The information from this application and other requested documents are used to determine the qualification of your organization, premises, and members or employees involved in the management or operation of your proposed gambling activity.
- Should you fail to respond to a written request for additional information, documentation, and / or fees within thirty (30) days, we may begin administrative closure of your application. In that case, we will close your file without further action.
- If you decide to voluntarily withdraw your application, or the commission staff administratively closes or denies your application, your base license fee(s) may not be refunded. See WAC 230-05-136.
- Remember, it is your responsibility to report any changes to the information filed with your original or renewal applications. For reporting requirements, please review *License Application Reporting Summary* (GC5-018).
- Electronic Raffles Applicants: Before you begin electronic raffle operations, we must perform a Pre-Operational Review and Evaluation (PORE). You must receive our written approval before operating. The PORE will determine whether you have: (a) An organizational structure that supports your proposed accounting and administrative controls; and (b) Controls in place so that you closely monitor the gambling activity and accurately record financial information. See WAC 230-03-154.

BASIC APPLICATION INSTRUCTIONS:

1. All forms in this packet may be copied for your use. A copy of this application is also on our website.
2. Washington Administrative Code (WAC) citations are noted throughout this application. When cited, refer to Title 230 WAC, Gambling Commission, for clarification. See Revised Code of Washington (RCW) 9.46.0209 for qualifications of "Bona fide charitable or nonprofit organizations" in relation to gambling activities
3. You must register with SecureAccess Washington (SAW) and add Washington State Gambling Commission service prior to licensure.
4. The base license fees for this application are listed on the *Fee Schedule* (GC5-055-FS). In addition to the base license fee(s), you will have to submit Quarterly License Reports (QLR) with Quarterly License Fees (QLF), if required, based on your Gross Gambling Receipts (GGR).
5. The Commission may assess additional amounts to cover inspections and investigations necessary for licensing. See RCW 9.46.070(5). These costs will be determined, and are payable, during the financial investigation phase of the application process.
6. The Commission cannot act on your application if proper fees have not been paid.
7. It takes about 60 to 90 days to process an application.
8. Each license applicant is evaluated on an individual basis. Even if you were licensed before, do **NOT** answer any question with the words "on-file".
9. If you have any questions about this application, please call a Licensing Specialist at 1-800-345-2529 (toll-free) or 360-486-3440.



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: 360-486-3630
TOLL-FREE: 1-800-345-2529 / WEBSITE: www.wsgc.wa.gov

CHARITABLE / NONPROFIT ORGANIZATION APPLICATION

NOTE: All questions require an answer. If a question is not applicable, answer by entering "N/A" in the area provided.

TYPES OF ACTIVITY / BASE LICENSE FEES: Mark [X] all applicable activities.

See GC5-055-FS for base license fee.

Base License Fee

- Raffle (02) \$
Electronic Raffles (12) \$
Bingo (01 /11) \$
Punch Board / Pull-Tab (05) \$
Combination (08) Bingo, Raffles, Amusement Games and allows general Card Games where no fee is charged. \$
Complete 'Apply for Additional Amusement Game Locations / Report Removal of Approved Locations' (GC4-032), if applicable.
Complete 'Card Games Addendum' (GC4-025b)

- Amusement Games (03) \$
Complete 'Apply for Additional Amusement Game Locations / Report Removal of Approved Locations' (GC4-032), if applicable.
Amusement Game Locations: [] X [] = \$
of Locations Per Location Fee

- Agricultural Fairs to Operate Bingo, Raffles, and / or Amusement Games:
Mark [X] all applicable activities
Raffle (02) \$
Bingo (01 /11) \$
Amusement Games (03) \$

- Fund-Raising Event Equipment Distributor (29) \$
Card Games - Nonhouse-Banked (65) Complete 'Card Games Addendum' (GC4-025b) \$
Class F
Card Games - House-Banked (67) Complete 'Card Games Addendum' (GC4-025b) \$

TOTAL FEES SUBMITTED \$

1. ORGANIZATIONAL INFORMATION:

a. Applicant: []
Organization Name / Chapter / Agricultural Fair Name
Mailing Address: []
Street / P.O. Box
City: [] State: [] Zip: []
Telephone:
Business []-[]-[] Premises []-[]-[]
Fax []-[]-[]

Business Office Use Only:

Table with 4 rows and 4 columns: Code: 211- [], Date: [], Amt: \$ [], Val #: []

1. ORGANIZATIONAL INFORMATION: (Continued)

- a. E-Mail Address: _____
 @ _____
- b. Department of Revenue Unified Business Identifier (UBI) Number: _____
- c. Have you previously applied for or been licensed by the commission? Yes No
- If Yes:** Organization / License Number? _____ - _____
- What type of license? _____

2. PREMISES:

- a. Premises: Does the organization own the premises? Yes No
If Leased, submit a copy of the lease agreement.
Address (Where the activity will be conducted): _____
 Street
- City: _____ State: _____ Zip: _____
- Phone: _____-_____-_____
- City Limits? Inside Outside
- b. Does the jurisdiction in which you plan to operate allow the gambling activities you are apply for? Yes No
- c. List other person, association, corporation, partnership or organization who has any interest in the gambling equipment, premises, or building to be used by the applicant to conduct the gambling activity.
- Name of Premises to be used for Event: _____
- Premises Street Address: _____
- City: _____ State: _____ Zip: _____
- Premises Owner: _____

3. ELECTED ORGANIZATION / FAIR BOARD OFFICERS: Provide Full Legal Name and Proof of Identity such as a copy of a valid driver’s license, state identification card, or valid passport. (Age must be 18 or older.)

- a. President (or Equivalent):
- Last Name: _____
- First Name: _____
- Middle Name: _____ Birthdate: _____ / _____ / _____
- Maiden / Alias Name: _____
- Home Address: _____
 Street
- City: _____ State: _____ Zip: _____
- Telephone:
- Home: _____-_____-_____ Work: _____-_____-_____
- Cell: _____-_____-_____

4. ACTIVITY / FAIR MANAGER(S) FOR EACH GAMBLING ACTIVITY: Provide Full Legal Name and Proof of Identity such as a copy of a valid driver's license, state identification card, or valid passport. (Age must be 18 or older.) If you are managing an electronic raffle event or supervise those who do, you must apply as a Charitable / Nonprofit Gambling Manager (*Individual License Application, GC4-022*). See WAC 230-03-235. (Attach additional sheets if necessary)

Last Name: _____
 First Name: _____
 Middle Name: _____ Birthdate: _____ / _____ / _____
 Maiden / Alias Name: _____
 Gambling Activity: _____
 Home Address: _____
 Street
 City: _____ State: _____ Zip: _____
 Telephone: _____
 Home: _____-_____-_____-_____-_____-_____ Work: _____-_____-_____-_____-_____-_____ Cell: _____-_____-_____-_____-_____-_____

5. QUALIFICATION / ANNUAL CERTIFICATION INFORMATION: (See RCW 9.46.0209)

a. When was your organization formed or incorporated? _____ / _____ / _____
 MM / DD / YYYY
 b. When does your accounting fiscal year end? _____ / _____ / _____
 MM / DD / YYYY
 c. Mark all purposes for which your organization is formed and operated.
 Agricultural Benevolent Charitable Educational Patriotic Religious Social
 Athletic Eleemosynary Civic Fraternal Political Scientific
 d. Is your organization exempt from the payment of federal income taxes? Yes No
If Yes: What is your Internal Revenue Service (IRS) exemption code section? 501(C) (_____) (Example: 501(C)3, please call us if you are confused about your particular IRS code.)
 e. Is your organization a branch, chapter, or auxiliary of another charitable or nonprofit organization?
 Yes No **If Yes, Complete the following:**
 Name of Organization: _____
 Relationship: _____
 f. Does your organization have voting members? Yes No

6. AGRICULTURAL FAIR ACTIVITY(IES):

a. Are ALL persons, including employees, volunteers, or members, working solely for your organization?
 Yes
 No – Other organization must submit:
 • *Permit Application for Charitable / Nonprofit Organization 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): _____
 Home Address (Street): _____
 City: _____ State: _____ Zip: _____
 Telephone: _____-_____-_____-_____-_____-_____

11. REQUIRED ATTACHMENTS – Attach and submit the following documents with your application.

All New Applicants:

- a. IRS Exempt Status Letter – Enclose a copy of your IRS letter declaring your organization is exempt from the payment of federal income taxes.
- b. A copy of your current bylaws and articles of incorporation and any amendments, including dissolution statement.
- c. Copies of the minutes from your two most recent meetings plus one that is in excess of 12 months.
- d. On a separate sheet, briefly describe how your organization has met the purpose(s) set out in 5.c. during your last fiscal period.
- e. On a separate sheet, briefly describe the type(s) of charitable and / or nonprofit services that are provided by your organization to the public and / or your members.
- f. Copy of the current lease agreements for the building and equipment.

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 OR DESIGNEE

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/>). In the event I am the Designee, I also acknowledge that the Highest-Ranking Individual is also responsible to know and comply with all previously referenced rules and laws.

Full Legal Name & Signature of Highest-Ranking Individual or Designee

Last Name: _____

First Name: _____

Middle Name: _____

Signature: _____ Date: _____
President, Equivalent, or Designee MM / DD / YYYY

Application Prepared By:

Last Name: _____

First Name: _____

Middle Name: _____

Primary Phone: _____ Cell Phone: _____

E-Mail Address: _____
@ _____