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

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.

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 (in-state only) or 360-486-3440, ext. 2334.

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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 ☒ all applicable activities.
See GC5-055-FS for base license fee.

Base License Fee

- ☐ Raffle (02) $ |___|___|,|___|___|___|
- ☐ 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 ☒ 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:

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

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

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

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: |___|___|___|___|___|

Premise 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: |___|___|___|-|___|___|___|-|___|___|___|___|

3. ELECTED ORGANIZATION / FAIR BOARD OFFICERS: (Continued)

b. Treasurer (or Equivalent):

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

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

Middle Name: |___|___|___|___|___|___|___|___|___|___|___| Birthdate: |___|___| / |___|___| / |___|___|___|___|

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

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

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

Telephone:

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

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

c. Secretary (or Equivalent):

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

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

Middle Name: |___|___|___|___|___|___|___|___|___|___|___| Birthdate: |___|___| / |___|___| / |___|___|___|___|

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

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

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

Telephone:

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

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

d. Board Chairperson (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. (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: |___|___|___|-|___|___|___|-|___|___|___|___|

6. AGRICULTURAL FAIR ACTIVITY(IES): (Continued)

b. Fair Operating Dates and Hours:

Date of Event:

FROM: Date: |___¦___| / |___¦___| / |___¦___¦___¦___|, Time: |___¦___|:|___¦___| ☐ am / ☐ pm
(MM / DD / YYYY) (Mark ☒ if ☐ Noon or ☐ Midnight)

TO: Date: |___¦___| / |___¦___| / |___¦___¦___¦___|,Time: |___¦___|:|___¦___| ☐ am / ☐ pm
(MM / DD / YYYY) (Mark ☒ if ☐ Noon or ☐ Midnight)

7. RAFFLE APPLICANTS:

a. Are you planning on using an alternative drawing format other than drawing the winning ticket out of a receptacle? See WAC 230-11-055 for authorized alternative drawing formats.

☐ Yes ☐ No

b. Do you plan on holding a raffle with a prize valued at $40,000 or more? ☐ Yes ☐ No

c. Do you plan on raffling off prizes worth a total value of $300,000 or more annually? ☐ Yes ☐ No

If Yes for b and/or c, you must show good cause in writing. See WAC 230-11-067 for instructions.

8. AMUSEMENT GAME APPLICANTS:

a. Provide days / hours of operation:

Days (example: Mon-Fri): |___¦___¦___¦___¦___¦___¦___¦___¦___¦___¦___¦___¦___¦___¦___¦___¦___¦___¦___¦___|

Hours: From: |___¦___|:|___¦___| ☐ am / ☐ pm To: |___¦___|:|___¦___| ☐ am / ☐ pm

b. Attach a signed copy of the vendor contract.

9. CREDIT UNION APPLICANTS:

Provide the following (see WAC 230-03-146):

a. Proof you are currently a federally or state chartered credit union located in Washington and are in good standing.

b. A listing of the charitable and nonprofit organizations as set out in RCW 9.46.0209(1) receiving all raffle revenues less prizes and expenses.

NOTE: All revenue received from raffles, less prizes and expenses, must be devoted to purposes authorized in RCW 9.46.0209(1); and tickets for such raffles can be sold only to, and winners are determined only from among, the regular members of the credit union (see WAC 230-11-013).

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

<u>All New Applicants</u>:

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 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 & Signature of Highest-Ranking Individual:

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

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

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

Signature: _____ Date: |___|___| / |___|___| / |___|___|___|___|
President or Equivalent MM / DD / YYYY

Application Prepared By:

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

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

Primary Phone: |___|___|___|-|___|___|___|-|___|___|___|___| Cell Phone: |___|___|___|-|___|___|___|-|___|___|___|___|

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

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

Print Clear Form