

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 ADD AN ACTIVITY PACKET

THIS PACKET CONTAINS:

- The Charitable / Nonprofit Add an Activity (GC4-029);
- 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. It is important that you read and understand all instructions and questions.
- 2. Mail or deliver the completed application, all required attachments, and appropriate fee(s) to the address on the front page.
- 3. 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 ADD AN ACTIVITY

IMPORTANT: This application may only be used by those organizations that are currently licensed by the Washington State Gambling Commission.

TYPES OF ACTIVITY / BASE LICENSE FEES: Mark 🗵 all applicable activities. See the *Fee Schedule – Bona Fide Charitable / Nonprofit Organization / Other Businesses* (GC5-055 FS) for the base license fee.

ги	e Chantable / Nonpront Organization / Other Businesses (GC5-055 FS) for the base license lee.	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 (GC4-03 Complete Card Games Addendum (GC4-025b)	\$, 2), if applicable.
	Amusement Games (03) Complete Apply for Additional Amusement Game Locations / Report Removal of Approved Locations (GC4-03	\$, 2), if applicable.
	Amusement Game Locations: X = # of Locations Per Location Fee	\$;,
	Fund-Raising Event Equipment Distributor (29)	\$;,
	Card Games – Nonhouse-Banked (60) Complete Card Games Addendum (GC4-025b)	\$
	Card Games – House-Banked (67) Complete Card Games Addendum (GC4-025b)	\$;,
	TOTAL FEES SUBMITTED \$	
-		
1.	ORGANIZATIONAL INFORMATION: Org #:	
1.	Org #: ; Applicant:	
1.	Org #: ;	
1.	Applicant:	Zip:
1.	Applicant:	Zip:
	Applicant:	Zip: - - - - - - - -
В	Applicant:	
В	Applicant:	

2.	ACTIVITY 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)

ast Name:													
rst Name:													
iddle Name:													
aiden / Alias Name:													
Birthdate: /													
ambling Activity:													
ome Address:													
ity: State: Zip: State: Zip:													
Telephone:													
Home:													
Cell: - - -													

3. 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
∏Yes	∏ No

c. Do you plan on raffling off prizes worth a total value of \$300,000 or more annually?

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

4. ELECTRONIC RAFFLE APPLICANTS:

a. What qualified sports team are you affiliated with? (see WAC 230-03-138 and 153)

Name of Team:	 							_		 				 	1		1		1	I

Provide the following: (see WAC 230-03-154)

- b. The organization's goals for conducting electronic raffles;
- c. A brief overview of the applicant's mission and vision; including the type of programs supported by the applicant and the clients served; and

d. Raffle plan, including:

- i. When your organization plans to conduct electronic raffles;
- ii. Cost of raffle tickets including discount levels;
- iii. Plans for selling raffle tickets;
- iv. Description of how the applicant will protect the integrity of the raffle;
- v. Identify authorized equipment to be used to facilitate the raffles;
- vi. Details for supervision of these raffles;
- vii. Description of the physical draw process and security of the drawing;
- viii. An explanation of how the proceeds from the raffle will be used; and
- ix. Any additional information that we request or that the applicant wishes to submit.

5. 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.
6.	BIN	IGO, PUNCH BOARD / PULL-TAB, ELECTRONIC RAFFLE, AND AMUSEMENT GAME APPLICANTS:
	a.	Premises: Does the organization own the premises?
		<i>If no,</i> provide a copy of the current lease/rental agreement.
	b.	Equipment: Does the organization own the equipment?
		<i>If no</i> , provide a copy of the current lease/rental agreement.

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:	I	 	 	 	 	 	 _	 _	 	 	 _	 	 	 	 .	 .	I I	 	 _	 _	 .	 _	 _	 	 _	_
Middle Name:		 	 	 	 	 	 _	 -	 		 _	 	 _	 	 .	 .	I I	 .	 _	 _	I .I	 _	 _	 _	 _	_
Signature:															1	_										
Application F	Pre	pare	ed B	y:																						
Last Name:		_	_	_ _	 	 _	 _	 -	_	 	_	 _	_	_ _	 .	 .	I I	 .	 _	 _	 	 _	 _	 _	 _	_
First Name:		 	_ _	_ _	 	 	 _	 _	 	 	 _	 	 	_	 	 	I I	 	 _	 _	 	 	 _	 _	 _	_
Middle Name:		 	_ _	_ _	 	 	 _	 _	 	 	 _	 	 	I I	 .	 .	I I	 	 _	 _	 .	 _	 _	 _	 _	_
Primary Phone	:	 	 	_ - _	 	 	- _	 	 	 		(Cell F	Phone	e:	 	_	- .	 	 _	ŀ	-	 _	 _	 _	_
E-Mail Address	8:		_	_	 	 	 _	 -	 _	_ 	_	 _	_	 	.		 	 .	 _	 _	.	.	 _	.	 _	_
		0	≥	_	 	 _	 _	 .	 _	 	_!	 _	 _	 	.	! .I	 	!	 -	 -	.	 	 _	.	 _	_