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

CHARITABLE / NONPROFIT ORGANIZATION PACKET

THIS PACKET CONTAINS:

- The basic *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 seeks a denial based on non-qualification, your base license fees will 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 web site.
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 our 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 us at 1-800-345-2529 (in-state only) or 360-486-3440, ext. 2332, to speak with a Licensing Specialist.

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

Print

Clear Form

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 (04) $ |___|___|,|___|___|___|

☐ 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

☐ Fund-Raising Event Equipment Distributor (29) $ |___|___|,|___|___|___|

☐ Nonhouse-Banked Card Games (65) Complete '*Card Games Addendum'* (GC4-025b) $ |___|___|,|___|___|___|
☐ Class F

☐ House-Banked Card Games (67) Complete '*Card Games Addendum'* (GC4-025b) $ |___|___|,|___|___|___|

TOTAL FEES SUBMITTED $ |___|___|___|,|___|___|___|

1. ORGANIZATIONAL INFORMATION:

a. Applicant: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
Organization Name / Chapter

Mailing Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
Street / P.O. Box

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___| |___|___|___|___|___|
City — State — Zip

|___|___|___|-|___|___|___|-|___|___|___|___| |___|___|___|-|___|___|___|-|___|___|___|___|
Organization's Business Phone — Gambling Premises Phone

|___|___|___|-|___|___|___|-|___|___|___|___|
Organization's Fax

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

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

b. Department of Revenue Unified Business Identifier (UBI) Number: |___|___|___|___|___|___|___|___|___|

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)

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 ☐

3. ELECTED ORGANIZATION 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. (Attach additional sheets if necessary)

a. President (or Equivalent):

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

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

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

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

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

|___|___|___|-|___|___|___|-|___|___|___|___| |___|___|___|-|___|___|___|-|___|___|___|___|
Home Phone Work Phone

|___|___|___|-|___|___|___|-|___|___|___|___|
Cell Phone

b. Treasurer (or Equivalent):

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

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

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

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

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

|___|___|___|-|___|___|___|-|___|___|___|___| |___|___|___|-|___|___|___|-|___|___|___|___|
Home Phone Work Phone

|___|___|___|-|___|___|___|-|___|___|___|___|
Cell Phone

3. ELECTED ORGANIZATION OFFICERS: (Continued)

c. Board Chairperson (or Equivalent):

Last Name: |___|___|___|

6. RAFFLE APPLICANTS:

a. Are you planning on using a raffle format different other than drawing the winning ticket out of a receptacle? (See WAC 230-11-055 for Authorized Alternative drawing formats.)

☐ Yes ☐ No ***If Yes***, please contact your field agent for review of your alternative format.

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 ☐

NOTE: If you are exceeding a value of $40,000 per prize or $300,000 annually, you must show good cause in writing. (See WAC 230-11-067 for instructions.)

7. AMUSEMENT GAME APPLICANTS:

Provide days/hours of operation:

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

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

PRINT

RESET FORM

APPLY FOR ADDITIONAL AMUSEMENT GAME LOCATIONS / REPORT REMOVAL OF APPROVED LOCATIONS

Fee: $|___|___|___|
See GC5-055-FS for fees.

Licensed Amusement Game Operator: |___|___|___|

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

CARD GAMES ADDENDUM (65/67)

1. Applicant's Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

   ☐ House-banked Card Games ☐ Nonhouse-banked Card Games ☐ Class F

2. Type of business:

   ☐ Restaurant / Lounge ☐ Tavern ☐ Other (See Note below): |___|___|___|___|___|___|___|___|___|___|___|___|___|___|

   NOTE: Please review RCW 9.46.0217, WACs 230-03-170 and 230-03-175; only an established food or drink business may apply for a gambling license.

3. Did you purchase gambling games and / or equipment from the previous owner?

   ☐ Yes ☐ No If Yes, provide a list of the games or pull-tab machines including;

   - the name of the game
   - the name of the manufacturer
   - the manufacturer's Gambling Commission license number, and
   - the Gambling Commission stamp number on the games.

   Per WAC 230-06-110, gambling equipment can be transferred as part of the sale of a business as long as a condition of the sale is that the buyer receives a license before the sale is complete. See rule for recordkeeping requirements.

4. Who is your activity manager? The Public Card Room manager will need to submit a *Personal / Criminal History Statement* (BLS-700-301) and a copy of a valid driver's license. Mandatory Training is required (see attached letter GC5-017).

   Please provide full legal name. (Attach additional sheets using same format, as needed.)

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

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

   NOTE: Commercial Stimulant Card Room applicants, with Class F, Nonhouse-banked and House-banked card games: All employees working in connection with the card room must be separately licensed as public card room employees. To secure an *Individual License Application* (GC4-022), please call or download from our internet site (www.wsgc.wa.gov).
   See Chapter 230-15 WAC.

5. Please review the attached letters:

   - *Responsibility to Report* (GC5-001) letter
   - *House-Banked Card Room Application Process* (GC5-014) letter

6. FLOOR PLAN REQUIRED: Draw your business floor plan or make a copy of your existing plan. The copy should be no larger than 11" X 17". Be sure to include the property boundaries, service facility locations, exits, and entrances, both present and proposed. **Clearly mark and label all areas where your gambling activity will occur including amusement games, punch board / pull-tab, and card room locations.** Clearly mark the location of each gaming table, count room, surveillance room, and cage.

   Is your business location adjacent to another business that provides a licensed gambling activity?

   ☐ Yes ☐ No

   If you marked "Yes", please refer to the restrictions in WAC 230-06-046.

7. Estimate, in percentages, the amount of gross sales generated by each business activity listed. Note that gross sales from gambling activities are excluded, whereas other activities, such as vending machine sales or video rental income would be included. See RCW 9.46.070, WACs 230-03-170 and 230-03-175.

Food and drink consumed on the premises: |___¦___| %

Food / drinks "to go" |___¦___| %

Other Activities (Pool Table, Dart Boards, etc., - list all)

|___¦___¦___¦___¦___¦___¦___¦___¦___¦___¦___|

|___¦___¦___¦___¦___¦___¦___¦___¦___¦___¦___| |___¦___| %

TOTAL |1¦0¦0| %

*** * NOTE * ***

In order to be licensed for gaming activities, your business must be primarily engaged in the selling of food and / or drink for on-premises consumption.

If the sale of food and drink for on-premises consumption does not exceed 50% of the **ALL** business activities listed, you probably do not qualify for a gambling license.

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/).

Signature: _____ Date: |___¦___|/|___¦___|/|___¦___¦___¦___|
(Sole Proprietor / Chief Executive Officer / LLC Manager / Partner) MM / DD / YYYY

STATE OF WASHINGTON
BUSINESS LICENSING SERVICE
PO Box 9034
Olympia, WA 98507-9034
Telephone: 1-800-451-7985

LICENSE NUMBER _____

UBI NUMBER _____

Personal/Criminal History Statement

(For Liquor, Lottery, Gambling and Cigarette/Tobacco Wholesaler/Retailer Endorsements)

Please type or print clearly in dark ink. Complete all spaces or print N/A in spaces that do not apply.

Type of Endorsements(s) you are applying for: ***(Provide a copy of this form to each agency. See page 2)*** ☐ **LOTTERY (complete page 1 only)**

☐ **LIQUOR** ☐ **GAMBLING** ☐ **CIGARETTE/TOBACCO Wholesaler/Retailer** ☐ **VAPOR PRODUCTS Delivery/Retailer/Sales**

BUSINESS NAME: *(DBA or trade name)*				
BUSINESS LOCATION ADDRESS: *Street or Route*	*City*	*County*	*State or Country*	*Zip Code*

I AM A: *(Check all that apply)* ☐ SOLE PROPRIETOR ☐ CORPORATE OFFICER ☐ STOCKHOLDER ☐ FINANCIER ☐ LLC MEMBER/MGR ☐ SPOUSE ☐ PARTNER Title: _____ 10% or more ☐ MANAGER ☐ OTHER: _____

NAME: *(Last, First, Middle)*			*Maiden*	SOCIAL SECURITY NUMBER:
HOME MAILING ADDRESS: *(Street or PO Box)*			*City*	*County*
State or Country:	*Zip Code:*		HOME PHONE:	WORK/CELL PHONE:
HOW LONG LIVING AT HOME ADDRESS ABOVE:	HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:
BIRTHDATE: *(Month, Day and Year)*	SEX: ☐ MALE ☐ FEMALE	RACE:	DRIVER'S LICENSE NUMBER & STATE OF ISSUE:	
ARE YOU A U.S. CITIZEN? ☐ YES ☐ NO	If NO, give alien registration/entry visa/work permit number(s):		PORT OF ENTRY:	DATE OF ENTRY: *(Month, Day and Year)*
SPOUSE'S NAME: *(Last, First, Middle)*			*Maiden*	DATE OF MARRIAGE: *(Month, Day and Year)*

LICENSE HISTORY

List any business licenses that you have ever held, currently applied for, or have been denied/revoked/suspended in any state.

TYPE	LICENSE NUMBERS	BUSINESS NAME	STATE	LAST YEAR HELD
GAMBLING				
LIQUOR				
LOTTERY				
OTHER				

CRIMINAL HISTORY STATEMENT

Have you EVER:

1. Been arrested or cited?
2. Been charged with a crime?
3. Been convicted?
4. Been Jailed?
5. Been placed on probation?
6. Forfeited bail or paid a fine over $25 (Include traffic fines)?

☐ YES ☐ NO

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 a license. **You must include events that occurred while you were a juvenile.**

OFFENSE DATE	OFFENSE	CITY	COUNTY	STATE	DISPOSITION AND DATE

CONFIDENTIAL

CERTIFICATION

I certify under penalty of perjury that all answers and statements on page 1 and 2 are true, correct and complete. I understand that untruthful or misleading answers are cause for denial of a license and/or revocation of any license granted. **I hereby authorize investigation of my criminal history, financial records and other sources as necessary for licensing.**

SIGNATURE: X		
PRINT NAME:	DATE SIGNED:	PLACE SIGNED: *(City, County and State)*

If applying for gambling license, elected chief executive officer or employer must also sign this form.

SIGNATURE: X		
PRINT NAME:	DATE SIGNED:	PLACE SIGNED: *(City, County and State)*

Continue on to the backside of this form.

Clear This Form *Print This Form*

Personal/Criminal History Statement (Page 2)

LICENSE NUMBER _____

UBI NUMBER _____

ADDITIONAL PERSONAL HISTORY

PLACE OF BIRTH: *City*	County	*State or Country*	
OTHER NAMES USED:		PREVIOUS SOCIAL SECURITY NUMBER:	
PLACE OF MARRIAGE: *City*	*County*	*State or Country*	*Zip Code*
MILITARY SERVICE: *(Branch and dates of service)*	COUNTRY OF MILITARY SERVICE:	TYPE OF DISCHARGE:	
E-MAIL ADDRESS:	FAX NUMBER:		

EMPLOYMENT HISTORY

List employment, self-employment, military, unemployment and school attendance for the **last 10 consecutive years** (including foreign residences). **If more space is needed, attach additional sheets in the same format.**

Dates From - To:	TITLE:	SUPERVISOR:		
EMPLOYER/SCHOOL:				
ADDRESS: *(Street or Route)*	*City*	*County*	*State or Country*	*Zip Code*
Dates From - To:	TITLE:	SUPERVISOR:		
EMPLOYER/SCHOOL:				
ADDRESS: *(Street or Route)*	*City*	*County*	*State or Country*	*Zip Code*
Dates From - To:	TITLE:	SUPERVISOR:		
EMPLOYER/SCHOOL:				
ADDRESS: *(Street or Route)*	*City*	*County*	*State or Country*	*Zip Code*

RESIDENCE INFORMATION

You must list all places of residence for the **last 10 consecutive years** (include foreign residences). List current residence first. **If more space is needed, attach additional sheets in same format.**

Dates From - To:	STREET ADDRESS:			
	CITY:	COUNTY:	STATE or COUNTRY:	ZIP CODE:
Dates From - To:	STREET ADDRESS:			
	CITY:	COUNTY:	STATE or COUNTRY:	ZIP CODE:

APPLICANT: YOU MUST MAKE COPIES FOR EACH OF THE AGENCIES YOU HAVE CHECKED ON PAGE 1 OF THIS FORM

LIQUOR CONTROL BOARD
PO BOX 43098
OLYMPIA WA 98504-3098

LOTTERY COMMISSION
PO BOX 43027
OLYMPIA WA 98504-3027

GAMBLING COMMISSION
PO BOX 42400
OLYMPIA WA 98504-2400

CIGARETTE/TOBACCO
PO BOX 43094
OLYMPIA WA 98504-3098

For assistance or to request this document in an alternate format, visit http://business.wa.gov/BLS or call 1-800-451-7985. Teletype (TTY) users may call 360-705-6718.

STATE OF WASHINGTON

GAMBLING COMMISSION

"Protect the Public by Ensuring that Gambling is Legal and Honest"

TRAINING REQUIREMENTS FOR ALL APPLICANTS

Organizations that are applying for a gambling license are required to take training for the gambling activities they are licensed to operate. Any new president or equivalent, or chief executive officer and activity managers must take training within 30 days of a new or renewal license being effective.

WAC 230-03-070 states:

1. You must complete a training course we establish if you:
   a. Signed the licensing application; or
   b. You are a manager; or
   c. You are responsible for conducting gambling activities or completing records.
2. You must complete training within 30 days of the effective date of your license.
3. We do not require manufacturers or manufacturer representatives to complete training.

You can access the training materials, videos and reporting records on our website at 'https://www.wsgc.wa.gov/licensing/training-requirements'

Non-profit Organization Training:

'Charitable / Nonprofit Gambling: Responsibilities of Officers and Board Members' videos are located on YouTube.

- Part 1: 'https://www.youtube.com/watch?v=SF03M3THxgo'
- Part 2: 'https://www.youtube.com/watch?v=g219glnmZhM'

'Management Guidelines for the Charitable/Nonprofit Gambling Licensee Handbook' GC5-008) is located at:

'https://www.wsgc.wa.gov/sites/default/files/public/forms/record-keeping/new-docs-july-2/5-008-nonprofit-management-guidelines.pdf'

If you are unable to view the video, contact us at 1-800-345-2529 and a CD will be sent.

STATE OF WASHINGTON

GAMBLING COMMISSION

"Protect the Public by Ensuring that Gambling is Legal and Honest"

TO: Card Room Licensees

SUBJECT: RESPONSIBILITY TO REPORT

Your Responsibility to Report Illegal Activity
It is your responsibility as a licensee to report and stop illegal activities. If you observe or suspect such activities occurring at your premises or any other location, please contact our nearest field office or report online at 'www.wsgc.wa.gov' by clicking on the link "Report a Violation" and we will investigate the matter.

Self Reporting Violations
We will not bring administrative charges against a licensee that reports a violation to commission staff within 24 hours of finding it unless the director determines there are extenuating circumstances. You may accomplish this by leaving a voice or email message with the area agent and immediately correct the violation. If we determine the violation cannot be immediately corrected, you must submit a plan to correct the violation by a date agreed to by us. This section does not apply if you engaged in criminal activity or we find the violation before you report it.

Ongoing Investigations and Possible Penalties
We will aggressively pursue any suspected bookmaking or other illegal activities, and we will work closely with local law enforcement to end those activities.

If you or your employees are involved in any illegal activities or allow them to continue at your business, we will have no choice but to take appropriate actions. These actions may result in the loss of your license(s) and criminal prosecution.

Monitoring Compliance Through Unannounced Visits
Our agents will continue to make announced and unannounced visits to licensed premises to monitor compliance with our rules and regulations.

Our mission is to keep gambling legal and honest. Thank you for your cooperation in helping us meet that mission.

We look forward to continuing to work with you in the future. Together, we can provide an operating environment that promotes the highest possible level of integrity for authorized gambling activities and discourages illegal activities.

P.O. Box 42400 • Olympia, Washington 98504-2400 • (360) 486-3440 • 1-800-345-2529 • FAX (360) 486-3630

STATE OF WASHINGTON

GAMBLING COMMISSION

"Protect the Public by Ensuring that Gambling is Legal and Honest"

TO: House-Banked Card Room Applicants

SUBJECT: HOUSE-BANKED CARD ROOM APPLICATION PROCESS

As a matter of public policy, we strive to conduct business as simply as possible and to efficiently deliver our services. We also take great pride in our commitment to public service.

In some cases, our effort to be great providers of public service has had the unforeseen impact of lengthening the licensing approval process. Specifically, we have accepted incomplete applications for House-Banked Card Rooms with the understanding that outstanding items were to be completed relatively quickly. Unfortunately, in some cases, these incomplete applications have caused us to conduct the same pre-licensing investigation over and over again as time passes and/or owners, financing, and facility conditions change.

Accordingly, we have determined it is in the best interest of all parties to accept only complete applications that are ready for our approval process. Washington Administrative Code (WAC) 230-03-035 says the Commission will only consider those applications that have been fully completed. The underlying authority for the code is Revised Code of Washington (RCW) 9.46.070. If you submit an application that is not complete, please know that WAC 230-03-035 requires the missing information be submitted within (30) thirty days or the application may be administratively closed.

In order to prevent delays in your licensing process, ensure all application forms have been filled out completely and accurately and know that at a minimum, we will look for the following:

1) The location/facility must be near completion. Equipment installation and/or minimal finishing work to be completed are permissible.
2) All lease agreements must be in place.
3) All financing must have been received.
4) All investors and owners must be established.
5) All organization taxes are current
6) If you are purchasing the business assets and/or the building, all applicable documents must be signed and executed. We will not approve contingency sales of business assets or premises for House-Banked Card Rooms. We may process an application for contingency sale, but the sale must close prior to the Commission issuing a license.

P.O. Box 42400 • Olympia, Washington 98504-2400 • (360) 486-3440 • 1-800-345-2529 • FAX (360) 486-3630

WASHINGTON STATE GAMBLING COMMISSION

FEE SCHEDULE – BONA FIDE CHARITABLE / NONPROFIT ORGANIZATION / OTHER BUSINESSES

Per WAC 230-05-124, all licensed organizations must submit quarterly license fees and license reports to us for each licensed gambling activity beginning with the first quarter of their license year. The quarterly license fee is due with the quarterly license report.

WAC 230-05-160 Charitable or nonprofit organization fees. Bona fide charitable and nonprofit organizations must pay the following fees:

(1) Annual licenses:

License Type	Base License Fee	Gross Gambling Receipts Rate	Maximum Annual License Fee
Amusement games	$65 plus $65 per approved location	0.730%	$1,000
Bingo	$65	0.460%	$11,000
Card games - House-banked	$10,000	1.462%	$40,000
Card games - Nonhouse-banked	$65	0.430%	$1,000
Combination	$125	-	-
Fund-raising equipment distributor	$270	1.430%	$700
Punch board / pull-tabs	$650	1.430%	$10,000
Raffles	$65	3.380%	$2,000
Enhanced raffles	$5,000	0.430%	$32,000

(2) Event licenses or permits:

License Type	Base License Fee	Gross Gambling Receipts Rate	Maximum Annual License Fee
Fund-raising event	$180	3.130%	$1,000
Recreational gaming activity	$65	-	-
Special property bingo / change of bingo premises	$30	-	-

(3) Change fees:

Change of:	Fee
Name	$100
Location	$100
Fund-raising event location, date, or time	$50

(4) Other fees:

Transaction	Fee
Add a new amusement game location	$65
Duplicate license	$50
Review, inspection, and/or evaluation of gambling equipment, supplies, services, games, or schemes	Deposit and cost reimbursement

WAC 230-05-170 Fees for other businesses. All other business organizations must pay the following fees:

(1) Annual licenses or permits:

License Type	Base License Fee	Gross Gambling Receipts Rate	Maximum Annual License Fee
Agricultural fair bingo (annual permit)	$200	-	-
Call centers for enhanced raffles	$4,800	-	-
Commercial amusement games	$500 plus $65 per approved location	1.130%	$11,000
Distributor	$700	1.430%	$7,000
Fund-raising event distributor	$280	1.430%	$1,000
Linked bingo prize providers	$1,500	.046%	$20,000
Manufacturer	$1,500	1.430%	$25,000
Manufacturer's special sales permit	$250	-	-
Punch board/pull-tab service business permit	$250	-	-
Gambling service supplier	$300	1.430%	$7,000

(2) Events or permits:

License or Permit Type	Base License Fee	Gross Gambling Receipts Rate	Maximum Annual License Fee
Recreational gaming activity	$65	-	-
Special property bingo	$30	-	-

(3) Change fees:

Change of:	Fee
Name	$100
Location	$100
Business classification (same owners)	$100
Corporate stock / limited liability company shares / units	$100
License transfers	$100

(4) Other fees:

Transaction	Fee
Add a new amusement game location	$65
Defective punch board / pull-tab cost recovery fees	Up to $100
Duplicate license	$50
Pre- and post-licensing investigations	Cost reimbursement
Review, inspection, and/or evaluation of gambling equipment, supplies, services, games, schemes, or group 12 amusement games	Deposit and cost reimbursement

WASHINGTON STATE GAMBLING COMMISSION

FEE SCHEDULE – BONA FIDE CHARITABLE / NONPROFIT ORGANIZATION / OTHER BUSINESSES

WAC 230-05-175 Individuals license fees. Individuals must pay the following fees:

(1) Annual license and additional employer fees:

License Type	New Application Fee	Annual Renewal Fee	Additional or Change of Employer Fee
Call center for enhanced raffle representative	$275	$170	-
Card room employee license – Nonhouse-banked (Class A)	$200	$95	$65
Card room employee license – Class F and house-banked (Class B)	$275 (in-state) $340 (out-of-state)	$170	$65
Charitable or nonprofit gambling manager	$200	$95	$95
Commercial gambling manager	$200	$95	$95
Distributor representative	$275	$170	$65
Linked bingo prize provider representative	$275	$170	$65
Manufacturer representative	$275	$170	$65
Gambling service supplier representative	$275	$170	$65

(2) Class B card room employees must pay the out-of-state application fee if over the last ten years the applicant lived outside of Washington for six non-consecutive months or more.

(3) Other service fees:

Transaction	Fee
Change of name	$30
Card room employee emergency waiver request	$65
Duplicate license	$30

(4) Military personnel returning from service

If a license expires while an individual is on active military service, the individual may apply to have their license reissued at the renewal fee. The application must be received within six months after completing their active military service. The applicant must provide evidence of the completion date of active military service.

NOTE: All fees are subject to change. The Commission will notify licensees of amended fee amounts by notice of rule-making. Per RCW 9.46.070, other fees on this schedule, the Commission will assess applicants all actual investigative and inspection costs.

OTHER HELPFUL WACs:

WAC 230-03-161 Applying for a combination license. (1) Charitable or nonprofit organizations may apply for a combination license to operate one or more of the following gambling activities:

(a) Authorized nonhouse-banked card games without collection of a fee to play; and

(b) Raffles with gross gambling receipts up to two thousand dollars during the license year; and

(c) Bingo with gross gambling receipts up to twenty-five thousand dollars during the license year; and

(d) Amusement games, owned and operated by the organization, with gross gambling receipts up to seven thousand five hundred dollars during the license year.

(2) You must apply for a separate license if any of the gambling activities in subsection (1)(b) through (d) of this section you operate will exceed the gross gambling receipt limits specified during your license year.

WAC 230-05-104 Defining "base license fee." (1) "Base license fee" is the fee you pay us when you:

(a) Apply for an organization license or permit; or

(b) Renew your organization's license or annual permit.

(2) "Base license fee" is the minimum annual license fee a licensed organization or permit holder will pay for operating an authorized activity.

WAC 230-05-106 Defining "maximum annual license fee." "Maximum annual license fee" is the most you will pay to operate an authorized activity for the license year, which includes the:

(1) Base license fee; and

(2) Quarterly license fees.

WAC 230-05-122 Calculating quarterly license fees. (1) The quarterly license fee is calculated based on the gross gambling receipts from the previous quarter as reported on your quarterly license report.

(2) Each license year, the quarterly license fees will be offset by the base license fee. (For example, if your base license fee is sixty-five dollars and your quarterly license fee is forty-five dollars for the first quarter, no additional amount is due for the first quarter. You would offset any future quarterly license fees by the remaining twenty dollars of your base license fee.)

WAC 230-05-124 Quarterly license fees and license reports. All licensed organizations must submit quarterly license fees and license reports to us for each licensed gambling activity beginning with the first quarter of their license year. The quarterly license fee is due with the quarterly license report.

The quarterly license reports must be in the format we require and must:

(1)

Cover the period:	Be received by us no later than:
January 1 through March 31	April 30
April 1 through June 30	July 30
July 1 through September 30	October 30
October 1 through December 31	January 30

(2) Be received online at our administrative office or postmarked no later than the dates indicated in the table in subsection (1) of this section; and

(3) Be submitted even if there is no quarterly license fee payable to us; and

(4) Be accurate; and

(5) Be completed by the highest ranking executive officer or a designee. If someone other than the licensee or an employee prepares the report, the preparer must include his or her name and business telephone number on the report; and

(6) Be submitted for any period of time the license was valid even if there was no gambling activity or the gambling license was not renewed.