



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 / WEB SITE: www.wsgc.wa.gov

OWNERSHIP / ORGANIZATION DISCLOSURE

Type of Legal Entity: Corporation LLC Partnership Other: _____

1. Name: _____
 (Corporate Name, LLC Name, or Partnership Name (General, LP, LLP))

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

UBI#: _____

Telephone: _____-_____-_____-_____ FAX: _____-_____-_____-_____

Cell: _____-_____-_____-_____

E-Mail Address: _____
 @ _____

2. Trade Name: _____

3. Total Shares / Stock of Corporation only: _____ Total Shares Issued: _____

4. Complete the following information for:

- Corporation: All Officers & Stockholders
- LLC: Managers & all LLC members
- Partnership: All partners

For organizations with multi-level ownership, submit an attachment showing the organization's complete ownership structure.

ALL substantial interest holders (owners, officers, shareholders, and partners) **MUST** be disclosed on this form or attached sheets (see WAC 230-03-045).

NOTE: Provide full legal name for an individual or name of legal entity. Add additional sheets (in the format shown) as required.

a. Last Name / Legal Entity: _____
 First Name: _____
 Middle Name: _____ Birthdate: ____/____/_____
 Title: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Date Acquired: ____/____/_____
 LLC / Corporation: Percentage of Ownership: _____% Units / Shares Owned: _____

b. Last Name / Legal Entity: _____
 First Name: _____
 Middle Name: _____ Birthdate: ____/____/_____
 Title: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Date Acquired: ____/____/_____
 LLC / Corporation: Percentage of Ownership: _____% Units / Shares Owned: _____



**STATE OF WASHINGTON
GAMBLING COMMISSION**

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

TRAINING REQUIREMENTS FOR ALL APPLICANTS

Organizations and individuals that are applying for a gambling license are required to complete training for the gambling activities they are licensed to operate. Any new president (or equivalent), chief executive officer, and activity manager(s) must complete training within 30 days of the effective date of a new or renewed license.

WAC 230-03-070 states:

1. You must complete a training course we establish if you:
 - a. Signed the licensing application; or
 - b. Are a manager; or
 - c. 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's representatives, or major sports wagering vendors to complete training. However, all licensees are expected to know and follow all rules upon receiving your license.

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

If you are unable to access the training materials on our website, please contact a Licensing Specialist at 1-800-345-2529 (toll-free) or (360) 486-3440.

**P.O. Box 42400, Olympia, WA 98504 | (360) 486-3440
901 N. Monroe St., Suite 240, Spokane, WA 99201 | (509) 325-7900
wsgc.wa.gov**



**STATE OF WASHINGTON
BUSINESS LICENSING SERVICE**

PO Box 9034
Olympia, WA 98507-9034
360-705-6741

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 Endorsement(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: <i>(DBA or trade name)</i> | | | | |
| BUSINESS LOCATION ADDRESS: <i>Street or Route</i> | <i>City</i> | <i>County</i> | <i>State or Country</i> | <i>Zip Code</i> |

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

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

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? 3. Been convicted? 5. Been placed on probation? YES NO
 2. Been charged with a crime? 4. Been Jailed? 6. Forfeited bail or paid a fine over \$25 (Include traffic fines)?

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 |
|--------------|---------|------|--------|-------|----------------------|
| | | | | | |
| | | | | | |

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: <i>(City, County and State)</i> |
| SIGNATURE: X | | |
| PRINT NAME: | DATE SIGNED: | PLACE SIGNED: <i>(City, County and State)</i> |

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

Continue on to the backside of this form.

Personal/Criminal History Statement (Page 2)

LICENSE NUMBER _____

UBI NUMBER _____

ADDITIONAL PERSONAL HISTORY

| | | | | |
|--|------------------------------|----------------------------------|--------------------|--|
| PLACE OF BIRTH: <i>City</i> | County | State or Country | | |
| OTHER NAMES USED: | | PREVIOUS SOCIAL SECURITY NUMBER: | | |
| PLACE OF MARRIAGE: <i>City</i> | County | State or Country | Zip Code | |
| MILITARY SERVICE: <i>(Branch and dates of service)</i> | 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: <i>(Street or Route)</i> | City | County | State or Country | Zip Code |
| Dates From - To: | TITLE: | SUPERVISOR: | | |
| EMPLOYER/SCHOOL: | | | | |
| ADDRESS: <i>(Street or Route)</i> | City | County | State or Country | Zip Code |
| Dates From - To: | TITLE: | SUPERVISOR: | | |
| EMPLOYER/SCHOOL: | | | | |
| ADDRESS: <i>(Street or Route)</i> | 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



Washington State Gambling Commission
 Licensing Division
 P.O. Box 42400
 Olympia, WA 98504-2400

| |
|----------------|
| UBI NUMBER |
| LICENSE NUMBER |

FINANCIAL STATEMENT

AS OF (SPECIFY DATE): _____

NOTE: This financial statement form must be completed for each organization and individual required to be backgrounded as part of this license application.

BUSINESS NAME (DBA or trade name)

THIS FINANCIAL STATEMENT IS FOR: (Choose either No. 1 or No. 2)

1. AN INDIVIDUAL (can be joint for husband and wife)

I AM A: (Check appropriate boxes) SOLE PROPRIETOR SPOUSE LIMITED PARTNER FINANCIER LLC MEMBER
 CORP. OFFICER Title: _____ STOCKHOLDER (10% or more) OTHER: _____

NAME: Last First Middle

HOME MAILING ADDRESS: Street or Route City County State or Country Zip Code

| | | |
|------------------------|-------------------|-------------------|
| HOME/CELL PHONE () | WORK PHONE () | FAX NUMBER () |
|------------------------|-------------------|-------------------|

2. A BUSINESS ENTITY

BUSINESS ENTITY IS A: CORPORATION LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY LIMITED LIABILITY PARTNERSHIP

NAME OF BUSINESS ENTITY:

HOME MAILING ADDRESS: Street or Route City County State or Country Zip Code

| | | |
|------------------------|-------------------|-------------------|
| HOME/CELL PHONE () | WORK PHONE () | FAX NUMBER () |
|------------------------|-------------------|-------------------|

| A ANNUAL INCOME (all household) | AMOUNT | B PERSONAL INFORMATION |
|--|--------|--|
| Salary (include spouse & other household salaries) | | Other Business Interests (list all over 5% ownership): |
| Dividends, Bonus and Commissions | | |
| Other Income (rental, investment interest) | | |
| TOTAL INCOME | | |

ASSETS (If additional space is required, attach separate sheet)

C CHECKING ACCOUNTS

| BANK NAME | ACCOUNT TYPE | ACCOUNT NUMBER | BALANCE | AUTHORIZED SIGNERS |
|--------------|--------------|----------------|-----------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| Total | | | \$ | |

D SAVINGS ACCOUNTS

| BANK NAME | ACCOUNT TYPE | ACCOUNT NUMBER | BALANCE | AUTHORIZED SIGNERS |
|--------------|--------------|----------------|-----------|--------------------|
| | | | | |
| | | | | |
| Total | | | \$ | |

E STOCKS, BONDS, MUTUAL FUNDS, IRA's, 401K's

| COMPANY | INVESTMENT TYPE (mutual fund, stock, IRA, etc.) & ACCT # | DATE ACQUIRED | # OF SHARES/FACE VALUE | MARKET VALUE | AUTHORIZED SIGNERS |
|--------------|--|---------------|------------------------|--------------|--------------------|
| | | | | | |
| | | | | | |
| Total | | | | \$ | |

| F NOTES AND ACCOUNTS RECEIVABLE (monies owed to you or your business) | | | | |
|--|-----------------|-----------------|---------------|-----------|
| FROM WHOM (Full name, address and phone number) | CURRENT BALANCE | MONTHLY PAYMENT | DATE ACQUIRED | DUE DATE |
| | | | | |
| | | | | |
| Total | | | | \$ |

| G BUSINESS AND OTHER INVESTMENTS | | | |
|---|-------------------|-----------------|---------------|
| BUSINESS INVESTMENT NAME | FAIR MARKET VALUE | ANNUAL REVENUES | DATE ACQUIRED |
| | | | |
| | | | |
| | | | |
| Total | | | \$ |

| H REAL ESTATE OWNED | | | | | |
|----------------------------|---------------|----------------|---------------|---------------------|------------------|
| ADDRESS OF PROPERTY | DATE ACQUIRED | PURCHASE PRICE | NAME ON TITLE | LAND/BUILDING VALUE | MORTGAGE BALANCE |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | \$ |

| I MORTGAGES, LEASES AND CONTRACTS OWNED (paid to you/receivable) | | | | | | | |
|---|---------------------|-------|------------------|-----------------|------------------|-----------------|---------------|
| DESCRIPTION OR ADDRESS | FULL NAME OF DEBTOR | PHONE | PAYMENT SCHEDULE | AMOUNT PAST DUE | ORIGINAL BALANCE | PRESENT BALANCE | INTEREST RATE |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total | | | | | | \$ | |

| J AUTOMOBILES, BOATS AND OTHER VEHICLES (industrial, recreational, farm) | | | | | |
|---|------|---------------|---------------|----------------|-------------------|
| MAKE, MODEL, DESCRIPTION | YEAR | DATE ACQUIRED | NAME ON TITLE | PURCHASE PRICE | FAIR MARKET VALUE |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | \$ |

| K MISCELLANEOUS PROPERTY (jewelry, collections, gae/kye) | | | | |
|---|---------------|----------------|-----------------|-------------------|
| DESCRIPTION | DATE ACQUIRED | PURCHASE PRICE | CURRENT BALANCE | FAIR MARKET VALUE |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | \$ |

LIABILITIES (If additional space is required, attach separate sheet)

| L NOTES AND TAXES PAYABLE (owed by you) | | | | |
|--|-------------------------|-----------------|-----------------|----------|
| TO WHOM (Full name, address and phone number) | ORIGINAL DATE OBLIGATED | CURRENT BALANCE | MONTHLY PAYMENT | DUE DATE |
| | | | | |
| | | | | |
| | | | | |
| Total | | \$ | | |

| M ACCOUNTS AND BILLS PAYABLE (owed by you) | | | | |
|---|-------------------------|-----------------|-----------------|----------|
| TO WHOM (Full name, address and phone number) | ORIGINAL DATE OBLIGATED | CURRENT BALANCE | MONTHLY PAYMENT | DUE DATE |
| | | | | |
| | | | | |
| Total | | \$ | | |

| N CONSUMER DEBTS/STUDENT LOANS (credit cards, auto, other) | | | | | |
|---|----------------|------------------|---------------|-----------------|-----------------|
| TYPE OF DEBT | NAME OF LENDER | ORIGINAL BALANCE | INTEREST RATE | MONTHLY PAYMENT | CURRENT BALANCE |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | \$ |

| O LEASES, MORTGAGES AND CONTRACTS OWING (paid by you/payable) Include Rent Payments | | | | | | | |
|--|------------------------------|-------|-----------------|-----------------|-----------------|------------------|---------------|
| PROPERTY ADDRESS | FULL NAME OF LENDER/LANDLORD | PHONE | CURRENT BALANCE | AMOUNT PAST DUE | MONTHLY PAYMENT | ORIGINAL BALANCE | INTEREST RATE |
| | | | | | | | |
| | | | | | | | |
| Total | | | \$ | | | | |

| P COURT ORDERED PAYMENTS | | | | |
|---------------------------------|-------------------------|---------------|-----------------|-----------------|
| TO WHOM | ORIGINAL ORDERED AMOUNT | DATE OF ORDER | MONTHLY PAYMENT | CURRENT BALANCE |
| | | | | |
| | | | | |
| Total | | | | \$ |

| GENERAL INFORMATION | |
|--|--|
| *Attach additional pages to fully explain any "YES" answers to the questions below. Attach copies of documents and court papers. | |
| 1) Is anyone a guarantor, endorser or co-signer on any of your personal or business debts, contracts, leases or other liabilities? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2) Are there any outstanding judgments against you or any business in which you had 5% or more ownership or financial interest? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3) Have you or any business in which you had 5% or more ownership or financial interest been directly or indirectly obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgments? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4) Are you or any business in which you had 5% or more ownership or financial interest presently delinquent or past due on any federal debt or any other loans or financial obligations? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5) Have you or any business in which you had 5% or more ownership or financial interest ever been required to make court-ordered payments? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6) Have you or any business in which you had 5% or more ownership or financial interest been a defendant in any suits or legal actions regarding financial matters within the last five years? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 7) Have you ever filed for personal bankruptcy, or been part of a business in which you had 5% ownership or financial interest that has filed for bankruptcy? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

CERTIFICATION

I certify that this Financial Statement (pages 1, 2 and 3) represents my true financial status as of this date. I hereby authorize investigation of my financial records and other sources as necessary for licensing.

SIGNATURE
TITLE (if corporate officer)
DATE

| FOR AGENCY USE ONLY | |
|--|-------|
| TOTAL ASSETS (ITEMS C-K): | _____ |
| TOTAL LIABILITIES (ITEMS L-P): | _____ |
| NET WORTH (NET WORTH = ASSETS – LIABILITIES): | _____ |



Washington State Gambling Commission
 Licensing Division
 P.O. Box 42400
 Olympia, WA 98504-2400

UBI NUMBER

LICENSE NUMBER

SOURCE OF FUNDS STATEMENT

AS OF: _____

NOTE: A separate Source of Funds Statement must be completed by the business and each individual who has provided funds to the business.

BUSINESS NAME (DBA or trade name)

THIS SOURCE OF FUNDS STATEMENT IS FOR: (Choose **either** No. 1 or No. 2)

1. AN INDIVIDUAL (can be joint for husband and wife)

I AM A: (Check appropriate boxes) SOLE PROPRIETOR SPOUSE PARTNER FINANCIER LLC MEMBER

CORP. OFFICER Title: _____ STOCKHOLDER (10% or more) OTHER: _____

NAME: Last First Middle

HOME MAILING ADDRESS: Street or Route

City State or Country Zip Code

HOME / CELL PHONE WORK PHONE FAX NUMBER
 () () ()

2. A BUSINESS ENTITY

BUSINESS ENTITY IS A: CORPORATION LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY

NAME OF BUSINESS ENTITY:

MAILING ADDRESS: Street or Route

City State or Country Zip Code

HOME / CELL PHONE WORK PHONE FAX NUMBER
 () () ()

OUTLINE OF COSTS

Please disclose ALL COSTS involved in opening the business. If you are making a change to your current business that already has a license, outline only the costs involved with this change to your business.
 Attach additional sheets if needed.

| COSTS | DOLLAR AMOUNT |
|--|---------------|
| Real property purchase amount OR lease deposit plus first month's rent | \$ |
| Stock / Shares | \$ |
| Business assets (to include equipment, inventory, trade name, good will, etc.) OR the cost associated with opening the new business. | \$ |
| Remodeling costs OR costs to change your currently licensed premise. | \$ |
| Miscellaneous fees (such as license/gambling, legal/architectural, health/city-county permit, etc.) / Other | \$ |
| GRAND TOTAL OF COSTS | \$ |

SOURCE OF FUNDS AND CERTIFICATION

Please explain carefully ALL funds used to get into business or change your current license. Your explanation needs to include all costs outlined on page 1 and should equal or exceed the Grand Total of Costs.
Attach additional sheets if needed.

| DOLLAR AMOUNT | INSTRUCTIONS | EXPLANATION (Attach documentation of the following source of funds) |
|---|--|--|
| CASH PAID / CONTRIBUTION \$ _____ | Explain the original source of the cash used (checking, savings, investment accounts, trust funds, money on hand, etc.). Explain where the cash is or was kept and the account number. | |
| CASH BORROWED / RECEIVED \$ _____ | Explain where the cash was borrowed or received from (bank, finance company, credit card, insurance fund, personal loan or gift of money, etc.). Provide the name and address of the lender and the account loan number. | |
| DEFERRED CONTRACT \$ _____ | Explain any amounts being carried on a contract (such as a purchase and sale agreement or seller carried promissory note). | |
| NON-CASH CONTRIBUTIONS \$ _____ | Explain any non-monetary contributions, such as labor or equipment. | |
| TOTAL OF FUNDS \$ _____ | This amount should equal or exceed the grand total of costs from Page 1. | |

CERTIFICATION

I certify, under penalty of perjury, that this Source of Funds Statement represents my true source of funds status as of this date, and my contribution to this business. I hereby authorize investigation of my financial records and other sources as necessary for licensing.

Signature: _____

Print Name: _____

Date: _____

**WASHINGTON STATE GAMBLING COMMISSION
FEE SCHEDULE – COMMERCIAL STIMULANT / PROFIT-SEEKING ORGANIZATION**

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 230-05-165 Commercial stimulant organization fees. All commercial stimulant organizations must pay the following fees:

(1) Annual licenses:

| License Type | Base License Fee | Gross Gambling Receipts Rate | Maximum Annual License Fee |
|------------------------------|------------------|------------------------------|----------------------------|
| Card Games - Nonhouse-Banked | \$70 | 1.550% | \$32,000 |
| Card Games - House-Banked | \$11,000 | 1.550% | \$64,000 |
| Punch Boards / Pull-Tabs | \$770 | 1.516% | \$20,800 |

(2) Change fees:

| Change of: | Fee |
|--|---|
| Name | \$110 |
| Location | \$110 |
| Business Classification (Same Owners) | \$110 |
| Corporate Stock / Limited Liability Company Shares / Units | \$110, and cost reimbursement for investigating the transaction and qualification of each substantial interest holder |
| License Transfers | \$110 |

(3) Other fees:

| Transaction | Fee |
|-------------------|------|
| Duplicate License | \$55 |

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) | \$220 | - | - |
| Call Centers for Enhanced Raffles | \$5,280 | - | - |
| Commercial Amusement Games | \$550 plus \$70 per approved location | 1.198% | \$17,600 |
| Distributor | \$770 | 1.516% | \$11,200 |
| Fund-Raising Event Distributor | \$310 | 1.516% | \$1,600 |
| Linked Bingo Prize Providers | \$1,650 | .048% | \$32,000 |
| Manufacturer | \$1,650 | 1.516% | \$40,000 |
| Manufacturer's Special Sales Permit | \$275 | - | - |
| Punch Board/Pull-Tab Service Business Permit | \$275 | - | - |

| License Type | Base License Fee | Gross Gambling Receipts Rate | Maximum Annual License Fee |
|----------------------------------|------------------|------------------------------|----------------------------|
| Gambling Service Supplier | \$330 | 1.516% | \$11,200 |
| Major Sports Wagering Vendor | \$30,000 | | |
| Mid-Level Sports Wagering Vendor | \$5,000 | | |
| Ancillary Sports Wagering Vendor | \$2,000 | | |

(2) Events or permits:

| License or Permit Type | Base License Fee | Gross Gambling Receipts Rate | Maximum Annual License Fee |
|------------------------------|------------------|------------------------------|----------------------------|
| Recreational Gaming Activity | \$70 | - | - |
| Special Property Bingo | \$35 | - | - |

(3) Change fees:

| Change of: | Fee |
|--|---|
| Name | \$110 |
| Location | \$110 |
| Business Classification (Same Owners) | \$110 |
| Corporate Stock / Limited Liability Company Shares / Units | \$110, and cost reimbursement for investigating the transaction and qualification of each substantial interest holder |
| License Transfers | \$110 |

(4) Other fees:

| Transaction | Fee |
|--|--------------------------------|
| Add a New Amusement Game Location | \$70 |
| Defective Punch Board / Pull-Tab Cost Recovery Fees | Up to \$110 |
| Duplicate License | \$55 |
| 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 |

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 | - |

WASHINGTON STATE GAMBLING COMMISSION
FEE SCHEDULE – COMMERCIAL STIMULANT / PROFIT-SEEKING ORGANIZATION

(1) Annual license and additional employer fees:

| License Type | New Application Fee | Annual Renewal Fee | Additional or Change of Employer Fee |
|---|--|--------------------|--------------------------------------|
| 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 |
| Major Sports Wagering Vendor Representative | \$275 | \$170 | \$65 |

(1) Annual license and additional employer fees:

| License Type | New Application Fee | Annual Renewal Fee | Additional or Change of Employer Fee |
|---|---------------------|--------------------|--------------------------------------|
| Mid-Level Sports Wagering Vendor Representative | \$275 | \$170 | \$65 |
| Ancillary Sports Wagering Vendor 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 230-05-104 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 31 |
| July 1 through September 30 | October 31 |
| October 1 through December 31 | January 31 |

- (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.