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

PROFIT

Print

Clear Form

PERMIT APPLICATION FOR A COMMERCIAL BUSINESS TO CONDUCT BINGO AT AGRICULTURAL FAIRS ONLY

The Agricultural Fair must use the *Charitable / Nonprofit Organization Application* (GC4-028) and apply for a license. See fee schedule (GC5-055-FS) and then complete this area.

	Base License Fee
☐ **Special Property Bingo Permit (Single Agricultural Fair)**	$ |___|___|___|
☐ **Agricultural Fair Bingo (Different Agricultural Fairs)**	$ |___|___|___|

1. Applicant: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
   Use Full Name, Corporate or Partnership

   Mailing Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

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

   Telephone: |___|___|___|-|___|___|___|-|___|___|___|___| Fax: |___|___|___|-|___|___|___|-|___|___|___|___|

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

2. Have you previously held a permit issued by the WSGC? ☐ Yes ☐ No

3. Washington State Department of Revenue Tax # (UBI): |___|___|___|___|___|___|___|___|___|

4. Applicant Organization is a: (Mark ☒ One)

   a. ☐ Sole Proprietorship

   b. ☐ Partnership (Submit a copy of agreement.)

   c. ☐ Corporation (Submit copy of current incorporation articles, minutes covering the election of current officers, and your most recent stock issue.)

   d. ☐ Limited Liability Company (Submit a copy of LLC formation and agreement.)

   e. ☐ Other – Specify: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

5. Provide the following information: (Attach additional sheets if necessary.)

   Name of Agricultural Fair: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

   |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

   Fair Premises Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

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

   Inclusive Dates of Fair:

   From: |___|___| / |___|___| / |___|___|___|___| to |___|___| / |___|___| / |___|___|___|___|

Business Office Use Only:

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

6. Bingo Equipment: Mark ☒ Applicable

☐ Applicant owns equipment

☐ Applicant will receive, rent, or lease equipment from: (If rented or leased, submit a copy of the agreement.)

Full Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

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

7. Name of Primary Bingo Activity Manager: Provide full legal name and proof of identity such as a copy of a valid driver's license, state identification card, or valid passport.

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

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

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

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

Telephone: |___|___|___|-|___|___|___|-|___|___|___|___| Birthdate: |___|___| / |___|___| / |___|___|___|___|

Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

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

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

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

8. **<u>For Each Person</u>:** (a. – e.) below, provide a completed and signed *Personal / Criminal History Statement* (BLS-700-301), 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.)

Answer all questions and furnish all information required.

a. Elected President, Treasurer, Secretary and Chairman of the Board (and spouses).
b. All owners of 10% or more interest in the business (and spouses).
c. All partners if business is a partnership (and spouses).
d. Sole owner of business if a sole proprietorship (and spouse).
e. All managers.

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 and Signature of Highest-Ranking Individual or Designee:

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

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

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

Signature: _____ Date: |___|___| / |___|___| / |___|___|___|___|

Sole Proprietor / Chief Executive Officer / LLC Manager / Partner / Designee MM / DD / YYYY

WAC 230-03-015 Permits to conduct bingo at agricultural fairs. (1) You must apply to us if you wish to operate bingo games at agricultural fairs licensed to conduct bingo. You may apply for either:

(a) An annual permit to conduct bingo games at different agricultural fairs; or
(b) A special property bingo permit to conduct bingo games at a single agricultural fair.
(2) Each agricultural fair is fully responsible for the operation of bingo conducted under its license.
(3) A commercial or charitable or nonprofit organization may apply for a special property bingo permit.

Print Clear Form