

WASHINGTON STATE GAMBLING COMMISSION

NONPROFIT

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

PERMIT APPLICATION FOR A CHARITABLE / NONPROFIT ORGANIZATION TO CONDUCT BINGO AT AGRICULTURAL FAIRS ONLY

The Agricultural Fair must use the <i>Charitable / Nonprofit Organization Application</i> (GC4-028) and apply for a license. See fee schedule (GC5-055-FS) and then complete this area.		
	<u> Base License Fee</u>	
	Special Property Bingo Permit (Single Agricultural Fair) \$	
_	Annual Permit (Different Agricultural Fairs) \$	
1	. Applicant:	
	Mailing Address:	
	City:	
	Telephone:	
	Primary:	
_	Cell:	
2		
3		
	Name of Agricultural Fair:	
	Fair Premises Address:	
	City:	
	Inclusive Dates of Fair:	
	From:	
4	. 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:	
Γ	Business Office Use Only:	
	Code: 211 Date: Amt: \$ Val #:	

5.	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:	
	Address:	
	City:	
	E-Mail Address:	
	@	
6.	 The applicant must be a bona fide charitable / nonprofit organization. Please provide the following additional information: a. Copy of your Articles of Incorporation; b. Copy of your By-Laws, including all amendments; and c. Copy of your IRS Exempt Status Letter declaring your organization is exempt from the payment of federal income taxes 	
Act	YOUR APPLICATION AND THE PUBLIC RECORDS ACT om the moment we receive your application, it becomes a public document subject to disclosure under the Public Records (RCW 42.56) and other Washington laws. The Commission may disclose to the public, other state or federal agencies, 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.		
fou enf	nderstand that I am responsible to know and comply with all rules and laws, RCW 9.46 and WAC 230, which can be nd on the Internet websites of the Washington State Gambling Commission (https://www.wsgc.wa.gov/regulation-forcement) or the Washington State Legislature (http://leg.wa.gov/). In the event I am the Designee, I also acknowledge t the Highest-Ranking Individual is also responsible to know and comply with all previously referenced rules and laws.	
Ful	Legal Name and Signature of Highest-Ranking Individual or Designee:	
Las	st Name:	
Fire	st Name:	
Mic	ddle Name:	
Sig	gnature: Date: /	