



## 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 / WEBSITE: [www.wsgc.wa.gov](http://www.wsgc.wa.gov)

### INDIVIDUAL LICENSE APPLICATION PACKET

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This application is for employees of businesses, or employees or members of charitable or nonprofit organizations that operate licensed gambling activities. It will take about 10 days to process a completed application.

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#### TO AVOID PROCESSING DELAYS

1. Submit a completed application with the proper fee payable to the **Washington State Gambling Commission (WSGC)**. *All refunds of application / license fees will be issued to the licensee.*
  2. You are required to submit a fingerprint card (FD-258), follow the attached instructions (GC5-231, GC5-232, and GC5-029).
  3. Sign this application and make sure your employer signs the Employer Certification section on Page 2.
  4. You are required to submit Proof of Identity such as a copy of: a valid driver's license, a state identification card, or a valid passport.
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#### WHO NEEDS TO BE LICENSED

1. Card Room Employees. If you perform any of the duties listed in WAC 230-03-265 in a licensed:
    - a. nonhouse-banked card room,
    - b. Class F endorsed nonhouse-banked card room, or
    - c. house-banked card room.
  2. Nonprofit Gambling Managers (WAC 230-03-235). If you are an employee or member of a charitable or nonprofit organization who:
    - a. Will have control to a material degree over a bingo or punch board and pull-tab licensee with gross gambling receipts over \$150,000; or
    - b. Will be responsible for overseeing the operation of electronic raffles to include, but not limited to, being onsite during the operation of an electronic raffle, documenting the functionality of the electronic raffle system, and observing the manual draw; or
    - c. Will be the supervisor of gambling managers who manage: electronic raffles or a bingo or punch board and pull-tab licensee with gross gambling receipts over \$150,000 in their previous license year; or
    - d. Is assigned the highest level of authority by the officers or governing board of directors to manage the day-to-day affairs of the organization and is responsible for safeguarding assets purchased with gambling funds and/or managing the disbursement of gambling funds when the organization:
      - i. Is licensed to receive more than \$300,000 in gross gambling receipts; or
      - ii. Has established a trust and / or endowment fund and have gambling receipts in excess of \$100,000 that contribute to that fund.
    - e. Will be the supervisor of the operation of progressive jackpot pull-tab games.
  3. Gaming Representatives:
    - a. Manufacturer's Representative – if you sell, promote, or provide a manufacturer's gambling equipment, supplies, or you supervise those who do (WAC 230-03-300).
    - b. Distributor's Representative – if you sell, promote or provide distributor's equipment, supplies, or you supervise those who do (WAC 230-03-305).
    - c. Service Supplier's Representative – if you are employed by a service supplier to provide gambling related services, or supervise those who do (WAC 230-03-310).
    - d. Enhanced Raffle Call Center Representative – if you are employed by a call center to receive enhanced raffle ticket sales or supervise those who do (WAC 230-03-317).
    - e. Linked Bingo Prize Provider Representative – if you are employed by a linked bingo prize provider in connection with the management of a linked bingo prize game or distribution of supplies for those games (WAC 230-03-315).
  4. Commercial Gambling Manager: if you supervise the operation of progressive pull-tab games (WAC 230-03-250).
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## TRAINING REQUIREMENTS

You must complete a training course we establish (see *Training Requirements for All Applicants (GC5-017)*) within 30 days of being licensed if you (WAC 230-03-070):

- sign the licensing application; or
- are a manager; or
- are responsible for conducting gambling activities; or
- are responsible for completing records.

Manufacturer's Representatives do not need to complete training.



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**FEE: \$** \_\_\_\_\_

See Fee Schedule: GC5-055 FS for Nonprofit / GC5-055K FS for Commercial  
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**INDIVIDUAL LICENSE APPLICATION**

**1. What type of license are you applying for:**

**Card Room Employee (68):**

Over the past 10 years, have you lived outside the state of Washington for a total of six (6) or more months.

If Yes, out-of-state fee is required (see WAC 230-05-175).

**Nonprofit Gambling Manager (61)**

**Commercial Gambling Manager (62)**

**Gaming Representative:**

**Manufacturer's Rep. (23)**

**Distributor's Rep. (22)**

**Service Supplier's Rep. (63)**

**Enhanced Raffle Call Center Rep. (32)**

**Linked Bingo Prize Provider Rep. (64)**

**2. APPLICANT INFORMATION (Provide Full Legal Name):**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Maiden/

Alias Name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

@ \_\_\_\_\_

Telephone: \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Have you ever been licensed for any gaming or related activities in Washington State, any other state or jurisdiction, including tribal facilities?  Yes  No

Provide a detailed explanation if your application was denied, your license revoked or suspended, or you had any administrative actions, such as a NOVAS.

**3. EMPLOYMENT INFORMATION:**

Name of Licensed Employer: \_\_\_\_\_

City: \_\_\_\_\_ Organization Number: \_\_\_\_\_

**4. SERVICE SUPPLIERS ONLY – INTEREST OR OWNERSHIP:**

Gambling service supplier representative must report conflicts of interest. If a licensed gambling service supplier representative has a substantial interest in a licensed manufacturer or distributor, they must inform us, the punch board, pull-tab, or bingo operators to whom they provide services, and the affected licensed manufacturer or distributor of the substantial interest and their intention to act as a gambling service supplier representative. (WAC 230-03-340)

Yes  No **If Yes**, provide a written explanation on a separate piece of paper.

**Business Office Use Only:**

Code: 211-\_\_\_\_\_ Date: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ .00 Val #: \_\_\_\_\_

