



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

### **CHARITABLE / NONPROFIT ORGANIZATION – ENHANCED RAFFLE PACKET**

---

#### **THIS PACKET CONTAINS:**

- The basic *Enhanced Raffle Application* (GC4-008)
- *Training Requirements for All Applicants* (GC5-017) letter (see WAC 230-03-070)
- *Personal / Criminal History Statement* (BLS-700-301), *Financial Statement* (GC4-320), and *Source of Funds Statement* (GC4-321) forms
- *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.
- A complete financial and criminal background investigation will be necessary on various members and officers of the organization. In addition, a premises visitation may be required.

#### **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 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 120 to 150 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 or 360-486-3440 to speak with a Licensing Specialist.



**2. ELECTED ORGANIZATION OFFICERS: (Continued)**

b. Treasurer (or Equivalent):

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Maiden / Alias Name: \_\_\_\_\_  
Home Address (Street/PO Box): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone:  
Home: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_ Work: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_  
Cell: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
@ \_\_\_\_\_

c. Secretary (or Equivalent):

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Maiden / Alias Name: \_\_\_\_\_  
Home Address (Street/PO Box): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone:  
Home: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_ Work: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_  
Cell: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
@ \_\_\_\_\_

d. Board Chairperson (or Equivalent):

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Maiden / Alias Name: \_\_\_\_\_  
Home Address (Street/PO Box): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone:  
Home: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_ Work: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_  
Cell: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
@ \_\_\_\_\_



**5. ENHANCED RAFFLE OPERATIONS:** (continued)

b. Who will be your organization's dedicated employee who is responsible for oversight of the enhanced raffle operations?

Employee of Nonprofit

Organization - Last Name: \_\_\_\_\_

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

Mailing Address

(Street / PO Box): \_\_\_\_\_

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

Telephone:

Home: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Business: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

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

@ \_\_\_\_\_

**6. CALL CENTER INFORMATION**

Will your organization be contracting with a licensed call center to receive enhanced raffle ticket sales? Yes  No

Service Supplier: \_\_\_\_\_

Organization Name

Mailing Address

(Street / PO Box): \_\_\_\_\_

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

Telephone:

Business: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Fax: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

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

@ \_\_\_\_\_

**NOTE:** The call center may not solicit enhanced raffle ticket sales. Your organization must have a contractual relationship with the call center stating that the call center must comply with all applicable RCW and WAC.

**7. LOCATION / DATE OF GRAND PRIZE DRAWING:**

a. Does the organization own the premises? Yes  No

What is the address of the location where the grand prize winning ticket is to be drawn?

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

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

Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

City Limits?  Inside  Outside

Does the jurisdiction in which you plan to operate allow the gambling activities you are apply for? Yes  No

**If Rented**, provide the following:

Landlord: \_\_\_\_\_

Name

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

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

b. What is the date of the drawing for the grand prize winning ticket? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

MM / DD / YYYY

**8. REQUIRED ATTACHMENTS** – Attach and submit the following documents with your application.

**Applicants previously licensed** by the commission may omit these items unless there has been any changes in officers, bylaws or articles, or you are specifically requested to provide them.

**a. All New Applicants:**

- (1) IRS Exempt Status Letter – Enclose a copy of your IRS letter declaring your organization is exempt from the payment of federal income taxes.
- (2) A copy of your current bylaws and articles of incorporation and any amendments.
- (3) One set of minutes from any meeting of your organization from as far back as you can find.
- (4) Copies of the minutes from your two most recent meetings.
- (5) A list of officers to include full name, date of birth, address, and phone number.

**b. All Applicants: Including Those Previously Licensed:**

- (1) Your written lease or rental agreement for use of the premises. (If you own the premises, so note.)
- (2) A Personal / Criminal History Statement (BLS-700-301) is required for each of the following organization persons: the president / CEO, the board chairperson, the treasurer, and the gambling activity manager(s).
- (3) The above organization persons must also provide positive identification by submitting a copy of their driver's license, state ID, valid passport, or alien registration card (if they are a registered alien).
- (4) A *Financial Statement* (GC4-320) and *Source of Funds Statement* (GC4-321) for the organization is required.
- (5) A plan for each proposed enhanced raffle event in accordance with WAC 230-03-152.

**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/>). 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 & Signature of Highest-Ranking Individual or Designee:

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Sole Proprietor / Chief Executive Officer / LLC Manager / All Partners / Designee) MM / DD / YYYY

**Application Prepared By:**

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

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

Primary Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

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



**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>
-------------	--------------	---

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

SIGNATURE: **X**

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

**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
<b>Total</b>			<b>\$</b>	

**D SAVINGS ACCOUNTS**

BANK NAME	ACCOUNT TYPE	ACCOUNT NUMBER	BALANCE	AUTHORIZED SIGNERS
<b>Total</b>			<b>\$</b>	

**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
<b>Total</b>				<b>\$</b>	

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

<b>G BUSINESS AND OTHER INVESTMENTS</b>			
BUSINESS INVESTMENT NAME	FAIR MARKET VALUE	ANNUAL REVENUES	DATE ACQUIRED
<b>Total</b>			<b>\$</b>

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

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

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

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

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

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

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

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

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

<b>P COURT ORDERED PAYMENTS</b>				
TO WHOM	ORIGINAL ORDERED AMOUNT	DATE OF ORDER	MONTHLY PAYMENT	CURRENT BALANCE
<b>Total</b>				<b>\$</b>

<b>GENERAL INFORMATION</b>	
<b>*Attach additional pages to fully explain any "YES" answers to the questions below. Attach copies of documents and court papers.</b>	
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

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



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	\$
<b>GRAND TOTAL OF COSTS</b>	<b>\$</b>

## 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 – 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	\$70 plus \$70 per approved location	0.774%	\$1,600
Bingo	\$70	0.488%	\$17,600
Card Games – House-Banked	\$11,000	1.550%	\$64,000
Card Games – Nonhouse-Banked	\$70	0.456%	\$1,600
Combination	\$140	-	-
Fund-Raising Equipment Distributor	\$295	1.516%	\$1,120
Punch Board / Pull-Tabs	\$715	1.516%	\$16,000
Raffles	\$70	3.583%	\$3,200
Raffles – Credit Union	\$70	3.583%	\$3,200
Raffles – Enhanced	\$5,500	0.456%	\$51,200
Raffles – Electronic *	\$5,500	3.583%	\$51,200

\*Commission will bill for actual expenses related to verifying / investigating electronic raffle operating and system requirements.

**(2) Event licenses or permits:**

License Type	Base License Fee	Gross Gambling Receipts Rate	Maximum Annual License Fee
Fund-Raising Event	\$200	3.318%	\$1,600
Recreational Gaming Activity	\$70	-	-
Special Property Bingo / Change of Bingo Premises	\$35	-	-

**(3) Change fees:**

Change of:	Fee
Name	\$110
Location	\$110
Fund-Raising Event Location, Date, or Time	\$55

**(4) Other fees:**

Transaction	Fee
Add a New Amusement Game Location	\$70
Duplicate License	\$55
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)	\$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	-	-
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

# WASHINGTON STATE GAMBLING COMMISSION

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

Transaction	Fee
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	-
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

License Type	New Application Fee	Annual Renewal Fee	Additional or Change of Employer Fee
Gambling Service Supplier Representative	\$275	\$170	\$65
Major Sports Wagering Vendor Representative	\$275	\$170	\$65
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 230-03-161 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 reports and license fees.** Licensed organizations must submit quarterly license reports. Licensed organizations must also submit quarterly license fees to us, if applicable, 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:

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.