



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

**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 #: _____



**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
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.