



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

REQUEST FOR CONSENT TO CHANGE: Mark all that apply.

See fee schedules for appropriate fee:

GC5-055 FS for Nonprofit Organizations and GC5-055K FS for Commercial Businesses.

- MANAGEMENT** – Complete 1 & 2 No Fee
- MANAGER** – Complete 1 & 3 No Fee
- NAME** – Complete 1 & 4 \$ |_____|
- LOCATION OF PREMISES** – Complete 1 & 5 or 6 \$ |_____|
- FRE / RGA DATE, TIME OR LOCATION** – Complete 1 & 7 \$ |_____|

In accordance with RCW 9.46.070(5), special investigative fees may be requested if costs exceed the basic fee provided with this application.

Nonprofit Commercial Individual License # |_____|-|_____|

1. **License Name (as issued):** |_____|

UBI#: |_____|

Current Mailing Address: |_____|

City: |_____| State: |_____| Zip: |_____|

Telephone: |_____|-|_____|-|_____|

E-Mail Address: |_____|

@ |_____|

2. **Change of Management** (WAC 230-06-105) involving change of director or officer. **COMMERCIAL ONLY**

Outgoing Management: |_____|

New Management (Proposed): |_____|

Reasons for Change of Management: _____

Effective Date: |_____| / |_____| / |_____|

Supporting documents are required. Submit copies of dissolution agreements, amending documents that cite new terms and conditions, and / or meeting minutes covering the election of new officers. Include positive identification and Personal / Criminal History Statement (BLS-700-301) for all new persons and spouses, unless already on file with the Gambling Commission.

If individual(s) resided outside of state, fingerprints must be submitted with this application.

NOTE: Nonprofit licensees must submit changes with their renewal.

Business Office Use Only:			
Code: 211- _____	Date: _____	Amt: \$ _____	Val #: _____

3. Change of Manager (WAC 230-06-105) Employee Only Nonprofit Commercial

Outgoing Manager:

Last Name: _____

First Name: _____ Middle Name: _____

New Manager

(Proposed): Last Name: _____

First Name: _____ Middle Name: _____

Date of Birth: ____/____/____

Home Address (Street): _____

City: _____ State: ____ Zip: _____

Telephone:

Home: ____-____-____ Work: ____-____-____

Cell: ____-____-____

Type(s) of Gambling Activity Managed: _____

Reasons for Change: _____

Effective Date: ____/____/____

Submit positive identification, Personal / Criminal History Statement (BLS-700-301), and complete mandatory training as required by WAC 230-03-070, unless previously completed.

4. Change of Name (WAC 230-06-095)

Please note that individuals changing their given name notify us *no later than 30 days* after the effective date of the change.

DBA / Legal Name: _____

New Name

(Proposed): Last Name: _____

First Name: _____ Middle Name: _____

Reason for Name Change: _____

Effective Date: ____/____/____

Name changes are not effective until granted by the Commission. Copy of documents required for name change:

Individual: Marriage certificate / license or divorce decree, court documents recording name change, and updated driver's license. Individual must sign this application.

Nonprofit: Amendments to your Articles of Incorporation and Bylaws. Proof of name change registered with the IRS.

Commercial: ➤ For change of business name, please submit verification of approval from Business Licensing Services (<http://bls.dor.wa.gov/>) and Liquor and Cannabis Board (<https://lcb.wa.gov/>).

➤ For change of your Limited Liability Company "LLC" or Corporation name, please submit amendments to your existing LLC agreement, LLC Formation, Articles of Incorporation, and corporate meeting minutes.

5. Bingo Licensee: One-Time Offsite Event (WAC 230-03-018)

Indicate Inclusive

Date of Event: From: |__|/|__|/|__| thru: |__|/|__|/|__|

Proposed Premises

Change – Street Address: |_____|

City: |_____| State: |__| Zip: |_____|

Inside City Limits? Yes No

Does the jurisdiction in which you will operate allow the gambling activities you offer? Yes No

Will you own the premises / location to be used for the licensed bingo activity? Yes No

If Yes, submit a copy of the purchase agreement. **If No**, submit written lease agreement.

As an attachment, submit the full name and current address of each person that has any interest in these premises or the building. This includes natural persons, corporations, partnerships or other associations, together with the name of each person's spouse, if any. Include all details of the interest held by any and all such persons.

6. Change of Location (WAC 230-06-100) other than above. Nonprofit Commercial

Proposed Premises

Location – Street Address: |_____|

City: |_____| State: |__| Zip: |_____|

Inside City Limits? Yes No

Does the jurisdiction in which you will operate allow the gambling activities you offer? Yes No

Effective Date: |__|/|__|/|__|

Will you own the premises / location that you are relocating? Yes No

If Yes, submit a copy of the purchase agreement. **If No**, submit written lease agreement.

As an attachment, submit the full name and current address of each person that has any interest in these premises or the building. This includes natural persons, corporations, partnerships or other associations, together with the name of each person's spouse, if any. Include all details of the interest held by any and all such persons.

NOTE: Change may not be made without written consent of the commission.

7. Fund-Raising Event (FRE) and Recreational Gaming Activity (RGA) – Change of Date, Time or Locations

Proposed New Activity Information:

a. Date of Activity:

FROM: Date: |__|/|__|/|__| Time: |__|:|__| am / pm
MM / DD / YYYY If Noon or Midnight, so state

TO: Date: |__|/|__|/|__| Time: |__|:|__| am / pm
MM / DD / YYYY If Noon or Midnight, so state

b. Name of Premises to be Used for Activity: |_____|

Owner of Premises: |_____|

Premises Street Address: |_____|

City: |_____| State: |__| Zip: |_____|

City Limits: Inside Outside

Does the jurisdiction in which you will operate allow the gambling activities you offer? Yes No



**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>	City	County	State or Country	Zip Code

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>		Maiden	SOCIAL SECURITY NUMBER:	
HOME MAILING ADDRESS: <i>(Street or PO Box)</i>		City	County	
State or Country:	Zip Code:	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>		Maiden	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>
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.

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 – 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.

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:

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.