



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

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: _____
@ _____

3. QUALIFICATION / ANNUAL CERTIFICATION INFORMATION:

a. Historical – Initial Application and Changes Only:

NOTE: Applicants currently or previously licensed by the gambling commission need only complete those items which have changed since the last application. **If no change**, write N/C in each space provided.

(1) When was your organization formed or incorporated? _____ / _____ / _____
MM / DD / YYYY

(2) When does your accounting fiscal year end? _____ / _____ / _____
MM / DD / YYYY

(3) Is your organization’s primary purpose serving individuals with intellectual disabilities? Yes No

b. Is your organization exempt from the payment of federal income taxes? Yes No

If Yes: What is your Internal Revenue Service (IRS) exemption code section? 501(C) (|_|_|_|_|)
(Example: 501(C)3, please call us if you are confused about your particular IRS code.)

c. Is your organization a branch, chapter, or auxiliary of another charitable or nonprofit organization?

Yes No **If Yes**, Complete the following:

Name of Organization: _____

Relationship: _____

Are gambling funds being used (or plan to be used) to benefit the related organization? Yes No

d. Are all members allowed to vote in elections for officers and board members? Yes No

4. PROPOSED ACTIVITY MANAGER(S) (This person might be required to be licensed as a Nonprofit Gambling Manager. See WAC 230-03-240(4)(a)) (Attach additional sheets if necessary):

Last Name: _____

First Name: _____

Middle Name: _____ Birthdate: _____ / _____ / _____

Maiden / Alias Name: _____

Gambling Activity: _____

Home Address (Street): _____

City: _____ State: _____ Zip: _____

Telephone:

Home: _____-_____ Business: _____-_____

5. ENHANCED RAFFLE OPERATIONS:

a. Will your organization be hiring a licensed service supplier to run the enhanced raffle? Yes No

Service Supplier: _____

Organization Name

Mailing Address

(Street / PO Box): _____

City: _____ State: _____ Zip: _____

Telephone:

Business: _____-_____ Fax: _____-_____

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: _____
@ _____