



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
IN-STATE TOLL-FREE: 1-800-345-2529 / WEB SITE: www.wsgc.wa.gov

RECREATIONAL GAMING ACTIVITY PERMIT

SUBMIT APPLICATION 14 DAYS PRIOR TO THE EVENT.

This application is available for online submission.
Visit SecureAccess Washington (SAW) and register for access to My Account.

Mark appropriate box for permit type you are applying for:

BASE LICENSE FEE

Commercial Stimulant / Profit-Seeking Organization

\$ |_____|

Bona Fide Charitable / Nonprofit Organization

\$ |_____|

See WACs [230-05-160\(2\)](#) and [230-05-170\(2\)](#) for fees.

***** ATTENTION *****

Before you complete and submit this application there are three (3) different options to sponsor or conduct a Recreational Gaming Activity (RGA). (See WAC [230-03-005](#).)

1. Your organization may conduct the RGA and use professional gambling equipment obtained from a licensed equipment distributor. **You must complete this application prior to conducting the RGA.**
2. Your organization may sponsor and contract with a licensed equipment distributor and have the distributor conduct the RGA for you. You will **NOT** need an RGA permit because the distributor is licensed.
3. Your organization may conduct the RGA and use non-professional homemade devices. You will **NOT** need an RGA permit, nor need to notify our agency, but you must notify your local law enforcement agency.

If you have any questions, please call us at our number 1-800-345-2529 (in-state toll-free) or 360-486-3440.

***** GENERAL INFORMATION / INSTRUCTIONS *****

1. Please type or print with black ink.
2. Complete ALL portions of the application.
3. Mail or deliver the completed application and the fee to the Washington State Gambling Commission.
4. Ensure that the application is signed and dated by the highest-ranking organizational official.

GENERAL INFORMATION

1. Applicant: |_____|
Organization Name / Chapter
Address: |_____|
Street / P. O. Box
|_____| |_____| |_____|
City State Zip
2. E-Mail Address: |_____|
@ |_____|
3. Telephone: |_____|-|_____|-|_____| |_____|-|_____|-|_____|
Organization's Business Gambling Activity Premises
|_____|-|_____|-|_____|
Organization's Fax
4. Date Organization was Organized: |_____|/|_____|/|_____|
MM / DD / YYYY
5. Has your organization been previously licensed by the commission? Yes No

Business Office Use Only:

Code: 211-_____ Date: _____ Amt: \$ _____ Val #: _____

