**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 / WEB SITE: www.wsgc.wa.gov

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# RECREATIONAL GAMING ACTIVITY PERMIT

## SUBMIT APPLICATION 14 DAYS PRIOR TO THE EVENT.

This application is available for online submission. Visit *SecureAccess Washington* (SAW) at 'https://secureaccess.wa.gov/myAccess/saw/select.do' 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 (see GC5-055K FS for fee) $ |___|___|___|

☐ Bona Fide Charitable / Nonprofit Organization (see GC5-055 FS for fee) $ |___|___|___|

## * * * 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 1-800-345-2529 (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 #: _____

## ACTIVITY INFORMATION

1. Date of Activity: **NOTE:** Date and Time Must be Exact

**FROM:** Date: |___|___| / |___|___| / |___|___|___|___| MM / DD / YYYY

Time: |___|___| : |___|___| ☐ am ☐ pm (Mark if ☐ Noon or ☐ Midnight)

**TO:** Date: |___|___| / |___|___| / |___|___|___|___| MM / DD / YYYY

Time: |___|___| : |___|___| ☐ am ☐ pm (Mark if ☐ Noon or ☐ Midnight)

2. Name of Premises to be Used for Activity: |___|

Owner of Premises: |___|

Premises Street Address: |___|

City: |___| State: |___| Zip: |___|

City Limits: ☐ Inside ☐ Outside

3. Does the jurisdiction in which you plan to operate allow the gambling activities you are applying for? ☐ Yes ☐ No

4. Owner of Gambling Devices / FRE Equipment: |___| Organization / Distributor

City: |___| State: |___| Zip: |___|

What was the cost of the lease / rental? $|___|___|___|,|___|___|___|

## 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 HIGHEST-RANKING INDIVIDUAL OR DESIGNEE

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 and signature of Highest-Ranking Individual or Designee:

Last Name: |___|

First Name: |___| Middle Name: |___|

Signature: ______________________ Sole Proprietor / Chief Executive Officer / LLC Manager / Partner / Designee

Date: |___|___| / |___|___| / |___|___|___|___| MM / DD / YYYY

**APPLICATION PREPARED BY:**

Last Name: |___|

First Name: |___| Middle Name: |___|

Primary Phone: |___|___|___|-|___|___|___|-|___|___|___|___| Cell Phone: |___|___|___|-|___|___|___|-|___|___|___|___|

E-Mail Address: |___|

@ |___|



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