



## 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](http://www.wsgc.wa.gov)

### INDIVIDUAL LICENSE APPLICATION PACKET

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This application is for employees of businesses, or employees or members of charitable or nonprofit organizations that operate licensed gambling activities. It will take about 10 days to process a completed application.

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#### TO AVOID PROCESSING DELAYS

1. Submit a completed application with the proper fee payable to the **Washington State Gambling Commission (WSGC)**. *All refunds of application / license fees will be issued to the licensee.*
  2. You are required to submit a fingerprint card (FD-258), follow the attached instructions (GC5-231, GC5-232, and GC5-029).
  3. Sign this application and make sure your employer signs the Employer Certification section on Page 2.
  4. You are required to submit Proof of Identity such as a copy of: a valid driver's license, a state identification card, or a valid passport.
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#### WHO NEEDS TO BE LICENSED

1. Card Room Employees. If you perform any of the duties listed in WAC 230-03-265 in a licensed:
    - a. nonhouse-banked card room,
    - b. Class F endorsed nonhouse-banked card room, or
    - c. house-banked card room.
  2. Nonprofit Gambling Managers (WAC 230-03-235). If you are an employee or member of a charitable or nonprofit organization who:
    - a. Will have control to a material degree over a bingo or punch board and pull-tab licensee with gross gambling receipts over \$150,000; or
    - b. Will be responsible for overseeing the operation of electronic raffles to include, but not limited to, being onsite during the operation of an electronic raffle, documenting the functionality of the electronic raffle system, and observing the manual draw; or
    - c. Will be the supervisor of gambling managers who manage: electronic raffles or a bingo or punch board and pull-tab licensee with gross gambling receipts over \$150,000 in their previous license year; or
    - d. Is assigned the highest level of authority by the officers or governing board of directors to manage the day-to-day affairs of the organization and is responsible for safeguarding assets purchased with gambling funds and/or managing the disbursement of gambling funds when the organization:
      - i. Is licensed to receive more than \$300,000 in gross gambling receipts; or
      - ii. Has established a trust and / or endowment fund and have gambling receipts in excess of \$100,000 that contribute to that fund.
    - e. Will be the supervisor of the operation of progressive jackpot pull-tab games.
  3. Gaming Representatives:
    - a. Manufacturer's Representative – if you sell, promote, or provide a manufacturer's gambling equipment, supplies, or you supervise those who do (WAC 230-03-300).
    - b. Distributor's Representative – if you sell, promote or provide distributor's equipment, supplies, or you supervise those who do (WAC 230-03-305).
    - c. Service Supplier's Representative – if you are employed by a service supplier to provide gambling related services, or supervise those who do (WAC 230-03-310).
    - d. Enhanced Raffle Call Center Representative – if you are employed by a call center to receive enhanced raffle ticket sales or supervise those who do (WAC 230-03-317).
    - e. Linked Bingo Prize Provider Representative – if you are employed by a linked bingo prize provider in connection with the management of a linked bingo prize game or distribution of supplies for those games (WAC 230-03-315).
  4. Commercial Gambling Manager: if you supervise the operation of progressive pull-tab games (WAC 230-03-250).
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## TRAINING REQUIREMENTS

You must complete a training course we establish (see *Training Requirements for All Applicants (GC5-017)*) within 30 days of being licensed if you (WAC 230-03-070):

- sign the licensing application; or
- are a manager; or
- are responsible for conducting gambling activities; or
- are responsible for completing records.

Manufacturer's Representatives do not need to complete training.



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**FEE: \$** \_\_\_\_\_

See Fee Schedule: GC5-055 FS for Nonprofit / GC5-055K FS for Commercial  
 All refunds of application / license fees will be issued to the licensee.

**INDIVIDUAL LICENSE APPLICATION**

**1. What type of license are you applying for:**

**Card Room Employee (68):**

Over the past 10 years, have you lived outside the state of Washington for a total of six (6) or more months.

If Yes, out-of-state fee is required (see WAC 230-05-175).

**Nonprofit Gambling Manager (61)**

**Commercial Gambling Manager (62)**

**Gaming Representative:**

**Manufacturer's Rep. (23)**

**Distributor's Rep. (22)**

**Service Supplier's Rep. (63)**

**Enhanced Raffle Call Center Rep. (32)**

**Linked Bingo Prize Provider Rep. (64)**

**2. APPLICANT INFORMATION (Provide Full Legal Name):**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Maiden/  
Alias Name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

@ \_\_\_\_\_

Telephone: \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Have you ever been licensed for any gaming or related activities in Washington State, any other state or jurisdiction, including tribal facilities?  Yes  No

Provide a detailed explanation if your application was denied, your license revoked or suspended, or you had any administrative actions, such as a NOVAS.

**3. EMPLOYMENT INFORMATION:**

Name of Licensed Employer: \_\_\_\_\_

City: \_\_\_\_\_ Organization Number: \_\_\_\_\_

**4. SERVICE SUPPLIERS ONLY – INTEREST OR OWNERSHIP:**

Gambling service supplier representative must report conflicts of interest. If a licensed gambling service supplier representative has a substantial interest in a licensed manufacturer or distributor, they must inform us, the punch board, pull-tab, or bingo operators to whom they provide services, and the affected licensed manufacturer or distributor of the substantial interest and their intention to act as a gambling service supplier representative. (WAC 230-03-340)

Yes  No **If Yes**, provide a written explanation on a separate piece of paper.

**Business Office Use Only:**

Code: 211-\_\_\_\_\_ Date: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ .00 Val #: \_\_\_\_\_

5. MILITARY SERVICE:

Yes No Dates: \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_
Type of Discharge: \_\_\_\_\_

6. CRIMINAL HISTORY STATEMENT - Have you ever:

- a. Forfeited bail or paid a fine over \$25 (incl. traffic fines)?
b. Been arrested?
c. Been charged with a crime?
d. Been convicted? YES
e. Been jailed? NO
f. Been placed on probation?

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 your license. You must include information as a juvenile if you are applying for a Gambling License.

Table with 6 columns: Date Charged, Charge, City, County, State, Outcome / Disposition

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.

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/).

Print Full Legal Name:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ MM/DD/YYYY

EMPLOYER CERTIFICATION

I hereby authorize the applicant to submit this application to become a licensed employee of my business or organization.

Signature of Highest-Ranking Officer or Designee: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_



**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  
GAMBLING COMMISSION

*"Protect the Public by Ensuring that Gambling is Legal and Honest"*

Fingerprint Card Requirements for Applicant:

Along with your application you are required to submit a fingerprint card. You may be fingerprinted at our Lacey office, located at 4565 7th Avenue SE, **by appointment only**, Monday through Thursday, 9:00 am to 3:00 pm. Visit our website at <https://wsgc.wa.gov/licensing/apply-license> for the link to schedule your appointment. Or you may go to your local law enforcement agency (city police or county sheriff). For more information call (360) 486-3441.

Fingerprinting at Our Office:

- We only fingerprint gambling license applicants and/or substantial interest holders.
- Only the person being fingerprinted is allowed. Children must be supervised at all times.
- Animals are not allowed, except those covered under the Americans with Disabilities Act.
- Make sure your hands are clean and dry prior to being fingerprinted (no lotion). If your hands are bleeding, have open wounds, or any fingers are bandaged, we are unable to roll your prints.
- Current identification is required at the time of printing.
- It takes approximately 20 minutes and there is a \$16 fee. This fee is non-refundable and paid prior to being printed.
- Neither the fingerprints nor the results will be returned to you.

Fingerprinting at Your Local Law Enforcement Office:

- Make sure that the top portion of the card is filled in correctly.
- The fingerprint card must be submitted with your completed application along with the appropriate fee(s).
- Once received, the fingerprint card is sent to the Washington State Identification Section of the Washington State Patrol, the Federal Bureau of Investigation in Washington DC, and any other jurisdiction deemed necessary to determine the qualification of each applicant.

Applicant Notification and Record Challenge:

Your fingerprints will be used to check the criminal history records of the FBI. You will be given reasonable time to complete or challenge the accuracy of the information contained in the FBI identification record, if needed. The procedure for obtaining a change, correction, or updating a FBI identification record are set forth in [Title 28, CFR, 16.34](#). Please contact us at the number below to discuss a reasonable timeframe.

If you have any questions, please contact a Licensing Specialist at 1-800-345-2529 (toll-free) or (360) 486-3441.

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STATE OF WASHINGTON  
GAMBLING COMMISSION

"Protect the Public by Ensuring that Gambling is Legal and Honest"

TO: Local Law Enforcement Agency

The bearer of this letter has applied to the Washington State Gambling Commission to conduct or participate in regulated gambling activities in this state.

Pursuant to the provisions of RCW 9.46.070, we ask that you fingerprint this applicant using the enclosed card.

*Please do not fingerprint the applicant until you have established their true identity.*

If you are ink rolling, please roll applicant twice.

Fingerprinting fees are to be paid by the applicant at the time of printing. Please sign and date in the appropriate areas.

We thank you for your assistance and appreciate your cooperation. If you have any questions regarding the applicant or the validity of their request, please contact a Licensing Specialist at 1-800-345-2529 (toll-free) or (360) 486-3441.

Shaded areas represent the fields to be filled out by the individual being fingerprinted on the actual fingerprint card:

<b>APPLICANT</b> <small>* See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
FD-258		SIGNATURE OF PERSON FINGERPRINTED		LAST NAME NAM		FIRST NAME		MIDDLE NAME			
RESIDENCE OF PERSON FINGERPRINTED		ALIASES AKA		OR				DATE OF BIRTH DOB		Month Day Year	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP CTZ		SEX		RACE		PLACE OF BIRTH POB	
EMPLOYER AND ADDRESS		YOUR NO. OCA		FBI NO. FBI		HGT		WGT		EYES	
REASON FINGERPRINTED		ARMED FORCE NO. MNU		SOCIAL SECURITY NO. SOC		CLASS		REF.		LEAVE BLANK	
		MISCELLANEOUS NO. MNU									

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# FEDERAL BUREAU OF INVESTIGATION

**Applicant Notification and Record Challenge:** Your fingerprints will be used to check the criminal history records of the FBI. You will be given reasonable time to complete or challenge the accuracy of the information contained in the FBI identification record, if needed. The procedure for obtaining a change, correction, or updating a FBI identification record are set forth in Title 28, CFR, 16.34. If you have any questions, please contact a Licensing Specialist at 1 800 345 2529 (toll-free) or (360) 486-3441.

**Social Security Account Number (SSAN):** Pursuant to the Privacy Act of 1974, any Federal, state, or local government agency that requests an individual to disclose his or her SSAN, is responsible for informing the person whether disclosure is mandatory or voluntary, by what statutory or other authority the SSAN is solicited, and what uses will be made of it. In this instance, the SSAN is solicited pursuant to 28 U.S.C 534 and will be used as a unique identifier to confirm your identity because many people have the same name and date of birth. Disclosure of your SSAN is voluntary; however, failure to disclose your SSAN may affect completion or approval of your application.

**Additional Information:** The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

## PRIVACY ACT STATEMENT:

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



**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	\$65	1.462%	\$20,000
Card Games - House-Banked	\$10,000	1.462%	\$40,000
Punch Boards / Pull-Tabs	\$700	1.430%	\$13,000

**(2) Change fees:**

Change of:	Fee
Name	\$100
Location	\$100
Business Classification (Same Owners)	\$100
Corporate Stock / Limited Liability Company Shares / Units	\$100
License Transfers	\$100

**(3) Other fees:**

Transaction	Fee
Duplicate License	\$50

**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)	\$200	-	-
Call Centers for Enhanced Raffles	\$4,800	-	-
Commercial Amusement Games	\$500 plus \$65 per approved location	1.130%	\$11,000
Distributor	\$700	1.430%	\$7,000
Fund-Raising Event Distributor	\$280	1.430%	\$1,000
Linked Bingo Prize Providers	\$1,500	.046%	\$20,000
Manufacturer	\$1,500	1.430%	\$25,000
Manufacturer's Special Sales Permit	\$250	-	-
Punch Board/Pull-Tab Service Business Permit	\$250	-	-
Gambling Service Supplier	\$300	1.430%	\$7,000

License Type	Base License Fee	Gross Gambling Receipts Rate	Maximum Annual License Fee
Major Sports Wagering Vendor	\$65,000		
Mid-Level Sports Wagering Vendor	\$10,000		
Ancillary Sports Wagering Vendor	\$5,000		

**(2) Events or permits:**

License or Permit Type	Base License Fee	Gross Gambling Receipts Rate	Maximum Annual License Fee
Recreational Gaming Activity	\$65	-	-
Special Property Bingo	\$30	-	-

**(3) Change fees:**

Change of:	Fee
Name	\$100
Location	\$100
Business Classification (Same Owners)	\$100
Corporate Stock / Limited Liability Company Shares / Units	\$100
License Transfers	\$100

**(4) Other fees:**

Transaction	Fee
Add a New Amusement Game Location	\$65
Defective Punch Board / Pull-Tab Cost Recovery Fees	Up to \$100
Duplicate License	\$50
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	-
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

**WASHINGTON STATE GAMBLING COMMISSION  
FEE SCHEDULE – COMMERCIAL STIMULANT / PROFIT-SEEKING ORGANIZATION**

License Type	New Application Fee	Annual Renewal Fee	Additional or Change of Employer Fee
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
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.