



## WASHINGTON STATE GAMBLING COMMISSION

LOCATION: 4565 7th Avenue SE, Lacey WA 98503  
MAILING ADDRESS: PO Box 42400, Olympia WA 98504-2400  
TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631  
TOLL-FREE: 1-800-345-2529 / WEBSITE: [wsgc.wa.gov](http://wsgc.wa.gov)

### CHARITABLE / NONPROFIT ORGANIZATION PACKET

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#### THIS PACKET CONTAINS:

The *Charitable / Nonprofit Organization Application (GC4-028)* with attachments and supporting forms including:

- *Training Requirements for All Applicants (GC5-017)* letter (See WAC 230-03-070)
- *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 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 administratively closes or denies your application, your base license fee(s) may not be refunded. See WAC 230-05-136.
- Remember, it is your responsibility to report any changes to the information filed with your original or renewal applications. For reporting requirements, please review *License Application Reporting Summary (GC5-018)*.
- Electronic Raffles Applicants: Before you begin electronic raffle operations, we must perform a Pre-Operational Review and Evaluation (PORE). You must receive our written approval before operating. The PORE will determine whether you have: (a) An organizational structure that supports your proposed accounting and administrative controls; and (b) Controls in place so that you closely monitor the gambling activity and accurately record financial information. See WAC 230-03-154.
- If you are a carnival or amusement game route operator, you will need to apply for each additional location where you plan to operate amusement games.

#### BASIC APPLICATION INSTRUCTIONS:

1. All forms in this packet may be copied for your use. A copy of this application is also on our website.
2. Washington Administrative Code (WAC) citations are noted throughout this application. When cited, refer to Title 230 WAC, Gambling Commission, for clarification. See Revised Code of Washington (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 Washington State Gambling Commission 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 a Licensing Specialist at 1-800-345-2529 (toll-free) or 360-486-3441.



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## CHARITABLE / NONPROFIT ORGANIZATION APPLICATION

**NOTE:** All questions require an answer. If a question is not applicable, answer by entering "N/A" in the area provided.

**TYPES OF ACTIVITY / BASE LICENSE FEES:** Mark ☒ all applicable activities.

See GC5-055-FS for base license fee.

### Base License Fee

- ☐ Raffle (02) \$
- ☐ Electronic Raffles (12) \$
- ☐ Bingo (01 / 11) \$
- ☐ Punch Board / Pull-Tab (05) \$
- ☐ Combination (08) Bingo, Raffles, Amusement Games and allows Nonhouse-Banked Card Games where no fee is charged. \$   
If your Amusement Game has additional locations other than the primary location, complete *Apply for Additional Amusement Game Locations / Report Removal of Approved Locations* (GC4-032).  
Complete *Card Games Addendum* (GC4-025b)
- ☐ Amusement Games (03) Primary location \$   
If your Amusement Game has additional locations other than the primary location, complete *Apply for Additional Amusement Game Locations / Report Removal of Approved Locations* (GC4-032).  
Additional Amusement Game Locations:  X  = \$   
# of Additional Locations Per Location Fee
- ☐ Agricultural Fairs to Operate Bingo, Raffles, and / or Amusement Games:  
Mark ☒ all applicable activities
- ☐ Raffle (02) \$
- ☐ Bingo (01 / 11) \$
- ☐ Amusement Games (03) \$
- ☐ Fund-Raising Event Equipment Distributor (29) \$
- ☐ Card Games - Nonhouse-Banked (65) Complete *Card Games Addendum* (GC4-025b) \$   
☐ Class F
- ☐ Card Games - House-Banked (67) Complete *Card Games Addendum* (GC4-025b) \$

**Total Fees Submitted \$**

### 1. ORGANIZATIONAL INFORMATION:

- a. Applicant:   
Organization Name / Chapter / Agricultural Fair Name
- Mailing Address:   
Street / PO Box
- City:  State:  Zip:
- Telephones:  
Business -- Premises --  
Fax --

#### Business and Financial Services Use Only:

Code: 211- <input type="text"/>	Date: <input type="text"/>	Amt: \$ <input type="text"/>	Val #: <input type="text"/>
Code: 211- <input type="text"/>	Date: <input type="text"/>	Amt: \$ <input type="text"/>	Val #: <input type="text"/>
Code: 211- <input type="text"/>	Date: <input type="text"/>	Amt: \$ <input type="text"/>	Val #: <input type="text"/>
Code: 211- <input type="text"/>	Date: <input type="text"/>	Amt: \$ <input type="text"/>	Val #: <input type="text"/>

## 1. ORGANIZATIONAL INFORMATION: (Continued)

[illegible][illegible]

d. Have you previously applied for or been licensed by the commission? ☐ Yes ☐ No

**If yes:** Organization / License Number? | | - | | | | | |

What type of license? | | | | | | | | | | | | | | | | | | | | | |

**2. PREMISES:**

a. Premises: Does the organization own the premises? ☐ Yes ☐ No

**If leased**, submit a copy of the lease agreement unless you are applying for a raffle license only.

Street Address (Where the activity will be conducted):

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

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

City Limits? ☐ Inside ☐ Outside

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

c. List other person, association, corporation, partnership or organization who has any interest in the gambling equipment, premises, or building to be used by the applicant to conduct the gambling activity.

Name of Premises  
to be used for Event: | | | | | | | | | | | | | | | | | | | | | |

Premises \_\_\_\_\_  
Street Address: | | | | | | | | | | | | | | | | | | | | | |

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

Premises Owner: | | | | | | | | | | | | | | | | | | | | | |

**3. ELECTED ORGANIZATION OFFICERS or BOARD MEMBERS:**

a. President (or Equivalent): Provide full legal name and proof of identity such as a copy of a valid driver's license, state identification card, or passport (age must be 18 or older).

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

First Name: | | | | | | | | | | | | | | | | | | | | | |

Middle Name: | | | | | | | | | | Birthdate: | | | / | | | / | | | | |

Maiden / Alias Name: | | | | | | | | | | | | | | | | | | | | | |

Home  
Street Address: | | | | | | | | | | | | | | | | | | | | | |

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

Email Address: | | | | | | | | | | | | | | | | | | | | | |

@ | | | | | | | | | | | | | | | | | | | | | |

Telephones: \_\_\_\_\_

Home: | | | | - | | | | - | | | | | Work: | | | | - | | | | - | | | | |

Cell: | | | | - | | | - | | | |

### 3. ELECTED ORGANIZATION OFFICERS or BOARD MEMBERS: (Continued)

- b. Vice President (or Equivalent): Provide full legal name and proof of identity such as a copy of a valid driver's license, state identification card, or passport (age must be 18 or older).

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

**First Name:**

Middle Name: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_| Birthdate: |\_|\_| / |\_|\_| / |\_|\_|\_|\_|\_|

Maiden / Alias Name:

[Home](#)

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

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

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

@ | | | | | | | | | | | | | | | | | | | | | |

Telephones:

Home: |\_|\_|\_|\_|-|\_|\_|\_|\_|-|\_|\_|\_|\_| Work: |\_|\_|\_|\_|-|\_|\_|\_|\_|-|\_|\_|\_|\_|

Cell: | | | | - | | | | - | | | |

- c. Treasurer (or Equivalent): Provide full legal name and proof of identity such as a copy of a valid driver's license, state identification card, or passport (age must be 18 or older).

[illegible]

**First Name:**

Middle Name: | | | | | Birthdate: | | / | | / | |

Maiden / Alias Name:

[Home](#)

Street Address: | | | | | | | | | | | | | | | | | | | | | |

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

Email Address:

@ | | | | | | | | | | | | | | | | | | | | | |

Telephones:

Home: | | | | - | | | | - | | | | | Work: | | | | - | | | | - | | | | |

Cell: | | | - | | | - | | |

- d. **Secretary (or Equivalent):** Provide full legal name and proof of identity such as a copy of a valid driver's license, state identification card, or passport (age must be 18 or older).

Last Name: | | | | | | | | | | | | | | | | | | | | | |

First Name: | | | | | | | | | | | | | | | | | | | | | |

Middle Name: | | | | | Birthdate: | | / | | / | | | |

Maiden / Alias Name: | | | | | | | | | | | | | | | | | | | | | |

[Home](#)

Street Address: | | | | | | | | | | | | | | | | | | | | | |

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

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

[illegible]

Telephones:

Home: | | | | - | | | | - | | | | | Work: | | | | - | | | | - | | | | |

Cell: | | | | - | | | - | | |

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**3. ELECTED ORGANIZATION OFFICERS or BOARD MEMBERS: (Continued)**

- e. Board Chairperson (or Equivalent): Provide full legal name and proof of identity such as a copy of a valid driver's license, state identification card, or passport (age must be 18 or older).

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Maiden / Alias Name: \_\_\_\_\_  
Home  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
@ \_\_\_\_\_  
Telephones:  
Home: \_\_\_\_\_-\_\_\_\_-\_\_\_\_ Work: \_\_\_\_\_-\_\_\_\_-\_\_\_\_  
Cell: \_\_\_\_\_-\_\_\_\_-\_\_\_\_

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**4. ACTIVITY or FAIR MANAGER(S) FOR EACH GAMBLING ACTIVITY:** Provide full legal name and proof of identity such as a copy of a valid driver's license, state identification card, or passport (age must be 18 or older). If you are managing an electronic raffle event or supervise those who do, you must apply as a charitable / nonprofit gambling manager (*Individual License Application*, GC4-022). See WAC 230-03-235. (Attach additional sheets if necessary)

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Maiden / Alias Name: \_\_\_\_\_  
Gambling Activity: \_\_\_\_\_  
Home  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
@ \_\_\_\_\_  
Telephones:  
Home: \_\_\_\_\_-\_\_\_\_-\_\_\_\_ Work: \_\_\_\_\_-\_\_\_\_-\_\_\_\_  
Cell: \_\_\_\_\_-\_\_\_\_-\_\_\_\_

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**5. QUALIFICATION / ANNUAL CERTIFICATION INFORMATION: (See RCW 9.46.0209)**

- a. When was your organization formed or incorporated? \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / YYYY
- b. When does your accounting fiscal year end? \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / YYYY
- c. Mark ☒ all purposes for which your organization is formed and operated.  
☐ Agricultural ☐ Benevolent ☐ Charitable ☐ Educational ☐ Patriotic ☐ Religious ☐ Social  
☐ Athletic ☐ Eleemosynary ☐ Civic ☐ Fraternal ☐ Political ☐ Scientific ☐ Credit Union
- d. 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.)

**5. QUALIFICATION / ANNUAL CERTIFICATION INFORMATION:** (See RCW 9.46.0209) (Continued)

e. 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: \_\_\_\_\_

f. Does your organization have voting members? ☐ Yes ☐ No

**6. AGRICULTURAL FAIR ACTIVITY(IES):**

a. Are ALL persons, including employees, volunteers, or members, working solely for your organization?

☐ Yes

☐ No – Other organization must submit:

- *Permit Application for Charitable / Nonprofit Organization to Conduct Bingo at Agricultural Fairs Only* (GC4-010) or
- *Permit Application for Commercial Business to Conduct Bingo at Agricultural Fairs Only* (GC4-009a)

Name of  
Organization / Individual(s): | | | | | | | | | | | | | | | | | | | | | |

Home Address (Street): | | | | | | | | | | | | | | | | | | | | | |

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

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

b. Fair Operating Dates and Hours:

Date of Event:

FROM: Date: |\_|\_|/|\_|\_|/|\_|\_|\_|\_|, Time: |\_|\_|:|\_|\_| ☐ a.m. / ☐ p.m.  
(MM / DD / YYYY) (Mark ☒ if ☐ Noon or ☐ Midnight)

TO: Date: |\_|\_|/|\_|\_|/|\_|\_|\_|\_|, Time: |\_|\_|:|\_|\_| ☐ a.m. / ☐ p.m.  
(MM / DD / YYYY) (Mark ☒ if ☐ Noon or ☐ Midnight)

## 7. RAFFLE APPLICANTS:

a. Are you planning on using an alternative drawing format other than drawing the winning ticket out of a receptacle? See WAC 230-11-055 for authorized alternative drawing formats.

☐ Yes      ☐ No

b. Do you plan on holding a raffle with a prize that exceeds the value of \$60,000? ☐ Yes ☐ No

c. Do you plan on raffling off prizes worth a total value that exceeds \$400,000 in a license year? ☐ Yes ☐ No

***If yes for b and / or c,*** you must show good cause in writing. See WAC 230-11-067 for instructions.

## 8. ELECTRONIC RAFFLE APPLICANTS:

a. What qualified sports team are you affiliated with? (see WAC 230-03-138 and 153)

Name of Team: | | | | | | | | | | | | | | | | | | | | | |

Provide the following: (see WAC 230-03-154)

b. The organization's goals for conducting electronic raffles;

c. A brief overview of the applicant's mission and vision; including the type of programs supported by the applicant and the clients served; and

d. Raffle plan, including:

- i. When your organization plans to conduct electronic raffles;
- ii. Cost of raffle tickets including discount levels;
- iii. Plans for selling raffle tickets;
- iv. Description of how the applicant will protect the integrity of the raffle;
- v. Identify authorized equipment to be used to facilitate the raffles;
- vi. Details for supervision of these raffles;
- vii. Description of the physical draw process and security of the drawing;
- viii. An explanation of how the proceeds from the raffle will be used; and
- ix. Any additional information that we request or that the applicant wishes to submit.

## 9. AMUSEMENT GAME APPLICANTS:

- a. Provide event dates, days, and hours of operation:

Event Dates: From:  /  /  To:  /  /

Days (example: Mon-Fri): \_\_\_\_\_

Hours: From:  :  ☐ a.m. / ☐ p.m. To:  :  ☐ a.m. / ☐ p.m.

- b. Attach a signed copy of the vendor contract.

### 10. CREDIT UNION APPLICANTS:

Provide the following (see WAC 230-03-146):

- a. Proof you are currently a federally or state chartered credit union located in Washington state and are in good standing.
- b. A listing of the charitable and nonprofit organizations as set out in RCW 9.46.0209(1) receiving all raffle revenues less prizes and expenses.

**NOTE:** All revenue received from raffles, less prizes and expenses, must be devoted to purposes authorized in RCW 9.46.0209(1); and tickets for such raffles can be sold only to, and winners are determined only from among, the regular members of the credit union (see WAC 230-11-013).

**11. REQUIRED ATTACHMENTS – Attach and submit the following documents with your application.**

**All New Applicants:**

- a. IRS Exempt Status Letter – Enclose a copy of your IRS letter declaring your organization is exempt from the payment of federal income taxes.
- b. A copy of your current bylaws and articles of incorporation and any amendments, including dissolution statement.
- c. Copies of the minutes from your two most recent meetings plus one that is in excess of 12 months.
- d. On a separate sheet, briefly describe how your organization has met the purpose(s) set out in 5.c. during your last fiscal period.
- e. On a separate sheet, briefly describe the type(s) of charitable and / or nonprofit services that are provided by your organization to the public and / or your members.
- f. Copy of the current lease agreements for the building and equipment, excludes raffles.

## 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 state 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 Washington state, 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 websites of the Washington State Gambling Commission ([wsgc.wa.gov/rules-enforcement](http://wsgc.wa.gov/rules-enforcement)) or the Washington State Legislature ([leg.wa.gov](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: |   |   | / |   |   | / |   |   |   |   |   |   |

President, Equivalent, or Designee

MM / DD / YYYY

**Application Prepared By:**

[illegible]

**First Name:**

[illegible]

Primary Telephone: |\_|\_|\_|\_|-|\_|\_|\_|\_|-|\_|\_|\_|\_| Cell: |\_|\_|\_|\_|-|\_|\_|\_|\_|-|\_|\_|\_|\_|

Email Address:

@ \_\_\_\_\_





# Washington State Gambling Commission

Protect the Public by Ensuring that Gambling is Legal and Honest

**TO:** All Applicants and Licensees

**SUBJECT:** Training Requirements

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://wsgc.wa.gov/licensing/training-and-recordkeeping-rules-and-documents-licensees>.

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 360-486-3441.

4565 7th Avenue SE  
Lacey, WA 98503  
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PO Box 42400  
Olympia, WA 98504  
360-486-3440

901 N Monroe St Suite 240  
Spokane, WA 99201  
509-325-7900



## Washington State Gambling Commission License Reporting Requirements

This information is to be used only as a reference to assist applicants and licensees with the reporting timelines for records relating to gambling license applications as they pertain to WAC 230--03, 230-05 and 230--06 only. This information should not be used in place of the WACs cited below. Licensees are responsible for knowing and following all WACs and RCWs.

PRE-LICENSING or APPLICATION PROCESS				
	WAC Reference	10 Days	30 Days	Other
FRE Equipment Distributors	WAC 230-03-010			Monthly schedule of RGA contracts
Incomplete application	WAC 230-03-035		X	
Additional information required from applicants for licensing	WAC 230-03-050		X	Or within the timeframe we provide
Changes to information required on application or provided during application process	WAC 230-03-055	X		
Complete training	WAC 230-03-070		X	
Information required under commission rules	WAC 230-03-085(8)		X	Or within the timeframe we provide
Service Supplier Representative must report conflicts of interest	WAC 230-03-340			See rule

POST-LICENSURE				
	WAC Reference	10 Days	30 Days	Other
Information required under commission rules	WAC 230-03-085(8)		X	Or within the timeframe we provide
Conducting underage compliance test programs with minors	WAC 230-06-012			Before conducting the test
Changes to any information filed with application (original or renewal)	WAC 230-06-080(1)		X	

POST-LICENSURE				
	WAC Reference	10 Days	30 Days	Other
<p>Changes to information on original or renewal application, to include but not limited to:</p> <ul style="list-style-type: none"> <li>• Articles of incorporation or bylaws, or any other documents which set out the organizational structure and purposes; and</li> <li>• Oral and written contracts and agreements which relate to gambling activities or alter the organizational structure of the licensee's organization or business activities in Washington; and</li> <li>• All cash or asset contributions, draws from lines of credit, and loans (except those from recognized financial institutions) during any calendar year which by themselves or totaled together are more than \$10,000. Cash or asset contributions do not include donations to licensed charitable or nonprofit organizations; and</li> <li>• Internal Revenue Service tax deductible status of contributions for charitable and nonprofit organizations.</li> </ul>	WAC 230-06-080(2)		<p>X</p> <p>X</p> <p>X</p> <p>X</p>	
Termination of employees	WAC 230-06-082 WAC 230-06-083	X		
Criminal actions	WAC 230-06-085		X	
<p>Civil and administrative actions to include, but not limited to,</p> <ul style="list-style-type: none"> <li>• Actions filed against them by other gambling regulatory agencies, including those from other countries and Indian Tribes, and</li> <li>• Divorces, and</li> <li>• Bankruptcy, and</li> <li>• Tax liens, and</li> <li>• Business dissolutions, and</li> <li>• Patent infringement on gambling equipment</li> </ul>	WAC 230-06-090		<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	

POST-LICENSURE				
	WAC Reference	10 Days	30 Days	Other
Name change <ul style="list-style-type: none"> <li>Organizations changing their trade name or corporate name report at least 30 days prior to change;</li> <li>Individuals report at least 30 days after the change</li> </ul>	WAC 230-06-095		X	
Changing the business location	WAC 230-06-100			X
Changes made to management, directors, officers, or any other position that makes management decisions	WAC 230-06-105		X	Nonprofit only reports at renewal time.
Changing of In-state Resident Agent	WAC 230-03-052		X	
Change of stock	WAC 230-06-107		X	
New Games/Equipment	WAC 230-06-050 WAC 230-15-040		X	Or within the timeframe we provide
Transfers of gambling equipment as part of a sale of a business	WAC 230-06-110(6)			X
Transferring gambling equipment when no longer licensed	WAC 230-06-120(2)	X		
Service Suppliers: Changing gambling related services	WAC 230-06-080(2)		X	
File Quarterly License Report at the end of each quarter for each licensed gambling activity even if there was no gambling activity	WAC 230-05-124		X	
Pay a Quarterly License Fee at the end of each quarter based on a percentage of gross gambling receipts	WAC 230-05-124 WAC 230-05-106 WAC 230-05-160 WAC 230-05-165 WAC 230-05-170 WAC 230-05-112		X	

# 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-Tab	\$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.