

## **Profit Organizations to Conduct Bingo at Agricultural Fairs Only**

- Application
- Fees
- For a Partnership, copy of Partnership Agreement
- For a Corporation, copy of current incorporation articles, minutes covering the election of current officers, and your most recent stock issue
- For a Limited Liability Company, a copy of LLC formation and agreement
- Proof of identity such as a copy of a valid driver's license, state identification card, or valid passport for the Primary Bingo Activity Manager
- Personal / Criminal History Statement (BLS-700-301) for
  - a) Elected President, Treasurer, and Chairman of the Board (and Spouses)
  - b) All Owners of 10% or More Interest in the Corporate Applicant (and Spouses)
  - c) All Partners in the Applicant Business (and Spouses)
  - d) Sole Owner of Applicant Business (and Spouse)
  - e) All Managers

**Note:** The agricultural fair must be licensed before a bingo permit is issued.



6. Bingo Equipment: Mark  Applicable

Applicant owns equipment

Applicant will receive, rent, or lease equipment from: (If rented or leased, submit a copy of the agreement.)

Full Name: | B | I | N | G | O | | D | I | S | T | R | I | B | U | T | O | R | | | | |

| | | | | | | | | | | | | | | | | | | | |

Address: | 5 | 5 | 5 | | M | A | I | N | | S | T | | | | |

City: | L | A | C | E | Y | | | | | State: | W | A | Zip: | 9 | 8 | 5 | 0 | 3 |

7. Name of Primary Bingo Activity Manager: Provide full legal name and proof of identity such as a copy of a valid driver's license, state identification card, or valid passport.

Last Name: | D | O | E | | | | |

First Name: | J | A | N | E | | | | |

Middle Name: | M | A | R | I | E | | | | |

Maiden / Alias Name: | S | M | I | T | H | | | | |

Telephone: | 3 | 6 | 0 | | - | 5 | 5 | 5 | | - | 5 | 5 | 5 | 5 | Birthdate: | 0 | 1 | | / | 0 | 1 | | / | 1 | 9 | 8 | 0 |

Address: | 1 | 2 | 3 | | M | A | I | N | | S | T | | | | |

City: | L | A | C | E | Y | | | | | State: | W | A | Zip: | 9 | 8 | 5 | 0 | 3 |

E-Mail Address: | J | A | N | E | D | O | E | | | | |

@ | H | O | T | M | A | I | L | . | C | O | M | | | | |

8. **For Each Person:** (a. – e.) below, provide a completed and signed *Personal / Criminal History Statement* (BLS-700-301), full legal name and proof of identity such as a copy of a valid driver's license, state identification card, or valid passport. (Attach additional sheets if necessary.)

- Answer all questions and furnish all information required.
- a. Elected President, Treasurer, Secretary and Chairman of the Board (and spouses).
  - b. All owners of 10% or more interest in the business (and spouses).
  - c. All partners if business is a partnership (and spouses).
  - d. Sole owner of business if a sole proprietorship (and spouse).
  - e. All managers.

**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.





**STATE OF WASHINGTON  
BUSINESS LICENSING SERVICE**

PO Box 9034  
Olympia, WA 98507-9034  
360-705-6741

LICENSE NUMBER 00-12345

UBI NUMBER 6029999999

**Personal/Criminal History Statement**

**(For Liquor, Lottery, Gambling and Cigarette/Tobacco Wholesaler/Retailer Endorsements )**

Please type or print clearly in dark ink. Complete all spaces or print N/A in spaces that do not apply.

Type of Endorsement(s) you are applying for: (Provide a copy of this form to each agency. See page 2)  LOTTERY (complete page 1 only)

LIQUOR  GAMBLING  CIGARETTE/TOBACCO Wholesaler/Retailer  VAPOR PRODUCTS Delivery/Retailer/Sales

BUSINESS NAME: (DBA or trade name) <b>JANE'S CRAFTS</b>				
BUSINESS LOCATION ADDRESS: Street or Route <b>123 MAIN ST</b>	City <b>LACEY</b>	County <b>THURSTON</b>	State or Country <b>WA</b>	Zip Code <b>98503</b>

I AM A:  SOLE PROPRIETOR  CORPORATE OFFICER  STOCKHOLDER  FINANCIER  LLC MEMBER/MGR  SPOUSE  
(Check all that apply)  PARTNER Title: PRESIDENT 10% or more  MANAGER  OTHER: \_\_\_\_\_

NAME: (Last, First, Middle) <b>DOE, JANE MARIE</b>		Maiden <b>SMITH</b>	SOCIAL SECURITY NUMBER: <b>999-99-9999</b>	
HOME MAILING ADDRESS: (Street or PO Box) <b>123 MAIN ST</b>		City <b>LACEY</b>	County <b>THURSTON</b>	
State or Country: <b>WA</b>	Zip Code: <b>98503</b>	HOME PHONE: <b>360-555-5555</b>	WORK/CELL PHONE: <b>360-555-5555</b>	
HOW LONG LIVING AT HOME ADDRESS ABOVE: <b>30 YEARS</b>	HEIGHT: <b>5'0"</b>	WEIGHT: <b>125</b>	EYE COLOR: <b>BLUE</b>	HAIR COLOR: <b>BROWN</b>
BIRTHDATE: (Month, Day and Year) <b>01/01/1980</b>	SEX: <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	RACE: <b>W</b>	DRIVER'S LICENSE NUMBER & STATE OF ISSUE: <b>WA999999</b>	
ARE YOU A U.S. CITIZEN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If NO, give alien registration/entry visa/work permit number(s):		PORT OF ENTRY:	DATE OF ENTRY: (Month, Day and Year)
SPOUSE'S NAME: (Last, First, Middle) <b>DOE, JOHN</b>		Maiden	DATE OF MARRIAGE: (Month, Day and Year) <b>12/31/2000</b>	

**LICENSE HISTORY**

List any business licenses that you have ever held, currently applied for, or have been denied/revoked/suspended in any state.

TYPE	LICENSE NUMBERS	BUSINESS NAME	STATE	LAST YEAR HELD
GAMBLING	N/A			
LIQUOR				
LOTTERY				
OTHER				

**CRIMINAL HISTORY STATEMENT**

**Have you EVER:** 1. Been arrested or cited? 3. Been convicted? 5. Been placed on probation?  YES  NO  
2. Been charged with a crime? 4. Been Jailed? 6. Forfeited bail or paid a fine over \$25 (Include traffic fines)?

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 a license. You must include events that occurred while you were a juvenile.

OFFENSE DATE	OFFENSE	CITY	COUNTY	STATE	DISPOSITION AND DATE
01/01/2011	DUI	LACEY	THURSTON	WA	GUILTY 05/01/2011

**CERTIFICATION**

I certify under penalty of perjury that all answers and statements on page 1 and 2 are true, correct and complete. I understand that untruthful or misleading answers are cause for denial of a license and/or revocation of any license granted. I hereby authorize investigation of my criminal history, financial records and other sources as necessary for licensing.

SIGNATURE: <b>X</b>			
PRINT NAME: <b>JANE DOE</b>	DATE SIGNED: <b>03/01/2022</b>	PLACE SIGNED: (City, County and State) <b>LACEY, THURSTON, WA</b>	
If applying for gambling license, elected chief executive officer or employer must also sign this form.			
SIGNATURE: <b>X</b>			
PRINT NAME:	DATE SIGNED:	PLACE SIGNED: (City, County and State)	

Continue on to the backside of this form.

# Personal/Criminal History Statement (Page 2)

LICENSE NUMBER \_\_\_\_\_

UBI NUMBER \_\_\_\_\_

## ADDITIONAL PERSONAL HISTORY

PLACE OF BIRTH: <i>City</i> <b>LACEY</b>	County <b>THURSTON</b>	State or Country <b>WA</b>		
OTHER NAMES USED: <b>SMITH</b>		PREVIOUS SOCIAL SECURITY NUMBER:		
PLACE OF MARRIAGE: <i>City</i> <b>LACEY</b>	County <b>THURSTON</b>	State or Country <b>WA</b>	Zip Code <b>98503</b>	
MILITARY SERVICE: <i>(Branch and dates of service)</i>	COUNTRY OF MILITARY SERVICE:	TYPE OF DISCHARGE:		
E-MAIL ADDRESS: <b>JANEDOE@HOTMAIL.COM</b>		FAX NUMBER: <b>360-555-5555</b>		

## EMPLOYMENT HISTORY

List employment, self-employment, military, unemployment and school attendance for the **last 10 consecutive years** (including foreign residences). **If more space is needed, attach additional sheets in the same format.**

Dates From - To: <b>2011-CURRENT</b>	TITLE: <b>PRESIDENT/OWNER</b>	SUPERVISOR: <b>SELF</b>		
EMPLOYER/SCHOOL: <b>JANE'S CRAFTS</b>				
ADDRESS: <i>(Street or Route)</i>		<i>City</i>	<i>County</i>	<i>State or Country</i>
Dates From - To:	TITLE:	SUPERVISOR:		
EMPLOYER/SCHOOL:				
ADDRESS: <i>(Street or Route)</i>		<i>City</i>	<i>County</i>	<i>State or Country</i>
Dates From - To:	TITLE:	SUPERVISOR:		
EMPLOYER/SCHOOL:				
ADDRESS: <i>(Street or Route)</i>		<i>City</i>	<i>County</i>	<i>State or Country</i>

## RESIDENCE INFORMATION

You must list all places of residence for the **last 10 consecutive years** (include foreign residences). List current residence first. **If more space is needed, attach additional sheets in same format.**

Dates From - To: <b>1992-2022</b>	STREET ADDRESS: <b>123 MAIN ST</b>			
	CITY: <b>LACEY</b>	COUNTY: <b>THURSTON</b>	STATE or COUNTRY: <b>WA</b>	ZIP CODE: <b>98503</b>
Dates From - To:	STREET ADDRESS:			
	CITY:	COUNTY:	STATE or COUNTRY:	ZIP CODE:

**APPLICANT: YOU MUST MAKE COPIES FOR EACH OF THE AGENCIES YOU HAVE CHECKED ON PAGE 1 OF THIS FORM**

<b>LIQUOR CONTROL BOARD</b>	<b>LOTTERY COMMISSION</b>	<b>GAMBLING COMMISSION</b>	<b>CIGARETTE/TOBACCO</b>
PO BOX 43098	PO BOX 43027	PO BOX 42400	PO BOX 43094
OLYMPIA WA 98504-3098	OLYMPIA WA 98504-3027	OLYMPIA WA 98504-2400	OLYMPIA WA 98504-3098

For assistance or to ask about the availability of this document in an alternate format, please call 360-705-6705. Teletype (TTY) users may use the Washington State Relay Service by calling 711.

**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.