



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 / WEBSITE: www.wsgc.wa.gov

APPLICATION PACKET FOR CHARITABLE / NONPROFIT ORGANIZATIONS FUND-RAISING EVENT (Standard, Limited, or Joint)

THIS PACKET CONTAINS:

- The basic application form (GC4-090);
 - *Joint Fund-Raising Event Agreement* (GC4-090a);
 - *Training Requirements for All Applicants* (GC5-017) letter; and
 - *Fee Schedule – Bona Fide Charitable / Nonprofit Organization* (GC5-055 FS).
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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 thirty (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.
 - The lead organization must complete form *Joint Fund-Raising Event Agreement* (GC4-090a).
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EVENT REQUIREMENTS / INFORMATION:

1. You must read and comply with the commission rules. You must also develop and post house rules (WAC 230-09-020) where you will conduct your event.
 2. If you are conducting a standard FRE, you must ensure you are properly staffed. Based on a survey of licensed FREs an organization should plan to utilize a minimum of 30-40 or more bona fide members to effectively operate a 10 station activity. Remember, only bona fide members that are 18 years old and above may participate in the operation or management of a standard FRE.
 3. If you are conducting a limited FRE, you must ensure that you have at least 3 members who will be responsible for any collection of cash related to the gambling activity, distribution of scrip, conducting the scheme to determine the winners of merchandise prizes, and maintenance of records.
 4. In accordance with WAC 230-09-005, you must notify your local law enforcement agency in writing at least ten (10) days prior to the FRE and the gambling equipment must be available and set-up at least two (2) hours prior to the event for possible inspection. Any changes in time, date, or location must be approved by the commission and notice given to your local law enforcement agency.
 5. If you do not own all gambling equipment needed, you may either:
 - a. Purchase, lease, or borrow equipment from a licensed distributor or a licensed bona fide charitable or nonprofit organization which has held a FRE within the past twelve (12) months, or
 - b. You may construct your own equipment only if you apply for and receive either a Manufacturers license or a Special Sales Permit to manufacture gambling equipment prior to your FRE. Under WAC 230-03-200(6), devices and supplies used to conduct FREs are gambling equipment. This includes but is not limited to the following: Gambling chips, cards, dice, card shuffling devices, graphical game layouts for table games, ace finders or no-peek devices, roulette wheels, keno equipment, or tables manufactured exclusively for gambling purposes.

Note 1: Any charitable or nonprofit organization that rents or leases FRE equipment to other organizations more than five (5) times per year must first obtain a FRE equipment distributor's license – *Charitable / Nonprofit Organization Packet* (GC4-028).

Note 2: Rental of premises and equipment must not exceed amounts set out in WAC 230-09-001.
 6. The organization's event manager must complete the training. See WAC 230-03-070 and letter (GC5-017) regarding this requirement.
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DISTRIBUTION OF NET RECEIPTS IN EXCESS OF \$10,000:

The maximum annual net receipts that may be retained by a nonprofit organization conducting a FRE is \$10,000.

NOTE: Net receipts are calculated by subtracting money used to purchase or award prizes from all wagers and bets received. Limited FREs can also deduct the cost of equipment rental when calculating the \$10,000 annual net receipts maximum.

You will be required to disclose the net receipts from any previous FRE conducted during the same calendar year. You must also disclose an eligible organization designated by your organization to receive any profits in excess of \$10,000. The application will assist you in determining whether the organization you have chosen will meet the definition of a charitable or nonprofit eligible to receive gambling proceeds. No one organization may receive more than \$10,000.

You must have a predetermined plan for awarding (as prizes) any money in excess of \$10,000 annual net receipts. The predetermined plan must be known to all event participants and is subject to verification by law enforcement personnel during the event. See WAC 230-09-010 for explanation of this requirement.

**For assistance, contact the licensing unit at
360-486-3440 or at 1-800-345-2529 (toll-free).**



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**CHARITABLE / NONPROFIT ORGANIZATIONS
 FUND-RAISING EVENT (Standard, Limited, or Joint)**

SUBMIT APPLICATION 60 DAYS PRIOR TO THE EVENT

TYPE OF FUND-RAISING EVENT: Mark appropriate box for class:

Standard:

- One event, not to exceed 24 consecutive hours. Open to the public.
- One event, more than 24 consecutive hours, not to exceed 72 consecutive hours. Open to the public.

Is this a Joint FRE? Yes No

If yes, are you the Lead or Assisting Organization?

Limited:

- One event – not more than six consecutive hours. Members and guests only.

Base License Fee: \$ _____
 See Fee Schedule (GC5-055 FS).

Limits Per Calendar Year: Two 24-hour or one 72-hour event, maximum of \$10,000 total annual net receipts.

1. ORGANIZATIONAL INFORMATION:

a. Applicant: _____
 Organization Name / Chapter

Mailing Address: _____
 Street / P.O. Box

City: _____ State: _____ Zip: _____

Telephone: _____
 Organization Telephone Gambling Premises Telephone

Fax: _____

E-mail Address: _____
 @ _____

b. Unified Business Identifier (UBI) # assigned by the Dept. of Revenue: _____

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

If Yes: Organization / License Number? _____ - _____

What type of license? _____

2. EVENT INFORMATION:

a. Date of Event:

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)

Business Office Use Only:

Code: 211-09 Date: _____ Amt: \$ _____ Val #: _____

3. ELECTED ORGANIZATION OFFICERS: (continued)

c. Secretary: (or equivalent)

Last Name: _____

First Name: _____

Middle Name: _____ Birthdate: _____ / _____ / _____

Maiden / Alias Name: _____

Home Address: _____
Street

City: _____ State: _____ Zip: _____

Telephones:

Home: _____-_____-_____ Work: _____-_____-_____

Cell: _____-_____-_____

d. Chairman of the Board: (or equivalent)

Last Name: _____

First Name: _____

Middle Name: _____ Birthdate: _____ / _____ / _____

Maiden / Alias Name: _____

Home Address: _____
Street

City: _____ State: _____ Zip: _____

Telephones:

Home: _____-_____-_____ Work: _____-_____-_____

Cell: _____-_____-_____

4. PROPOSED EVENT 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. (Attach additional sheets if necessary).

Last Name : _____

First Name: _____

Middle Name: _____ Birthdate: _____ / _____ / _____

Maiden / Alias Name: _____

Home Address: _____
Street

City: _____ State: _____ Zip: _____

Telephone:

Home: _____-_____-_____ Work: _____-_____-_____

Cell: _____-_____-_____

5. QUALIFICATION / CERTIFICATION INFORMATION:

a. When was your organization formed or incorporated? _____ / _____ / _____
MM / DD / YYYY

b. When does your accounting fiscal year end? _____ / _____
MM / DD

- c. Mark all purposes for which your organization is formed and operated.
 Agricultural Benevolent Civic Eleemosynary Patriotic Religious Social
 Athletic Charitable Educational Fraternal Political Scientific

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.)

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

All 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 agreement for the building and equipment.

7. LIMITED FUND-RAISING EVENT WORKSHEET

a. What are your estimated total gross receipts from participants of the gambling activity (initial scrip purchase plus additional scrip purchase)? \$ _____

b. Subtract the cost of purchased prizes. REMINDER, purchased prizes may not be more than 10% of Line 7.a. - _____

c. Subtract the cost of equipment rental. - _____

d. This final number reflects your anticipated adjusted net receipts. It should be a positive number or you are not operating the event with the intended purpose of raising funds for your organization’s stated purpose. \$ _____

8. LIMITED FUND-RAISING EVENT PARTICIPATION

- a. Initial cost to participate (Example: Each player must pay \$50 and will receive a booklet of scrip) \$ _____
- b. Method for purchasing additional scrip (Example: If a player wants to purchase additional scrip, the cost is \$25 per smaller booklet of scrip. They may purchase unlimited additional scrip for \$25. The scrip booklets have the dollar amount printed on them.) (Attach additional sheets if needed.)
- c. Costs included in the initial price to enter that are not related to the gambling activity (meals, drinks, etc.) (Example: The players will pay \$100 to attend a dinner. The fund-raising event will occur after the dinner. The money will be collected separate upon entering the table game area.) \$ _____
- d. Scheme that will be followed to distribute the merchandise prizes to participate at the end of the event (i.e. raffle, auction, etc.) (Example: At the conclusion of the event the players may exchange their chips for tickets. The players may place their tickets into bins located near the merchandise prizes. When all players have distributed their tickets into the bins, we will have a raffle to determine who will win each prize.) (Attach additional sheets if needed.)

9. DISTRIBUTION OF NET RECEIPTS IN EXCESS OF \$10,000

Per WAC 230-09-010, you are required to distribute the excess to other charitable / nonprofit organizations that are either licensed by the Commission or meet the criteria set forth in RCW 9.46.0209.

Copy this *blank* page for additional organizations, if needed.

a. Organization Name: _____

Is this organization currently licensed or has been previously licensed with the Gambling Commission?

Yes Enter license number, if known, and go to 9.b: _____

No Complete the following:

Mailing Address: _____

City: _____ State: _____ Zip: _____

b. Contact Person:

Last Name: _____

First Name: _____

E-mail Address: _____

@ _____

Telephones:

Home: _____-_____-_____-_____ Work: _____-_____-_____-_____

Cell: _____-_____-_____-_____

c. Has the organization been operating for more than 1 year? Yes No

d. Mark all the purposes for which the organization is formed and operated. **Circle the primary purpose:**

Agricultural Benevolent Civic Eleemosynary Patriotic Religious Social

Athletic Charitable Educational Fraternal Political Scientific

Others: _____

e. Briefly describe how, over the past fiscal year, the organization has met the purpose(s) checked and circled in 9.d. (Attached separate sheet.)

