



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
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WEB SITE: www.wsgc.wa.gov

FULL SEASON ITINERARY FOR LICENSE TO OPERATE BINGO GAMES
ONLY DURING AND UPON THE SITE OF LICENSED BONA FIDE AGRICULTURAL FAIRS

Licensed Business Name: _____ (_____) _____ - _____
Telephone

Mailing Address: _____
Street or P.O. Box

City State Zip

AGRICULTURAL FAIR

INCLUSIVE DATES

• Name of Fair: _____
Location Name: _____
Location Address: _____
Street City

From: _____

To: _____

• Name of Fair: _____
Location Name: _____
Location Address: _____
Street City

From: _____

To: _____

• Name of Fair: _____
Location Name: _____
Location Address: _____
Street City

From: _____

To: _____

• Name of Fair: _____
Location Name: _____
Location Address: _____
Street City

From: _____

To: _____

• Name of Fair: _____
Location Name: _____
Location Address: _____
Street City

From: _____

To: _____

• Name of Fair: _____
Location Name: _____
Location Address: _____
Street City

From: _____

To: _____

Full Season Itinerary for Bingo Games for the Year _____

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.56) and other Washington laws. The Commission may disclose to the public or discuss at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.56.540.

THIS STATEMENT MUST BE SIGNED BY THE PRINCIPAL OWNER OR HIGHEST RANKING OFFICER OF LICENSEE ORGANIZATION

OATH OF APPLICATION

I declare under penalty of perjury, under the laws of the state of Washington, that all information provided in 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 denial of an initial application or revocation of any gambling licenses currently held. I agree to notify the Washington State Gambling Commission should any information required on this application and / or on my Personal / Criminal History Statement change or become inaccurate in any way. I understand that if I fail to make such notification, it may constitute grounds for denial, suspension or revocation of my license. I further understand that if any criminal or civil actions are filed against me, I must inform the commission. (See WACs 230-03-050, 230-03-055, 230-06-080, 230-06-085, and 230-06-090.)

Signature of Owner or Highest Ranking Officer

Date

APPROVED EXCEPT FOR THOSE AREAS LINED OUT IN RED.

Signature of Approving Authority

Date

If any questions, please contact: _____