



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 / TDD: 360-486-3637
 WEB SITE: www.wsgc.wa.gov

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 FEB 03 2006
 BUSINESS OFFICE

APPLICATION FORM:
 CHARITABLE / NONPROFIT GAMBLING MANAGER

61-04167 Fee: \$171.00
 (If Changing Organization: \$ 82.00)

Mark Appropriate Category of Manager:

- Class "D" or Above-Bingo (Primary / Assistant Manager):
 - Primary Assistant
- Class "C" or Above Punch Board / Pull-Tabs (Primary Manager Only).
- Paid Employee Responsible for Supervision of the Operation of Progressive Jackpot Pull-Tab Games.
- Paid Employee Responsible for Supervision of Gambling Managers.
- Paid Employee Assigned the Highest Level of Authority by the Officers or Governing Board if your Organization:
 - Is licensed to receive more than \$300,000 in combined gross gambling receipts; or
 - Has established a trust and / or endowment fund and has gambling receipts in excess of \$100,000 contributed to that fund.

Changing organizations?
 Yes No
 Previously licensed with the Gambling Commission?
 Yes No
 (If Yes, answer Item 2)

**** IMPORTANT NOTICE ****

Before you complete this application - you should know:

That if you perform any of the duties as defined in WAC 230-02-418, the Gambling Commission shall retain your entire license fee whether or not you are granted a license as specified in WAC 230-04-220.

See a reprint of these rules enclosed with this application.

**** GENERAL INSTRUCTIONS / INFORMATION ****

- Make check payable to: *Washington State Gambling Commission*
- You must complete the entire application and all attachments. Place N/A if not applicable.
- Please type or print all answers legibly. Do not use pencil.
- **If needed**, attach additional documents or explanation sheets.
- **You are required to provide positive proof of identity.** Copy of one of these official documents: a birth certification, a valid driver's license, a military identification card, a valid passport, or if you are a registered alien - an alien registration card. You may also be required to submit fingerprints; if so, fingerprint cards, with instructions, will be sent to you.
- You are required to attend mandatory training. (See attached WAC 230-04-020(5)(b).)
- Please call if you have any questions.

APPLICANT INFORMATION

1. Full Name: Jamie Mallory Beletz
 Social Security No.: _____ Date of Birth: _____
 Home Address: _____
Street / Box Number
TACOMA WA 98407
City State Zip County
 E-mail Address, if available: jbeletz@hotmail.com
 Home Phone: _____ Cell Phone: _____ Work Phone: (253) 883-9361

VAF#: 142621
 211-01 Amount \$ 171.00 Date FEB - 3 2006
 AGENCY USE ONLY

APPLICANT INFORMATION (Continued)

2. Have you ever been licensed in another jurisdiction? Yes No **If Yes, was your license ever:**
Denied? Revoked? Suspended?
(Mark one and attach an explanation.)

3. List all details of basis for compensation, if any, as a gambling manager.

Salary: _____ Per Hour: _____
Other: _____ Explain: _____

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If volunteer member (no salary), please mark .

4. Do you have a financial interest in this licensed bingo premises?
 Yes No (If Yes, attach an explanation to this application)

EMPLOYER INFORMATION

00-08170

5. Name of Licensed Organization: Gateways For Youth & Families

Type of License Held: Bingo - Pull-Tax Class: F

Premises Address: 11605 Bridgeport Way S.W.
Street / Box Number

LaKenah WA 98499 Pierce
City State Zip County

E-mail Address, if available: _____

Telephone: (253) 581-4424 (253) 581-10305
Office Fax Number

City Limits: Inside Outside

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 42.17) and other Washington laws. Per WAC 230-04-020 (4), 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.

OATH OF APPLICANT

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 administrative closure or denial of an initial application or revocation of any gambling license(s) currently held and will be disclosed to the employer business. I further understand that should any information provided on the application change or become obsolete and / or if any criminal or civil actions are filed against me, I must inform the commission and my employer (see WACs 230-04-022, 230-12-305, and 230-12-310). I further declare that if I am granted a license(s), I will abide to all the requirements set out in RCW 9.46 and WAC 230, and I understand that if I perform any of the duties as a charitable / nonprofit gambling manager prior to receiving a license, the commission shall retain my entire license fee, whether or not I am granted a license as specified in WAC 230-04-220.

Jamie Belet
Signature

1/26/06
Date

EMPLOYER AUTHORIZATION

I hereby authorize the applicant to submit this application to become a charitable / nonprofit gambling manager for our organization.

The applicant has begun to perform the duties of charitable / nonprofit gambling manager. Yes No

Jamie Belet
Signature of Chief Executive Officer

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GAMBLING LICENSING
Page 2 of 2



MASTER LICENSE SERVICE
DEPARTMENT OF LICENSING
P.O. BOX 9034
OLYMPIA, WA 98507-9034
Telephone: (360) 664-1400

UBI NUMBER
600-404-323

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PERSONAL/CRIMINAL HISTORY STATEMENT

(For Liquor, Lottery, Gambling and Cigarette Wholesaler Licenses)

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

2006

LICENSING

PERSONAL STATEMENT		Type of License(s) you are applying for: (A copy of this form will be provided to the agencies you check below.) <input type="checkbox"/> LIQUOR <input type="checkbox"/> LOTTERY <input type="checkbox"/> GAMBLING <input type="checkbox"/> CIGARETTE WHOLESALER					
BUSINESS NAME: (DBA or trade name) GATEWAYS FOR YOUTH & FAMILIES							
BUSINESS LOCATION ADDRESS: Street or Route		City		County		State or Country	Zip Code
I AM A: <input type="checkbox"/> SOLE PROPRIETOR <input checked="" type="checkbox"/> CORPORATE OFFICER <input type="checkbox"/> STOCKHOLDER <input type="checkbox"/> FINANCIER <input type="checkbox"/> LLC MEMBER/MGR <input type="checkbox"/> SPOUSE (Check all that apply) <input type="checkbox"/> PARTNER Title: <u>President</u> 10% or more <input type="checkbox"/> MANAGER <input type="checkbox"/> OTHER:							
NAME: Last Beletz		First Jamie		Middle Mallory		Maiden N/A	
OTHER NAMES USED:				SOCIAL SECURITY NUMBER:		PREVIOUS SOCIAL SECURITY NUMBER:	
HOME MAILING ADDRESS:							
State or Country		Zip Code		City Tacoma		County Pierce	
E-MAIL ADDRESS:		FAX NUMBER (253) 305-0112		HOME PHONE: (253) N/A		WORK/CELL PHONE: (253) 226-9584	
BIRTHDATE: Month, Day and Year		PLACE OF BIRTH: City Chicago		County Cook		State or Country IL	
SEX: M	RACE: Cauc	HEIGHT: 6'0"	WEIGHT: 150	EYE COLOR: BL	HAIR COLOR: Brunette	DRIVER'S LICENSE NUMBER & STATE OF ISSUE:	
ARE YOU A U.S. CITIZEN? <input 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)	
MILITARY SERVICE: Branch and dates of service USN				COUNTRY OF MILITARY SERVICE:		TYPE OF DISCHARGE:	
SPOUSE'S NAME: Last Curtiss		First Melody		Middle Ann		Maiden	
DATE OF MARRIAGE: (Month, Day and Year) 12/00		PLACE OF MARRIAGE: City Bellingham		County Whatcom		State or Country WA Zip Code 98225	

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: 5/05		STREET ADDRESS:					
Present		CITY: TACOMA		COUNTY: Pierce		STATE OR COUNTRY: WA	ZIP CODE: 98407
Dates From-To: 5/00		STREET ADDRESS:					
5/05		CITY: LACEY		COUNTY: THURSTON		STATE OR COUNTRY: WA	ZIP CODE: 98513
Dates From-To: 1/93		STREET ADDRESS:					
5/00		CITY: Lawrence		COUNTY: Douglas		STATE OR COUNTRY: KS	ZIP CODE:
Dates From-To:		STREET ADDRESS:					
		CITY:		COUNTY:		STATE OR COUNTRY:	ZIP CODE:

PERSONAL/CRIMINAL HISTORY STATEMENT (Page 2)

UBI NU 600-400-323

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: <u>5/00 - Present</u>		TITLE: <u>CEO/President</u>		SUPERVISOR: <u>N/A</u>			
EMPLOYER/SCHOOL: <u>Innovial, Inc.</u>							
ADDRESS: Street or Route <u>4506 N. Bristol</u>		City: <u>TACOMA</u>		County: <u>Pierce</u>	State or Country: <u>WA</u>	Zip Code: <u>98407</u>	
Dates From - To: <u>6/95 - 5/00</u>		TITLE: <u>Executive Director</u>		SUPERVISOR: <u>N/A</u>			
EMPLOYER/SCHOOL: <u>International Assoc. of Industrial Accident Bldg & Commissions</u>							
ADDRESS: Street or Route <u>1201 N. LAWARUSA</u>		City: <u>LAWRENCE</u>		County: <u>DUGLAS</u>	State or Country: <u>KS</u>	Zip Code: <u>66044</u>	
Dates From - To:		TITLE:		SUPERVISOR:			
EMPLOYER/SCHOOL:							
ADDRESS: Street or Route		City		County	State or Country	Zip Code	

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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				
LIQUOR				
LOTTERY				
OTHER	<u>MASTER BUSINESS</u>	<u>Innovial Inc.</u>	<u>WA</u>	<u>CURRENT</u>

CRIMINAL HISTORY STATEMENT

Have you ever:

1. Been arrested or cited?	4. Been Jailed?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2. Been charged with a crime?	5. Been placed on probation?	
3. Been convicted?	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
	<u>DISORDERLY + MINOR TRAFFIC OFFENSE</u>				
	<u>DISORDERLY + MINOR TRAFFIC OFFENSE</u>				
	<u>DISORDERLY + MINOR TRAFFIC OFFENSE</u>				

CERTIFICATION I certify under penalty of perjury that all answers and statements 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: Jamie Beletz

PRINT NAME: Jamie Beletz DATE SIGNED: 1/26/06 PLACE SIGNED: TACOMA, PIERCE, WA

If applying for gambling license, elected chief executive officer or employer must sign below:

SIGNATURE: Jamie Beletz DATE SIGNED: 1/26/06 PLACE SIGNED: TACOMA, PIERCE, WA

PRINT NAME: Jamie Beletz Kern Tresson 3/1/06

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