



**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

## COMMERCIAL STIMULANT BUSINESS APPLICATION PACKET

### THIS PACKET CONTAINS:

1. This summary sheet with general instructions.
2. A pamphlet entitled “*Gambling License Certification Program*”.
3. The Commercial Stimulant application (GC4-005) with attachments and supporting forms including:
  - Attachment – Other Persons Having Interest in Premises or Gambling Equipment (GC4-314);
  - Appendix A – Sole Proprietorship Requirements (GC5-003);
  - Appendix B – Limited and General Partnership Requirements (GC5-004);
    - *Disclosure of Partnership* (GC4-017c);
  - Appendix C – Limited Liabilities Company “LLC” Requirements (GC5-005);
    - *Disclosure of LLC Members / Managers* (GC4-017b);
  - Appendix D – Corporation Requirements (GC5-006)
    - *Disclosure of Corporate Officers / Stockholders* (GC4-017)
  - Authorization for Examination and Release of Information (GC4-299)
  - License Class Structure Information (GC5-144);
  - Personal / Criminal History Statement (BLS-700-301);
  - Financial Statement (GC4-320);
  - Source of Funds Statement (GC4-321);
  - Letter for Mandatory Prelicensing Training (GC5-158);
  - Letter regarding Responsibility to Report (GC5-001);
  - Letter regarding House-Banked Card Room Application Process (GC5-014)
  - Selected Washington Administrative Codes pertaining to licensing requirements; and
  - Fee Schedule – Commercial Stimulant / Profit-Seeking Organization (GC5-055K FS).

### THIS FORM WILL BE READ BY A VERY SENSITIVE SCANNING DEVICE

Please use the following examples to fill out this form:

***Print with a black ballpoint pen and press firmly, or use a typewriter.***

– For best results, please print in capital letters and avoid contact with the lines. The following will serve as an example:

A	B	C	D	E	F	G	H	I	J	K	L	M	1	2	3	4	5	6	7	8	9	0
N	O	P	Q	R	S	T	U	V	W	X	Y	Z										

– Please ‘X’ the boxes. Do NOT shade-in or use ‘✓’.

‘X’ Boxes Like This →	<input checked="" type="checkbox"/>
Not Like This →	<input type="checkbox"/>

– When asked for additional lists or comments, the information must be neatly printed or typewritten on sheets of white 8 ½ X 11 inch paper.

– When asked for legal or business documents, the copies must be clean and legible and marked so the document can be identified to the question being asked.

### INSTRUCTIONS ON REVERSE SIDE

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## IMPORTANT INSTRUCTIONS FOR ALL APPLICANTS – READ BEFORE PROCEEDING

1. All forms in this packet may be copied for your use. A copy of this application is also on our web site.
2. Washington Administrative Code (WAC) citations are noted throughout this application. When cited, refer to the enclosed rules (administrative codes) for clarification.
3. Read through the rules, the enclosed licensing pamphlet and other information provided.
4. The licensing fees for this application are listed on the *Fee Schedule* (GC5-055K FS). In addition to these fees, the Commission may assess additional amounts to cover inspections and investigations necessary for licensing or certification. See WAC 230-05-003. These costs will be determined, and are payable, during the financial investigation phase of the application process. If you choose to voluntarily withdraw your application or if the Commission administratively closes your application, the balance of any fees and additional amounts paid, less all-applicable commission processing and investigative costs, will be refunded.
5. 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".
6. This application must be signed and dated by the appropriate individual(s). Where a signature is required, the Commission requires an original signature in ink. Please sign inside the signature blocks provided.
7. An application is considered complete when the basic application form and attachments have been completed in every respect, all requested documents have been attached, and the application is submitted with the proper fee to the Gambling Commission's office located in Lacey, Washington. An application shall be considered delivered to the Commission when actually deposited in the United States mail properly addressed to the Commission. See WAC 230-03-240.
8. Keep a photocopy of your completed application, including all documentation, in case we need to contact you to confirm information from your application and the supporting documents you submitted.
9. The Commission cannot act on your application if proper fees have not been paid. You may fax documentation for this application to expedite the process, but clear copies must be submitted because faxed documentation may be illegible, and original signatures are required.
10. If you need assistance in completing this application – please call one of the telephone numbers listed on Page 1 and ask for a Licensing Technician for new applications.

**NOTE:** You may be required to supply additional documentation based on information you previously supplied. See WAC 230-03-050.

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## CHANGES MUST BE REPORTED

During the application process if any changes occur that affect your answers / statements on this application, you must notify us. For example, notify us if there is a change in your articles of incorporation or by-laws, or any documents that affect your organizational structure, or any leases, rentals, consignments, or franchises, or other agreements relating to gambling activities or altering your commercial stimulant business, whether written or oral, and all cash or asset contributions, draws from lines of credit, and loans, from other than recognized financial institutions, which individually or collectively exceed a total of \$10,000 during the calendar year: Provided, that cash or asset contributions do not include donations to licensed charitable or nonprofit organizations.

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## 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.



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**COMMERCIAL STIMULANT BUSINESS APPLICATION**

Consult the [fee schedule](#), and then complete this area to tell us which license(s) you are applying for:

- Punch Board / Pull-Tab (05) Class |\_\_\_| Fee \$ |\_\_\_\_\_|
  - Public Card Room (65) Class |\_\_\_| Fee \$ |\_\_\_\_\_|
  - Public Card Room (65F) Class F |\_\_\_| Fee \$ |\_\_\_\_\_|  
(Endorsement for Player Supported)
  - Public Card Room (67) H B |\_\_\_| Fee \$ |\_\_\_\_\_|  
(House-Banked)
  - Amusement Game (53) Class A Only Fee \$ |\_\_\_\_\_|  
(Use only when applying for a license in combination  
with Punch Board / Pull-Tab and / or Public Card Room)
- Total Fee Submitted \$** |\_\_\_\_\_|

**\*\* SPECIAL NOTE \*\***  
 Please review RCW  
 9.46.0217, WACs  
 230-03-170 and  
 230-03-175; with  
 limited exceptions, only  
 an established food and  
 drink business may  
 apply for a gambling  
 license. These rules are  
 included in this packet.

TYPE OF BUSINESS: (Mark  One)

- Restaurant
- Tavern
- Other (See Note Above): |\_\_\_\_\_|

1. WHAT BUSINESS TYPE is this?

- Sole Proprietorship (Complete Appendix A – GC5-003)
- Partnership (Complete Appendix B – GC5-004)
- LLC (Complete Appendix C – GC5-005)
- Corporation (Complete Appendix D – GC5-006)

2. Trade Name: |\_\_\_\_\_|  
DBA

3. Applicant: |\_\_\_\_\_|  
Use Full Name: Sole Proprietorship (Last, First, MI), Partnership, LLC, or Corporate Name

Location Address: |\_\_\_\_\_|  
Street Address

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

County: |\_\_\_\_\_|

4. State of Washington Department of Revenue Number: |\_\_\_\_\_| Unified Business Identifier

5. Is location  Inside  Outside the city limits?

**Business Office Use Only:**

Code: 211-|\_\_\_\_\_| Date: |\_\_\_\_\_|/|\_\_\_\_\_|/|\_\_\_\_\_| Amt: \$|\_\_\_\_\_|.00 Val #: \_\_\_\_\_

Code: 211-|\_\_\_\_\_| Date: |\_\_\_\_\_|/|\_\_\_\_\_|/|\_\_\_\_\_| Amt: \$|\_\_\_\_\_|.00 Val #: \_\_\_\_\_

6. Has the business / premises been previously licensed by the gambling commission?

Yes – Complete the information below  No

Trade Name: |\_\_\_\_\_

City: |\_\_\_\_\_

Owner's Name: |\_\_\_\_\_

Did you previously own this establishment?  Yes  No

7. Did you purchase gambling games and / or equipment from the previous owner?

Yes – Complete requested list below.  No – Go to next question.

If you are purchasing inventory to include gambling items from the previous owner, provide a list of the games or pull-tab machines as listed in a. – d. below. (Per WAC 230-03-200, gambling equipment can only be purchased directly from the seller if the sale is contingent upon Gambling Commission approval.)

- a.  the name of the game;
- b.  the name of the manufacturer;
- c.  the manufacturer's Gambling Commission license number;
- d.  the Gambling Commission stamp number on the games.

8. Are you purchasing the business or starting up the business?

If you are purchasing the business:

a. Is the sale contingent upon receiving a gambling license?  Yes  No

b. Has the contingency been removed?  Yes  No

c. Or has the purchase been completed or finalized?  Yes  No

If you are starting up the business:

Did you start this business as a new business?  Yes  No

- If so, please submit a signed and dated statement that you did not purchase a pre-existing business.

9. Current Mailing Address: |\_\_\_\_\_

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

County: |\_\_\_\_\_ Country: |\_\_\_\_\_

10. Telephone: |\_\_\_\_\_ Primary Telephone Number |\_\_\_\_\_ Message Telephone Number

|\_\_\_\_\_ Fax Telephone Number |\_\_\_\_\_ Cell Telephone Number (Optional)

11. E-Mail Address: |\_\_\_\_\_ @ |\_\_\_\_\_

12. Have any substantial interest holders (WAC 230-03-045) in the applicant business, or any business in which they have previously held an interest in, ever applied for or held a Washington State Gambling license?

Yes – Complete a. & b.  No – Go to next question.

a. Trade Name: |\_\_\_\_\_ City |\_\_\_\_\_ State |\_\_\_\_\_ Zip

b. Owner's Name: |\_\_\_\_\_







