



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

REQUEST FOR CONSENT TO CHANGE: Mark [X] all that apply

- [] MANAGEMENT - Complete 1 & 2 [] MANAGER - Complete 1 & 3
[] NAME - Complete 1 & 4 [] LOCATION OF PREMISES - Complete 1 & 5 or 6
[] FRE / RGA DATE, TIME OR LOCATION - Complete 1 & 7

In accordance with RCW 9.46.070(5), special investigative fees may be requested if costs exceed the basic fee provided with this application.

NOTE: All refunds of application / license fees will be issued to the applicant.

[] Nonprofit [] Profit [] Individual License # |_____|-|_____|

1. License Name (as issued): |_____|

UBI#: |_____| OR Social Security Number: |_____|-|_____|-|_____|

Current Mailing Address: |_____|

|_____| City |_____| State |_____| Zip

Telephone: |_____|-|_____|-|_____|

E-Mail Address: |_____|

@ |_____|

Does the jurisdiction in which you operate allow the gambling activities you offer? [] Yes [] No

2. Change of Management (WAC 230-06-105) involving change of director or officer. Fee: None

Outgoing Management: |_____|

New Management (Proposed): |_____|

Social Security Number: |_____|-|_____|-|_____|

Reasons for Change of Management: _____

Effective Date: |_____|/|_____|/|_____|

Supporting documents are required. Submit copies of dissolution agreements, amending documents that cite new terms and conditions, and / or meeting minutes covering the election of new officers. Include Positive Identification and Personal / Criminal History Statement (BLS-700-301) for all new persons and spouses, unless already on file with the Gambling Commission.

Business Office Use Only:

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

3. **Change of Manager** ([WAC 230-06-105](#)) Employee Only Nonprofit Profit **Fee: None**

Outgoing

Manager: Last Name: |_____|

First Name: |_____| MI: |__|

New Manager

(Proposed): Last Name: |_____|

First Name: |_____| MI: |__|

Date of Birth: |__|/|__|/|____| Social Security #: |__|_|_|-|__|_|_|-|____|

Home (Street) Address: |_____|

City: |_____| State: |__|_| Zip: |_____|

Telephone: |_____|-|_____|-|_____|

Type(s) of Gambling Activity Managed: _____

Reasons for Change: _____

Effective Date: |__|_|_|/|__|_|_|/|____|

Submit Positive Identification and Personal / Criminal History Statement ([BLS-700-301](#)), unless previously submitted, and attend mandatory training as required by WAC 230-03-070, unless previously attended.

Commercial Amusement Game Managers Only

Have you ever forfeited bail, been arrested / charged with a crime / convicted / jailed / or placed on probation of a crime?

Yes No

Signature of Primary Game Manager
attesting to the criminal history: _____

4. **Change of Name** ([WAC 230-06-095](#)) **Fee: \$ 29.00**

Please note that individuals changing their given name notify us *no later than 30 days* after the effective date of the change.

DBA / Legal Name: |_____|

New Name

(Proposed): Last Name: |_____|

First Name: |_____| MI: |__|

Reason for Name Change: _____

Effective Date: |__|_|_|/|__|_|_|/|____|

Name changes are not effective until granted by the Commission. Copy of documents required for name change:

Individual: Marriage certificate / license or divorce decree, court documents recording name change, and updated driver's license.

Nonprofit: Amendments to your Articles of Incorporation and Bylaws. Proof of name change registered with the IRS.

Profit: ➤ For change of business name, please submit verification of approval from Master Licensing and Liquor Control Board.

➤ For change of your Limited Liability Company "LLC" or Corporation name, please submit amendments to your existing LLC agreement, LLC Formation, Articles of Incorporation, and corporate meeting minutes.

NOTE Additional documents / information may be requested. A license technician will contact you if needed.
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5. **One Bingo Occasion Allowed for Bingo Licensee (WAC 230-03-018)**

Fee: \$ 29.00

Indicate Inclusive Date of Event: From: |_____|/|_____|/|_____| thru: |_____|/|_____|/|_____|

Proposed Premises

Change – Street Address: |_____|

City: |_____| State: |_____| Zip: |_____|

Inside City Limits? Yes No

Reason for Premises Change: _____

Will you own the premises / location to be used for the licensed bingo activity? Yes No

If Yes, submit a copy of the purchase agreement. **If No**, submit written lease agreement.

As an attachment, submit the full name and current address of each person that has **any** interest in these premises or the building. This includes natural persons, corporations, partnerships or other associations, together with the name of each person's spouse, if any. Include all details of the interest held by any and all such persons.

6. **Change of Location (WAC 230-06-100) other than above.**

Nonprofit Profit

Fee: \$ 29.00

Proposed Premises

Location – Street Address: |_____|

City: |_____| State: |_____| Zip: |_____|

Inside City Limits? Yes No

Justification for change of premises location (explain fully): _____

Effective Date: |_____|/|_____|/|_____|

Will you own the premises / location that you are relocating? Yes No

If Yes, submit a copy of the purchase agreement. **If No**, submit written lease agreement.

As an attachment, submit the full name and current address of each person that has **any** interest in these premises or the building. This includes natural persons, corporations, partnerships or other associations, together with the name of each person's spouse, if any. Include all details of the interest held by any and all such persons.

NOTE: ➤ Change may not be made without written consent of the commission.
➤ Additional documents / information may be requested.

7. **Fund-Raising Event (FRE) and Recreational Gaming Activity (RGA)**

Fee: \$ 29.00

Change of Date, Time or Locations

Proposed New Activity Information:

a. Date of Activity: **NOTE: Date and Time Must be Exact**

FROM: Date: |_____|/|_____|/|_____|
(mm/dd/yy)

Time: |_____|:|_____| am / pm
(If Noon or Midnight, so State)

TO: Date: |_____|/|_____|/|_____|
(mm/dd/yy)

Time: |_____|:|_____| am / pm
(If Noon or Midnight, so State)

b. Name of Premises to be Used for Activity: |_____|

Owner of Premises: |_____|

Premises Street Address: |_____|

|_____| City |_____| State |_____| Zip

City Limits: Inside Outside

