



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 all that apply

MANAGEMENT – Complete 1 & 2

MANAGER – Complete 1 & 3

NAME – Complete 1 & 4

LOCATION OF PREMISES – Complete 1 & 5 or 6

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

THIS FORM WILL BE READ BY A VERY SENSITIVE SCANNING DEVICE

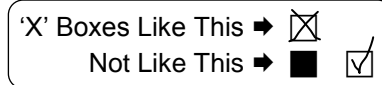
Please use the following examples to fill out this form:

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:



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



- 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.

Nonprofit Profit Individual

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

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

Current Mailing Address: |_____|

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

|_____| County |_____| Telephone

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.

3. **Change of Manager** (WAC 230-06-150) Employee Only Nonprofit Profit **Fee: None**

Outgoing Manager: |_____|-|_____|-|_____|
Name: First MI Last

New Manager (Proposed):|_____|-|_____|-|_____|
Name: First MI Last

Date of Birth: |_____|-|_____|-|_____| Social Security #: |_____|-|_____|-|_____|

Home (Street) Address: |_____|-|_____|-|_____|-|_____|-|_____|-|_____|-|_____|-|_____|

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

|_____|-|_____|-|_____|-|_____|-|_____|-|_____|-|_____|-|_____|-|_____|
County 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 WACs 230-03-035 and 230-03-040, 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: \$ 27.00**

New Name (Proposed): |_____|-|_____|-|_____|-|_____|-|_____|-|_____|-|_____|-|_____|

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.

