



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

NOTIFICATION OF LLC OWNERSHIP CHANGE

FEE: \$|_____|

(See Section 14 of the attached Fee Schedule)

IN ACCORDANCE WITH WAC 230-06-107, THE GAMBLING COMMISSION MUST BE NOTIFIED OF LLC OWNERSHIP CHANGES WITHIN 30 DAYS OF THE TRANSACTION CLOSE.

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

Trade Name under which LLC is Licensed: |_____|

LLC Name: |_____|

Mailing Address: |_____|

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

|_____| County UBI#: |_____|

Primary Telephone: |_____|-|_____|-|_____| FAX: |_____|-|_____|-|_____|

Cell Telephone Number (Optional) |_____|-|_____|-|_____|

Premises Address: |_____|

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

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

1. List owners prior to ownership change and include percentage: (Attach additional sheets, if necessary.)

a. Last Name: |_____|

First Name: |_____| MI: |_____|

Title: |_____|

Social Security #: |_____|-|_____|-|_____|

Number of Units Owned: |_____|,|_____| Percentage of LLC Ownership: |_____|%

b. Last Name: |_____|

First Name: |_____| MI: |_____|

Title: |_____|

Social Security #: |_____|-|_____|-|_____|

Number of Units Owned: |_____|,|_____| Percentage of LLC Ownership: |_____|%

Business Office Use Only:

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

1. List owners prior to ownership change and include percentage: (Continued)

c. Last Name: _____
First Name: _____ MI: _____
Title: _____
Social Security #: _____-_____-_____
Number of Units Owned: _____ Percentage of LLC Ownership: _____%

2. List owners subsequent to ownership change and include percentages. Complete and submit the attached *Disclosure of LLC Members / Managers (GC4-017b)* form, and submit a new copy of your new LLC agreement.
(Attach additional sheets, if necessary.)

a. Last Name: _____
First Name: _____ MI: _____
Title: _____
Mailing Address: _____

City State Zip
Social Security #: _____-_____-_____ Number of Units Owned: _____
Percentage of LLC Ownership: _____% Date Acquired: ____/____/____

b. Last Name: _____
First Name: _____ MI: _____
Title: _____
Mailing Address: _____

City State Zip
Social Security #: _____-_____-_____ Number of Units Owned: _____
Percentage of LLC Ownership: _____% Date Acquired: ____/____/____

c. Last Name: _____
First Name: _____ MI: _____
Title: _____
Mailing Address: _____

City State Zip
Social Security #: _____-_____-_____ Number of Units Owned: _____
Percentage of LLC Ownership: _____% Date Acquired: ____/____/____

Managing Member Signature is Required – See Page 3 of Application

3. **If not previously submitted, all persons (and their spouses) who have a substantial interest in the LLC**, as defined by WAC 230-03-045, must complete the attached *Personal / Criminal History Statement* (BLS-700-301). Also, submit a new listing of all LLC members and spouses.

4. **Submit a copy of the LLC agreement authorizing this LLC ownership change, and copies of all documents setting out this sale, or unit transfer.** If the units were sold, the *Financial Statement* (BLS-700-303) and *Source of Funds Statement* (BLS-700-304) must be completed by the purchasers.

*** * * IMPORTANT * * ***

5. **If you are a new substantial interest holder, as part of this application, you are required to provide positive proof of identity.** To accomplish this requirement, submit along with this application, the following items. A copy of one of these official documents; a valid driver's license, a military identification card, a valid passport, or if you are registered alien – an alien registration card. **Ensure photograph is identifiable.** You may also be required to submit fingerprints; if so, fingerprint cards, with instructions, will be sent to you.

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, other state or federal agencies, 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.

**DECLARATION / SIGNATURE
OF APPLICATION
(SOLE PROPRIETOR, LLC MANAGER, PARTNER, OR CHIEF EXECUTIVE OFFICER)**

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 further understand that if I voluntarily withdraw or if the commission administratively closes my application, the remainder of my fee, minus the commission's processing and investigative costs, will be refunded. 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 Date