



+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
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NOTIFICATION OF LLC OWNERSHIP CHANGE

FEE: \$59

**THE GAMBLING COMMISSION MUST BE NOTIFIED OF LLC OWNERSHIP CHANGES
WITHIN TEN DAYS OF THE TRANSACTION CLOSE.**

**In accordance with WAC 230-04-240, 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: _____%

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

