

6. Please answer the following questions. (Continued)

E. Entry fee or charge? _____

F. Where will the tournament be held? _____

7. Name of Primary

Card Room Manager: Last Name: _____

First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Date of Birth: _____ Social Security #: _____

Telephone: _____ Fax: _____

Cell (Optional): _____

IMPORTANT: If you are applying for a Class "C" Tournament card room license, the individual named above as the Primary Manager must complete and submit the attached Personal / Criminal History Statement (BLS-700-301).

8. For each person involved in the card room operation provide the following information:

Last Name: _____

First Name: _____ MI: _____

Title or Position in the Organization: _____

Home Address: _____

City: _____ State: _____ Zip: _____

County: _____

Date of Birth: _____ Social Security #: _____

Telephone: _____ Fax: _____

Cell (Optional): _____

[Use additional sheets if necessary.]

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.

OATH OF APPLICATION

I declare under penalty of perjury, under the laws of the state of Washington, that all information provided on 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 administrative closure or denial of an initial application or revocation of any gambling license(s) currently held. 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 230-03-035, 230-03-040, 230-03-050, 230-03-055, 230-03-070, 230-03-080, 230-06-085, and 230-06-090.)

Signature of Chief Executive Officer or Principal Owner

_____-_____
Date

NOTE: If partnership, all partners must sign: _____