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

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DISCLOSURE OF PARTNERSHIP

1. Partnership Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
(General, LP, LLP)

Business Mailing Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___| |___|___|___|___|___|
City State Zip

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| UBI#: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
County

Telephone: |___|___|___|-|___|___|___|-|___|___|___|___| FAX: |___|___|___|-|___|___|___|-|___|___|___|___|

Cell (Optional): |___|___|___|-|___|___|___|-|___|___|___|___|

E-Mail Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

@ |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

2. Trade Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

3. Complete the following information for *ALL* partners:

DECLARATION / SIGNATURE OF PARTNER

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 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 should any information provided on the application change or become obsolete and / or 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).

a. Primary / General Partner:

Last Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

First Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| MI: |___|

Social Security #: |___|___|___|-|___|___|-|___|___|___|___| Birthdate: |___|___|-|___|___|-|___|___|___|___|

Mailing Address:|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___| |___|___|___|___|___|
City State Zip

Date
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| Acquired: |___|___|-|___|___|-|___|___|___|___|
County

Signature:_____ Date: |___|___|-|___|___|-|___|___|___|___|

3. Complete the following information for *ALL* partners: (Continued)

b. Partner:

Last Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

First Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| MI: |___|

Social Security #: |___|___|___|-|___|___|-|___|___|___|___| Birthdate: |___|___|-|___|___|-|___|___|___|___|

Mailing Address:|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___| |___|___|___|___|___|

City State Zip

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| Date Acquired: |___|___|-|___|___|-|___|___|___|___|

County

Signature:____ Date: |___|___|-|___|___|-|___|___|___|___|

c. Partner:

Last Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

First Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| MI: |___|

Social Security #: |___|___|___|-|___|___|-|___|___|___|___| Birthdate: |___|___|-|___|___|-|___|___|___|___|

Mailing Address:|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___| |___|___|___|___|___|

City State Zip

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| Date Acquired: |___|___|-|___|___|-|___|___|___|___|

County

Signature:____ Date: |___|___|-|___|___|-|___|___|___|___|

d. Partner:

Last Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

First Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| MI: |___|

Social Security #: |___|___|___|-|___|___|-|___|___|___|___| Birthdate: |___|___|-|___|___|-|___|___|___|___|

Mailing Address:|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___| |___|___|___|___|___|

City State Zip

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| Date Acquired: |___|___|-|___|___|-|___|___|___|___|

County

Signature:____ Date: |___|___|-|___|___|-|___|___|___|___|

NOTE: In addition to the above, please submit in the format shown, a list of all other members of this Partnership.

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.

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