

4. Complete the following information: (Continued)

b. Last Name: _____
First Name: _____ Middle Name: _____
Title: _____
Social Security #: _____ Birthdate: _____
Mailing Address: _____

City State Zip
Date Acquired: _____
LLC / Corporation: Percentage of Ownership: _____% Units / Shares Owned: _____

c. Last Name: _____
First Name: _____ Middle Name: _____
Title: _____
Social Security #: _____ Birthdate: _____
Mailing Address: _____

City State Zip
Date Acquired: _____
LLC / Corporation: Percentage of Ownership: _____% Units / Shares Owned: _____

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to disclosure under the Public Records Act ([RCW 42.56](#)) and other Washington laws.

OATH OF APPLICATION

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](#)).

Last Name: _____
First Name: _____
Middle Name: _____
Title: _____
Signature _____ Date: _____