



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

COMMERCIAL BUSINESS APPLICATION PACKET

THIS PACKET CONTAINS:

1. This summary sheet with general instructions and the [Additional Requirements for a Commercial Business \(GC5-030\)](#) form.
 2. The Commercial Business Application (GC4-025) with attachments and supporting forms including:
 - [Ownership Disclosure \(GC4-021\)](#)
 - [Authorization for Examination and Release of Information \(GC4-299\)](#)
 - [Personal / Criminal History Statement \(BLS-700-301\)](#)
 - [Financial Statement \(GC4-320\)](#)
 - [Source of Funds Statement \(GC4-321\)](#)
 - [Training Requirements for All Applicants \(GC5-017\) letter](#)
 - [Fee Schedule – Commercial Stimulant / Profit-Seeking Organization \(GC5-055k FS\)](#)
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CHANGES MUST BE REPORTED

While your application is being processed, you must notify us of any changes within 10 days; such as:

- Organizational structure
 - Gambling related agreements
 - Source of Funds
 - Leases
 - Loans and asset contributions
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IMPORTANT INSTRUCTIONS FOR ALL APPLICANTS – READ BEFORE PROCEEDING

1. All forms in this packet may be copied for your use. A copy of this application is also on our web site.
2. Washington Administrative Code (WAC) citations are noted throughout this application. When cited, refer to [Title 230 WAC](#), Gambling Commission, for clarification.
3. The licensing fees for this application are listed on the [Fee Schedule \(GC5-055K FS\)](#). In addition to these fees, the Commission may assess additional amounts to cover inspections and investigations necessary for licensing or certification. [See Revised Code of Washington \(RCW\) 9.46.070\(5\)](#). These costs will be determined, and are payable, during the financial investigation phase of the application process.
4. The Commission cannot act on your application if proper fees have not been paid.
5. It takes about 60 days to process an application. As such, you should submit your application at least 60 days before you want to open a gambling business.
6. Each license applicant is evaluated on an individual basis. Even if you were licensed before, do **NOT** answer any question with the words "on-file".
7. For the *Gambling License Certification Program* pamphlet and other additional information, please visit our *What to Know* page at <http://www.wsgc.wa.gov/forms/what-to-know.aspx>.
8. If you have any questions about this application – please call our office at 1-800-345-2529 or 360-486-3440, ext. 2332, to speak with a Customer Service Specialist.

NOTE: You may be required to supply additional documentation based on information you previously supplied.
[See WAC 230-03-050.](#)

3. Continued

UBI#: |_____| Unified Business Identifier

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

Cell: |_____|-|_____|-|_____|

E-Mail Address: |_____|
@ |_____|

4. Is location Inside Outside the city limits?

5. Do you have any local, state, or federal tax liens? Yes No

6. Has the business / premises been previously licensed by the gambling commission?

Yes – Complete the information below No

Trade Name /

DBA: |_____|

7. Were any gambling licenses / permits / authorizations or applications, either granted, revoked, suspended, denied, or withdrawn? Yes No

If yes, attach a letter explaining the circumstances include dates and locations.

8. Are you purchasing the business or did you start as a new business?

Purchasing the business:

a. Is the sale contingent upon receiving a gambling license? Yes No

b. Has the contingency been removed? Yes No

c. Or has the purchase been completed or finalized? Yes No

Start as a new business.

9. Do you own, or are you purchasing, the premises where the gambling activity(ies) will be conducted? Yes No

a. Is the sale contingent upon receiving a gambling license? Yes No

b. Has the contingency been removed? Yes No

c. Or has the purchase been completed or finalized? Yes No

- If you purchased or are purchasing the premises and/or the business, provide copies of the purchasing sales agreement(s).

10. Are you leasing the premises? Yes No

- Provide copies of all premises and gambling equipment leases.

11. Have you or will you be contracting with licensed service suppliers to be involved in your gaming? Yes No

12. If your main office is located outside the state of Washington, you must have authority to do business in the state of Washington. If you do not, please call the Secretary of State's office at 360-753-7120 or see their web site at www.secstate.wa.gov. Provide the name of the individual or business who will act as your in-state registered agents as required by WACs [230-03-050](#) and [230-03-052](#).

Agent's Last Name /

Business Name: |_____|

Agent's

Agent's

First Name: |_____| Middle Name: |_____|

Physical Address: |_____|

City: |_____| Zip: |_____|

13. Please provide the following:

- Any franchise agreements or other agreements, whether written or oral, between the applicant and distributors or manufacturers of equipment or between the applicant and any other person whose agreements relate to gambling activities or gambling equipment.
- All proposed financing, consulting, and management agreements.
- Articles of incorporation, limited liability corporation formation, partnership agreement, and other documents which set out the applicant's business structure ([WAC 230-03-050\(1\)\(g\)](#)).
- For each substantial interest holder, as defined in [WAC 230-03-045](#) as owners, officers, and anyone who has actual or potential influence, provide each of the following:
 - [Personal / Criminal History Statement \(BLS-700-301\)](#)
 - [Financial Statement \(GC4-320\)](#)
 - [Source of Funds Statement \(GC4-321\)](#)
- Documents as noted on the [Additional Requirements for a commercial Business \(GC5-030\)](#) chart.

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. 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.

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 suspension or revocation of any gambling license(s) currently held, or denial of any future applications for a new license.**

I understand that I am responsible to know and comply with all rules and laws, [RCW 9.46](#) and [WAC 230](#), which can be found on the Internet websites of the [Washington State Gambling Commission](#) or the [Washington State Legislature](#).

Print Full Legal Name:

Last Name: |_____|

First Name: |_____| Middle Name: |_____|

Signature: _____ Date: |__|/|__|/|__|/|__|
(Sole Proprietor / Chief Executive Officer / LLC Manager / Partner) MM DD YYYY

Application Prepared By:

Last Name: |_____|

First Name: |_____| Middle Name: |_____|

Primary Phone: |_____|-|_____|-|_____| Cell Phone: |_____|-|_____|-|_____|