



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

PUNCH BOARD / PULL-TAB SERVICE BUSINESS PERMIT (27)

FEE: \$ _____

See Section 9 of the attached fee schedule (GC5-055k FS).

REDUCE PROCESSING DELAYS

- Do you have the correct application? If your business activities are, or will, extend beyond the limited service functions, and gross income ceiling discussed in [WAC 230-03-020](#), you may be a *Service Supplier* and need form [GC4-026](#). Also see WACs [230-03-210](#), [230-03-211](#), [230-03-212](#), [230-03-220](#), and [230-03-225](#) for information about *Service Suppliers*.
- If more room is needed, use additional sheets of paper and attach them to this application. Be sure that any added and required documentation is securely attached.
- Sign and date the completed application (includes all required attachments, and has the full correct fee paid) and make your check payable to the **Washington State Gambling Commission**. An incomplete application may cause significant delays and could result in the administrative closure or denial of your application.
- All refunds of application/license fee will be issued to the applicant.

APPLICANT INFORMATION

APPLICANT: _____
Use Full Name, Corporate or Partnership

Trade name: _____

Mailing address: _____

_____ City _____ State _____ Zip _____ County _____

E-Mail Address (If Applicable): _____

(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
Telephone Fax Cell Phone (Optional)

City Limits: Inside Outside Uniform Bus. Identifying (UBI) No.: _____

Out-of-state office? Provide address and phone numbers on a separate sheet of paper.

SERVICE(S) PROVIDED

In the area below, provide a complete description of the direct service(s) you will provide your client(s). Use WACs [230-03-020](#) and [230-03-210](#) as a guide.

Business Office Use Only:			
Code: 211-_____	Date: _____	Amt: \$_____	.00 Val #: _____

BUSINESS INFORMATION

Check one and complete the section that applies to your business.

Sole Proprietor

Owner's Name: _____
Last, First, Middle Date of Birth Social Security Number

Name of Spouse: _____
Last, First, Middle Date of Birth Social Security Number

Partnership / LLC

• Partner's Name: _____
Last, First, Middle Date of Birth Social Security Number

Name of Spouse: _____
Last, First, Middle Date of Birth Social Security Number

• Associate's Name: _____
Last, First, Middle Date of Birth Social Security Number

Name of Spouse: _____
Last, First, Middle Date of Birth Social Security Number

• Associate's Name: _____
Last, First, Middle Date of Birth Social Security Number

Name of Spouse: _____
Last, First, Middle Date of Birth Social Security Number

Corporation

• President's Name: _____
Last, First, Middle Date of Birth Social Security Number

Name of Spouse: _____
Last, First, Middle Date of Birth Social Security Number

• Sec / Treasurer: _____
Last, First, Middle Date of Birth Social Security Number

Name of Spouse: _____
Last, First, Middle Date of Birth Social Security Number

• Chairman of the Board: _____
Last, First, Middle Date of Birth Social Security Number

Name of Spouse: _____
Last, First, Middle Date of Birth Social Security Number

DOCUMENTATION REQUIRED

Mark each area for which material will be submitted. If an area does not apply, write N/A.

1. A *Personal / Criminal History Statement (BLS-700-301)* and a clear copy of one the following official documents: a valid driver's license; a military identification card; a valid passport; or an alien registration card for each of the following persons:
- a. Sole owner and spouse; or
 - b. Each partner and spouse of a partner, and
 - c. Each associate and spouse.
 - d. If a corporation:
 - 1) All corporate officers and their spouses,
 - 2) All members of the board and their spouses,
 - 3) All substantial interest holders (see [WAC 230-03-045](#)) and their spouses.

DOCUMENTATION REQUIRED (Continued)

2. On a separate sheet of paper, using the format below, list all other gaming or gambling related businesses, in any licensing jurisdiction / state or tribal government in which any financial or ownership interest is held by any of the following people: you (the applicant); your partners; your corporate officers; director; and the spouses of these people.

Full Name: _____
Last, First, Middle Date of Birth Social Security Number

Home Address: _____
City State Zip County

E-Mail Address (If Applicable): _____

(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
Telephone Fax Cell Phone (Optional)

Name of person who has the interest: _____

Details of interest held: _____

Attach additional sheets of paper if necessary.

**** IMPORTANT REMINDERS ****

- Be sure to answer each question or write N/A for not applicable.
 - Be sure you have attached a copy of all required documents and descriptions.
 - You must notify the Gambling Commission within 30 days of any changes that may alter any of the information provided on this application during the application period and throughout your permit period.
 - Read [WAC 230-03-020](#). This section discusses keeping your permit valid and active.
 - The permit is valid for one year. Prior to its expiration, the Gambling Commission will send you a permit renewal notice. This notice must be completed and returned or your permit will automatically lapse.
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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](#).

OATH OF APPLICANT

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 denial of my initial application or revocation of any gambling license(s) currently held.** I understand that I must notify the Gambling Commission if any information required on this application or on my Personal / Criminal History Statement changes or becomes inaccurate in any way. I understand that I must also notify the Gambling Commission should any criminal or civil actions be filed against me during the application or license period. (See WACs [230-03-055](#), [230-06-080](#), [230-06-085](#) and [230-06-090](#).) I understand that if I fail to make such notification it may be grounds for denial, suspension or revocation of my application or license(s). [See [RCW 9.46.075\(7\)](#) and [WAC 230-03-085\(7\)](#).] I understand that if I voluntarily withdraw or if the Commission administratively closes my application, the remainder of my fee, minus processing and investigative costs, will be refunded.

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](#).

➔ SIGNATURE: _____ Date: _____

Print Name: _____ Title: _____
Sole Proprietor / Highest Ranking Official / Managing Partner

➔ SIGNATURE: _____ Date: _____

Print Name: _____ Title: _____
Partner

➔ SIGNATURE: _____ Date: _____

Print Name: _____ Title: _____
Partner

➔ SIGNATURE: _____ Date: _____

Print Name: _____ Title: _____
Partner

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Print Name: _____ Title: _____
Partner

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Partner

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Print Name: _____ Title: _____
Partner