

2. **Have there been any changes to the following? Please answer all questions below.** (Continued)

- f. To officers, board members, partners, stockholders, LLC members, substantial interest holders? (See [WAC 230-03-045](#).) (Attach additional sheets using same format, as needed) Yes No

Title: |_____|

Last Name: |_____|

First Name: |_____| MI: |__|

Social Security #: |_____|-|_____|-|_____| Date of Birth: |_____|/|_____|/|_____|

Work #: |_____|-|_____|-|_____| Home #: |_____|-|_____|-|_____|

Home Address: |_____|

City: |_____| State: |_____| Zip: |_____|

Name of Spouse: |_____| MI: |__|

Social Security #: |_____|-|_____|-|_____| Date of Birth: |_____|/|_____|/|_____|

- g. Status effecting ownership? Yes No

If Yes, mark one: Marriage Divorce Death Incapacity

Submit documents outlining the change, such as: copies of marriage certificate, divorce documents, death certificate, will, property settlement agreement, court documents outlining incapacity, etc. Additional information / documents may be required.

Change Effective Date: |_____|/|_____|/|_____|

Please provide the following information on new spouse:

Last Name: |_____|

First Name: |_____| MI: |__|

Social Security #: |_____|-|_____|-|_____| Date of Birth: |_____|/|_____|/|_____|

Work #: |_____|-|_____|-|_____| Home #: |_____|-|_____|-|_____|

- h. Any new gambling manager(s)? (Attach additional sheets using same format, as needed) Yes No

Last Name: |_____|

First Name: |_____| MI: |__|

Social Security #: |_____|-|_____|-|_____| Date of Birth: |_____|/|_____|/|_____|

Work #: |_____|-|_____|-|_____| Home #: |_____|-|_____|-|_____|

Home Address: |_____|

City: |_____| State: |_____| Zip: |_____|

- i. Any new loans / contributions? Yes No

Any new loans, draws on lines of credit, or cash / asset contributions obtained over the license year, which individually or collectively exceed a total of \$10,000, must be reported. Provide a written explanation and attach copies of loan documents to this renewal notice. Documents from recognized financial institutions may be omitted, but should be noted in your explanation. See [WAC 230-06-080](#).

- j. Have you added or amended agreements with any gaming equipment manufacturers or distributors? Yes No

If Yes, provide a copy of the signed and dated agreement.

3. Attach a list of all existing locations, including street address, involving your gambling activities in Washington State. (Example: warehouses, amusement centers, etc.)

4. COMMERCIAL AMUSEMENT GAMES APPLICANTS

- a. Select locations and / or Amusement Game services that you provide. Mark all that apply:
- | | | |
|---|--|---|
| <input type="checkbox"/> Amusement Center | <input type="checkbox"/> Tavern or Bar that is Licensed by the Washington State Liquor Control Board | <input type="checkbox"/> Community Wide Festival |
| <input type="checkbox"/> Amusement Park | <input type="checkbox"/> Family Sports Center | <input type="checkbox"/> Retail Store with 10,000 Square Feet Selling Dried Goods / Perishables |
| <input type="checkbox"/> Route Operation | <input type="checkbox"/> Commercial Exposition (Carnival) | <input type="checkbox"/> Regional Shopping Center / Mall with 600,000 Square Feet |
| <input type="checkbox"/> Skating Rink | <input type="checkbox"/> Ag Fair / Civic Center | <input type="checkbox"/> Movie Theater |
| <input type="checkbox"/> Bowling Alley | <input type="checkbox"/> World's Fair | <input type="checkbox"/> Miniature Golf |
| <input type="checkbox"/> Restaurant with Food for On-Premises Consumption | | |
- b. Has your revenue sharing agreement expired? Yes No
- c. Have you changed route operators? Yes No
- If Yes**, provide name of route operator:

|_____

- d. Do you have a new Amusement Game Manager? Yes No
- If Yes**, complete below:

Last Name: |_____

First Name: |_____ MI: |__|

Social Security #: |____-____-____| Date of Birth: |____/____/____|

Home Address: |_____

City: |_____ State: |____| Zip: |_____

Business Telephone: |____-____-____|

Have you ever forfeited bail, been arrested / charged with a crime / convicted / jailed / or placed on probation for a crime? Yes No

Signature of Primary Game Manager attesting to the criminal history: _____

5. MANUFACTURER APPLICANTS

Have you marketed any new or updated gambling equipment in the state of Washington over the past year? Yes No

If Yes, specify: _____

6. SERVICE SUPPLIER APPLICANTS

a. In the area below, mark the appropriate box that best describes the type of gambling service(s) you will be providing. Use WAC [230-03-210](#) and [230-03-025](#) as a reference.

- | | |
|--|---|
| <input type="checkbox"/> Pull-Tab counting, storage and specialized record keeping | <input type="checkbox"/> Gambling related management services; Type: _____ |
| <input type="checkbox"/> Consulting / advisory services; Type: _____ | <input type="checkbox"/> Assembly of components |
| <input type="checkbox"/> Dealer School | <input type="checkbox"/> Financing for purchasing or leases |
| <input type="checkbox"/> New Game (Intellectual Property / Code) | <input type="checkbox"/> Other; describe: _____ |

6. SERVICE SUPPLIER APPLICANTS (Continued)

- b. Attach a current list of all Washington State Gambling Commission licensees for which your business holds contracts.
- c. Are there any new contracts / agreements related to the licensed services you provide that have not been previously submitted to the commission? Yes No

If Yes, attach a copy of the contracts / agreements.

7. IF YOUR MAIN OFFICE IS LOCATED OUTSIDE THE STATE OF WASHINGTON

You must provide the name, address and phone number of an in-state representative that we may contact on your behalf. (Attach a list in the format below.) **MUST BE A PERSON, NOT A BUSINESS.**

Last Name: |_____|

First Name: |_____| MI: |_____|

Home Address: |_____|
Street Address

City: |_____| State: |_____| Zip: |_____|

Telephone: Home: |_____|-|_____|-|_____| Work: |_____|-|_____|-|_____|

8. PUNCH BOARD / PULL-TAB APPLICANTS

Do you feature Punch Board / Pull-Tab games with progressive jackpot games?

- Yes No **If Yes**, who is your licensed commercial gambling manager?

Last Name: |_____|

First Name: |_____| MI: |_____|

Social Security #: |_____|-|_____|-|_____|

See [WAC 230-14-165](#).

9. PB/PT SERVICE BUSINESS PERMIT APPLICANTS

- a. Did the nature of the business being provided include services defined in [WAC 230-03-210\(1\)](#) occur during the past 12 months. Yes No

If you answered YES to the above, your permit becomes void. To continue providing services you must apply for a gambling service supplier license. Please contact our office for the appropriate application or if you have questions regarding this type of license.

- b. What was the gross revenue of your PB/PT Services business for the past calendar year? \$|_____|,|_____|

NOTE: If at any point you exceed, or will exceed, \$25,000 in gross revenue during your permit period, you must notify the Commission and apply for a Service Supplier license as prescribed in [WAC 230-03-020](#).

10. TYPE OF LIQUOR LICENSE:

- Tavern – Beer / Wine Restaurant / Lounge – Spirits / Beer / Wine
-

11. MULTI-LEVEL OWNERSHIP ORGANIZATIONS:

As per [WAC 230-03-050](#), your organization must submit documents which set out your business structure. Submit a schematic showing all levels of ownership.

*** * STOP * ***

Review the entire application again. Incomplete answers or missing attachments will slow the processing of your renewal. If you need our help, please call.
