



1. **Applicant:** (Continued)

Business Mailing Address: |\_\_\_\_\_|

City: |\_\_\_\_\_| State: |\_\_\_\_\_| Zip: |\_\_\_\_\_|

Telephone: |\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_| FAX: |\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_|

City Limits:  Inside  Outside WA State Dept. of Revenue's UBI #: |\_\_\_\_\_|

Does the jurisdiction in which you operate allow the gambling activities you offer?  Yes  No

Have any local, state, or federal tax liens been filed against the organization?  Yes  No

**Highest Ranking Individual:**

Last Name: |\_\_\_\_\_|

First Name: |\_\_\_\_\_| MI: |\_\_\_\_\_|

Title: |\_\_\_\_\_|

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

a. Business classification (Example: sole proprietorship to corporation, etc.)?  Yes  No

Organization Structural Changes: \_\_\_\_\_

\_\_\_\_\_

b. Trade name?  Yes  No

**If Yes**, what name were you previously licensed under:

|\_\_\_\_\_|

Effective Date for new trade name: |\_\_\_\_\_|/|\_\_\_\_\_|/|\_\_\_\_\_|

c. Have you added or substantially changed any on-premises business activities other than food and / or drink?  Yes  No

Business Activity: \_\_\_\_\_

\_\_\_\_\_

d. Has the term of your premises lease been extended?  Yes  No

**If Yes**, send a copy of the signed and dated lease extension or new lease.

**If No**, does the organization own the premises?  Yes  No

Did the organization purchase the premises within the last 12 months?  Yes  No

e. In the number of corporate shares or LLC units authorized or issued?  Yes  No

• Total number of shares / units authorized? (Old) |\_\_\_\_\_|,|\_\_\_\_\_| (New) |\_\_\_\_\_|,|\_\_\_\_\_|

• Total number of shares / units issued? (Old) |\_\_\_\_\_|,|\_\_\_\_\_| (New) |\_\_\_\_\_|,|\_\_\_\_\_|

**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:  _____                            |

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**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.

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**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: |\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_|

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**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](#).

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**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](#).**

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**10. TYPE OF LIQUOR LICENSE:**

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

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**\* \* 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.**

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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](#).

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**\* \* REMEMBER \* \***

**Only the owner, a partner, managing LLC Member, President, or Chief Executive Officer may sign this application.**

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### 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 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](#).

➤ Print – Last Name: |\_\_\_\_\_

Print – First Name: |\_\_\_\_\_ MI: |\_\_|

Signature: \_\_\_\_\_

Title: |\_\_\_\_\_

Date: |\_\_|/|\_\_|/|\_\_\_\_\_

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### **Application Prepared By:**

Print – Last Name: |\_\_\_\_\_

**Print – First Name:** |\_\_\_\_\_ **MI:** |\_\_|

Email Address: |\_\_\_\_\_ @ |\_\_\_\_\_

Daytime

Telephone: |\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_| Fax: |\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_|

Cell Phone (optional): |\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_|