



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: 360-407-3778
 TOLL-FREE: 1-800-345-2529 / TDD: 360-486-3637
 WEB SITE: www.wsgc.wa.gov

ANNUAL RENEWAL APPLICATION FOR COMMERCIAL BUSINESS

SPECIAL INSTRUCTIONS:

1. Complete the entire application and follow the instructions set out in the renewal notice. Be sure to return it to our office on or before the date required. Failure to do so may jeopardize the operation of your gambling activity(ies).
2. For timely processing of your organization's renewal license, please ensure the highest-ranking executive officer (president or equivalent) signs the application.
3. For help, please contact a licensing technician at any of the above telephone numbers.

THIS FORM WILL BE READ BY A VERY SENSITIVE SCANNING DEVICE

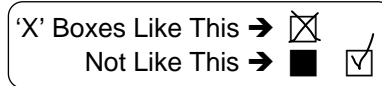
Please use the following examples to fill out this form:

Print with a black ballpoint pen and press firmly, or use a typewriter.

- For optimum accuracy, please print in capital letters and avoid contact with the edge of the box. The following will serve as an example:



- Please 'X' the boxes. Do NOT shade-in or use '✓'.



- When asked for additional lists or comments, the information must be neatly printed or typewritten on sheets of white 8 1/2 X 11 inch paper.
- When asked for legal or business documents, the copies must be clean and legible and marked so the document can be identified to the question being asked.

PLEASE MARK WHICH LICENSE(S) TYPE AND CLASS(ES) YOU ARE RENEWING.

(See attached fee schedule for current fee.)

<input type="checkbox"/> Manufacturer (20)	Class: __	Fee: \$ __ , __ , __
<input type="checkbox"/> Distributor (21)	Class: __	Fee: \$ __ , __ , __
<input type="checkbox"/> Service Supplier (26)	Class: __	Fee: \$ __ , __ , __
<input type="checkbox"/> PB / PT Service Business (27)	Class: __	Fee: \$ __ , __ , __
<input type="checkbox"/> Punch Board / Pull-Tab (05)	Class: __	Fee: \$ __ , __ , __
<input type="checkbox"/> Public Card Room (65)	Class: __	Fee: \$ __ , __ , __
<input type="checkbox"/> Public Card Room – F Endorsement (65)	Class: __	Fee: \$ __ , __ , __
<input type="checkbox"/> Public Card Room – House-Banked (67)	# of Tables: __	Fee: \$ __ , __ , __
<input type="checkbox"/> Commercial Amusement Games (53) (52)	Class: __	Fee: \$ __ , __ , __
<input type="checkbox"/> Fund-Raising Event Equipment Distributor (28)	Class: __	Fee: \$ __ , __ , __

TOTAL FEES SUBMITTED: \$ |__|,|__|,|__|

Business Office Use Only:

Code: 211-|__| Date: |__|/|__|/|__| Amt: \$|__|,|__|,|__|.00 Val #: _____

Code: 211-|__| Date: |__|/|__|/|__| Amt: \$|__|,|__|,|__|.00 Val #: _____

Code: 211-|__| Date: |__|/|__|/|__| Amt: \$|__|,|__|,|__|.00 Val #: _____

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

(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) |_____|,|_____|

(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: |_____| County: |_____|
- 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: |_____| County: |_____|

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

(i) Any new loans? 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

Has your revenue sharing agreement expired? Yes No

(a) Have you changed route operators? Yes No

(b) 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: _____

(c) Who are your adult supervisors:

• Last Name: |_____

First Name: |_____ MI: |__|

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

Home Address: |_____

City: |_____ State: |____|

Zip: |_____| County: |_____

• Last Name: |_____

First Name: |_____ MI: |__|

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

Home Address: |_____

City: |_____ State: |____|

Zip: |_____| County: |_____

*** * 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.

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 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.

*** * REMEMBER * ***

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

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 revocation / suspension of any gambling license(s) 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 suspension or revocation of my license. I further understand that if any criminal or civil actions are filed against any substantial interest holder of the corporation / business during the licensure period, the commission must be informed. See WACs 230-03-035, 230-03-040, 230-06-080, 230-06-085 and 230-06-090.

➤ Print – Last Name: |_____|

Print – First Name: |_____| MI: |__|

Signature: _____

Title: |_____|

Date: |__|_|-|__|_|-|__|_|

Application Prepared By:

Print – Last Name: |_____|

Print – First Name: |_____| MI: |__|

Daytime Telephone: |__|_|_|-|__|_|_|-|__|_|_| Fax: |__|_|_|-|__|_|_|-|__|_|_|

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