
4. List the wages / compensation of the applicant employee.

Salary: _____ Per: Hour Shift Week Month (Circle One)

Commission: _____

Other _____ Explain: _____

5. Do you have a financial interest, other than employment, in this licensed premises?

No Yes **If Yes**, Explain Interest _____

**** IMPORTANT ****

New applicant employees are required to provide positive proof of identity. Please provide a copy of one of the following documents: valid driver's license, military identification card, valid passport, or if a registered alien, an alien registration card. You may also be required to submit fingerprints; if so, fingerprint cards, with instructions, will be sent to you.

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.

OATH OF APPLICANT

I declare under penalty of perjury, under the laws of the state of Washington, that all information provided in 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 an initial application or revocation of any gambling licenses currently held and will be disclosed to the employer business. I further understand that should any information provided on the application change or become obsolete and / or if any criminal or civil actions are filed against me, I must inform the commission and my employer (see WACs 230-04-022, 230-12-305, and 230-12-310). I further declare that if I am granted a license, I will abide with all the requirements set out in RCW 9.46 and WAC 230 and I understand that if I perform any of the duties of commercial gambling manager prior to receiving a license, the commission shall retain my entire license fee, whether or not I am granted a license. See WAC 230-04-140, WAC 230-04-143, and WAC 230-04-220.

Signature: _____ Date: _____

EMPLOYER CERTIFICATION

I hereby authorize the applicant to submit this application to become a *Commercial Gambling Manager*.

Signature of Owner, All Partners, or President of Corporation