PREVIOUS YEAR REFUND REQUEST

Under the provisions of WAC 230-06-140 and 230-05-001, the organization listed below has applied for a refund of license fee for a previous license year. All refunds of application / license fees will be issued to the applicant.

Org #: 00-

Organization Name:

Address:

City State Zip

Phone # Fax #

Activity:
(Bingo, PBPT, Card Room, Raffle, FRE, Amusement Game, Man/Dist, or other)

Expiration date of license for refund: / /

Please review, sign and return this form for action.

OATH OF ELECTED CHIEF EXECUTIVE OFFICER, CORPORATE PRESIDENT, SOLE PROPRIETOR, LLC MANAGING MEMBER, OR PARTNER

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.

Owner / Highest Elected Official:

Last Name:

First Name: MI:

Daytime phone:

Title:

Signature Date

Fax completed form to 360-486-3630

or mail to WSGC, PO Box 42400, Olympia, WA 98504-2400

Call 800-345-2529, ext. 3526, with refund questions.

RESET FORM PRINT

GC4-322 (Rev. 9/11)