Punch Board/Pull-tab Service Business Permit

- ❒ Application
- ❒ Fees
- ❒ Personal / Criminal History Statement (BLS-700-301) for each Substantial Interest Holder*
- ❒ Positive ID for each Substantial Interest Holder*
- ❒ Fingerprint cards for each Substantial Interest Holder*
- ❒ For corporations include a copy of articles of incorporation and corporate disclosure
- ❒ For LLC's include a copy of your LLC agreement, formation, and LLC disclosure

Note: The punch board and pull-tab service business must apply for a gambling service supplier license if combined gross billings exceed thirty thousand dollars during the permit period.

* WAC 230-03-045 **Defining substantial interest holder**.

(1) "Substantial interest holder" means a person who has actual or potential influence over the management or operation of any organization, association, or other business entity.

(2) Evidence of substantial interest may include, but is not limited to:

(a) Directly or indirectly owning, operating, managing, or controlling an entity or any part of an entity; or

(b) Directly or indirectly profiting from an entity or assuming liability for debts or expenditures of the entity; or

(c) Being an officer or director or managing member of an entity; or

(d) Owning ten percent or more of any class of stock in a privately or closely held corporation; or

(e) Owning five percent or more of any class of stock in a publicly traded corporation; or

(f) Owning ten percent or more of the membership shares/units in a privately or closely held limited liability company; or

(g) Owning five percent or more of the membership shares/units in a publicly traded limited liability company; or

(h) Providing ten percent or more of cash, goods, or services for the start up of operations or the continuing operation of the business during any calendar year or fiscal year. To calculate ten percent of cash, goods, or services, take the operational expenses of the business over the past calendar or fiscal year, less depreciation and amortization expenses, and multiply that number by ten percent; or

(i) Receiving, directly or indirectly, a salary, commission, royalties, or other form of compensation based on the gambling receipts.

(3) Spouses of officers of charitable or nonprofit organizations and spouses of officers or board members of publicly traded entities or subsidiaries of publicly traded entities are not considered substantial interest holders, unless there is evidence to the contrary. If so, then an investigation will be conducted to determine if they qualify as a substantial interest holder.

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: 360-486-3631
TOLL-FREE: 1-800-345-2529 / TDD: 360-486-3637
WEB SITE: www.wsgc.wa.gov

PUNCH BOARD / PULL-TAB SERVICE BUSINESS PERMIT (27)

FEE: $ 236
See Section 9 of the attached fee schedule (GC5-055k FS).

REDUCE PROCESSING DELAYS

- Do you have the correct application? If your business activities are, or will, extend beyond the limited service functions, and gross income ceiling discussed in WAC 230-03-020, you may be a *Service Supplier* and need form GC4-026. Also see WACs 230-03-210, 230-03-211, 230-03-212, 230-03-220, and 230-03-225 for information about *Service Suppliers*.
- If more room is needed, use additional sheets of paper and attach them to this application. Be sure that any added and required documentation is securely attached.
- Sign and date the completed application (includes all required attachments, and has the full correct fee paid) and make your check payable to the **Washington State Gambling Commission**. An incomplete application may cause significant delays and could result in the administrative closure or denial of your application.
- All refunds of application/license fee will be issued to the applicant.

APPLICANT INFORMATION

APPLICANT: JANE DOE
Use Full Name, Corporate or Partnership

Trade name: EZ PULLTAB

Mailing address: 1234 MAIN ST

LACEY (City) WA (State) 98503 (Zip) THURSTON (County)

E-Mail Address (If Applicable): SOMETHING@NOTMAIL.COM

(360) 555 - 5555 Telephone (360) 555 - 5554 Fax (360) 555 - 5555 Cell Phone (Optional)

City Limits: ☒ Inside ☐ Outside Uniform Bus. Identifying (UBI) No.: 602-999-999

Out-of-state office? Provide address and phone numbers on a separate sheet of paper.

SERVICE(S) PROVIDED

In the area below, provide a complete description of the direct service(s) you will provide your client(s). Use WACs 230-03-020 and 230-03-210 as a guide.

- STORE PULLTABS REMOVED FROM PLAY
- COMPLETING PULL TAB RECORDS

Business Office Use Only:

Code: 211-_____ Date: _____ Amt: $_____.00 Val #: _____

BUSINESS INFORMATION

Check one and complete the section that applies to your business.

☒ **Sole Proprietor**

Owner's Name: DOE, JANE (Last, First, Middle) | 6/1/1956 (Date of Birth) | 999-99-9999 (Social Security Number)

Name of Spouse: DOE, JOHN (Last, First, Middle) | 6/1/1956 (Date of Birth) | 999-99-9998 (Social Security Number)

☐ **Partnership / LLC**

- Partner's Name: _____ (Last, First, Middle) | _____ (Date of Birth) | _____ (Social Security Number)

  Name of Spouse: _____ (Last, First, Middle) | _____ (Date of Birth) | _____ (Social Security Number)

- Associate's Name: _____ (Last, First, Middle) | _____ (Date of Birth) | _____ (Social Security Number)

  Name of Spouse: _____ (Last, First, Middle) | _____ (Date of Birth) | _____ (Social Security Number)

- Associate's Name: _____ (Last, First, Middle) | _____ (Date of Birth) | _____ (Social Security Number)

  Name of Spouse: _____ (Last, First, Middle) | _____ (Date of Birth) | _____ (Social Security Number)

☐ **Corporation**

- President's Name: _____ (Last, First, Middle) | _____ (Date of Birth) | _____ (Social Security Number)

  Name of Spouse: _____ (Last, First, Middle) | _____ (Date of Birth) | _____ (Social Security Number)

- Sec / Treasurer: _____ (Last, First, Middle) | _____ (Date of Birth) | _____ (Social Security Number)

  Name of Spouse: _____ (Last, First, Middle) | _____ (Date of Birth) | _____ (Social Security Number)

- Chairman of the Board: _____ (Last, First, Middle) | _____ (Date of Birth) | _____ (Social Security Number)

  Name of Spouse: _____ (Last, First, Middle) | _____ (Date of Birth) | _____ (Social Security Number)

DOCUMENTATION REQUIRED

Mark ☒ each area for which material will be submitted. If an area does not apply, write N/A.

☒ **1.** A *Personal / Criminal History Statement* (BLS-700-301) and a clear copy of one the following official documents: a valid driver's license; a military identification card; a valid passport; or an alien registration card for each of the following persons:

- **a.** Sole owner and spouse; or
- **b.** Each partner and spouse of a partner, and
- **c.** Each associate and spouse.
- **d.** If a corporation:
  - **1)** All corporate officers and their spouses,
  - **2)** All members of the board and their spouses,
  - **3)** All substantial interest holders (see WAC 230-03-045) and their spouses.

DOCUMENTATION REQUIRED (Continued)

☒ **2.** On a separate sheet of paper, using the format below, list all other gaming or gambling related businesses, in any licensing jurisdiction / state or tribal government in which any financial or ownership interest is held by any of the following people: you (the applicant); your partners; your corporate officers; director; and the spouses of these people.

Full Name: DOE, JOHN (Last, First, Middle) 6/1/1956 (Date of Birth) 999-99-9998 (Social Security Number)

Home Address: 1234 HIGH ST

LACEY (City) WA (State) 98503 (Zip) THURSTON (County)

E-Mail Address (If Applicable): SOMETHING@NOTMAIL.COM

(360) 555 - 5555 (Telephone) (360) 555 - 5554 (Fax) (360) 555 - 5555 (Cell Phone (Optional))

Name of person who has the interest: JOHN AND JANE DOE

Details of interest held: OWNER OF EZ MANUFACTURER INC.

Attach additional sheets of paper if necessary.

* * IMPORTANT REMINDERS * *

- Be sure to answer each question or write N/A for not applicable.
- Be sure you have attached a copy of all required documents and descriptions.
- You must notify the Gambling Commission within 30 days of *any* changes that may alter *any* of the information provided on this application during the application period *and* throughout your permit period.
- Read WAC 230-03-020. This section discusses keeping your permit valid and active.
- The permit is valid for one year. Prior to its expiration, the Gambling Commission will send you a permit renewal notice. This notice must be completed and returned or your permit will automatically lapse.

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.

OATH OF APPLICANT

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.

→ SIGNATURE: Jane Doe Date: 6/2/2014

Print Name: JANE DOE Title: SOLE PROPRIETOR
Sole Proprietor / Highest Ranking Official / Managing Partner

→ SIGNATURE: _____ Date: _____

Print Name: _____ Title: _____
Partner

→ SIGNATURE: _____ Date: _____

Print Name: _____ Title: _____
Partner

→ SIGNATURE: _____ Date: _____

Print Name: _____ Title: _____
Partner

→ SIGNATURE: _____ Date: _____

Print Name: _____ Title: _____
Partner

→ SIGNATURE: _____ Date: _____

Print Name: _____ Title: _____
Partner

→ SIGNATURE: _____ Date: _____

Print Name: _____ Title: _____
Partner

→ SIGNATURE: _____ Date: _____

Print Name: _____ Title: _____
Partner

STATE OF WASHINGTON
BUSINESS LICENSING SERVICE
PO Box 9034
Olympia, WA 98507-9034
Telephone: 1-800-451-7985

LICENSE NUMBER 00-99999

UBI NUMBER 999-999-999

Personal/Criminal History Statement

(For Liquor, Lottery, Gambling and Cigarette/Tobacco Wholesaler/Retailer Licenses)

Please type or print clearly in dark ink. Complete all spaces or print N/A in spaces that do not apply.

Type of License(s) you are applying for: *(You must provide a copy of this form to each of the agencies you checked below.)*

☐ **LIQUOR** ☐ **LOTTERY** ☑ **GAMBLING** ☐ **CIGARETTE/TOBACCO Wholesaler/Retailer**

BUSINESS NAME: *(DBA or trade name)*				
EZ Pulltab				
BUSINESS LOCATION ADDRESS: *Street or Route*	*City*	*County*	*State or Country*	*Zip Code*
1234 Main St	Hawks Prairie	Thurston	*WA*	99999

I AM A: *(Check all that apply)* ☑ SOLE PROPRIETOR ☐ CORPORATE OFFICER ☐ STOCKHOLDER ☐ FINANCIER ☐ LLC MEMBER/MGR ☐ SPOUSE ☐ PARTNER Title: _____ 10% or more ☐ MANAGER ☐ OTHER: _____

NAME: *(Last, First, Middle)*			*Maiden*	SOCIAL SECURITY NUMBER:
Doe, Jane			Smith	999-99-9999
HOME MAILING ADDRESS: *(Street or PO Box)*			*City*	*County*
1234 High St			Lacey	Thurston
State or Country:	*Zip Code:*		HOME PHONE:	WORK/CELL PHONE:
WA	98503		360-555-5554	360-555-5555
HOW LONG LIVING AT HOME ADDRESS ABOVE:	HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:
30	5'05"	130	BRN	BRN
BIRTHDATE: *(Month, Day and Year)*	SEX: ☐ MALE ☑ FEMALE	RACE:	DRIVER'S LICENSE NUMBER & STATE OF ISSUE:	
6/1/1956		Caucasian	WA DOE**J*123AB	
ARE YOU A U.S. CITIZEN? ☑ YES ☐ NO	If NO, give alien registration/entry visa/work permit number(s):		PORT OF ENTRY:	DATE OF ENTRY: *(Month, Day and Year)*
SPOUSE'S NAME: *(Last, First, Middle)*			*Maiden*	DATE OF MARRIAGE: *(Month, Day and Year)*
Doe, John				1/1/1975

LICENSE HISTORY

List any business licenses that you have ever held, currently applied for, or have been denied/revoked/suspended in any state.

TYPE	LICENSE NUMBERS	BUSINESS NAME	STATE	LAST YEAR HELD
GAMBLING				
LIQUOR				
LOTTERY				
OTHER				

CRIMINAL HISTORY STATEMENT

Have you EVER:
1. Been arrested or cited?
2. Been charged with a crime?
3. Been convicted?
4. Been Jailed?
5. Been placed on probation?
6. Forfeited bail or paid a fine over $25 (Include traffic fines)?

☑ YES ☐ NO

You must answer "YES" if any of the above have occurred, **even if charges were dismissed, deferred or changed.** Explain each charge fully below and attach additional sheets as needed. False or incomplete information may result in denial, suspension or revocation of a license. **You must include events that occurred while you were a juvenile.**

OFFENSE DATE	OFFENSE	CITY	COUNTY	STATE	DISPOSITION AND DATE
6/1/1975	Speeding	Olympia	Thurston	*WA*	Paid Ticket 9/1/1975

CERTIFICATION

I certify under penalty of perjury that all answers and statements on page 1 and 2 are true, correct and complete. I understand that untruthful or misleading answers are cause for denial of a license and/or revocation of any license granted. **I hereby authorize investigation of my criminal history, financial records and other sources as necessary for licensing.**

SIGNATURE:		
X Jane Doe		
PRINT NAME:	DATE SIGNED:	PLACE SIGNED: *(City, County and State)*
Jane Doe	6/2/2014	Lacey, Thurston, WA

If applying for gambling license, elected chief executive officer or employer must also sign this form.

SIGNATURE:		
X Jane Doe		
PRINT NAME:	DATE SIGNED:	PLACE SIGNED: *(City, County and State)*
JaneDoe	6/2/2014	Lacey, Thurston, WA

Continue on to the backside of this form.

Personal/Criminal History Statement (Page 2)

LICENSE NUMBER _____

UBI NUMBER _____

Page 2 to be completed by applicants applying for Liquor, Gambling, Cigarette and Tobacco wholesaler/retailer Licenses.

ADDITIONAL PERSONAL HISTORY

PLACE OF BIRTH: *City*	County	*State or Country*	
Seattle	King	WA	
OTHER NAMES USED:		PREVIOUS SOCIAL SECURITY NUMBER:	
PLACE OF MARRIAGE: *City*	*County*	*State or Country*	*Zip Code*
Olympia	Thurston	WA	98504
MILITARY SERVICE: *(Branch and dates of service)*	COUNTRY OF MILITARY SERVICE:	TYPE OF DISCHARGE:	
E-MAIL ADDRESS:	FAX NUMBER:		
Something@notmail.com	360-555-4555		

EMPLOYMENT HISTORY

List employment, self-employment, military, unemployment and school attendance for the **last 10 consecutive years** (including foreign residences). **If more space is needed, attach additional sheets in the same format.**

Dates From - To:	TITLE:	SUPERVISOR:		
5/1990-Current	Self employed			
EMPLOYER/SCHOOL:				
EZ Pulltab				
ADDRESS: *(Street or Route)*	*City*	*County*	*State or Country*	*Zip Code*
1234 Main St	Hawks Prairie	Thurston	WA	99999
Dates From - To:	TITLE:	SUPERVISOR:		
EMPLOYER/SCHOOL:				
ADDRESS: *(Street or Route)*	*City*	*County*	*State or Country*	*Zip Code*
Dates From - To:	TITLE:	SUPERVISOR:		
EMPLOYER/SCHOOL:				
ADDRESS: *(Street or Route)*	*City*	*County*	*State or Country*	*Zip Code*

RESIDENCE INFORMATION

You must list all places of residence for the **last 10 consecutive years** (include foreign residences). List current residence first. **If more space is needed, attach additional sheets in same format.**

Dates From - To:	STREET ADDRESS:			
1/1984 to current	1234 High St			
	CITY:	COUNTY:	STATE or COUNTRY:	ZIP CODE:
	Lacey	Thurston	WA	98503
Dates From - To:	STREET ADDRESS:			
	CITY:	COUNTY:	STATE or COUNTRY:	ZIP CODE:

APPLICANT: YOU MUST MAKE COPIES FOR EACH OF THE AGENCIES YOU HAVE CHECKED ON PAGE 1 OF THIS FORM

LIQUOR CONTROL BOARD
PO BOX 43098
OLYMPIA WA 98504-3098

LOTTERY COMMISSION
PO BOX 43027
OLYMPIA WA 98504-3027

GAMBLING COMMISSION
PO BOX 42400
OLYMPIA WA 98504-2400

CIGARETTE/TOBACCO
PO BOX 43098
OLYMPIA WA 98504-3098

For assistance or to request this document in an alternate format, visit http://business.wa.gov/BLS or call 1-800-451-7985. Teletype (TTY) users may call 360-705-6718

STATE OF WASHINGTON
BUSINESS LICENSING SERVICE
PO Box 9034
Olympia, WA 98507-9034
Telephone: 1-800-451-7985

LICENSE NUMBER 00-99999

UBI NUMBER 999-999-999

Personal/Criminal History Statement

(For Liquor, Lottery, Gambling and Cigarette/Tobacco Wholesaler/Retailer Licenses)

Please type or print clearly in dark ink. Complete all spaces or print N/A in spaces that do not apply.

Type of License(s) you are applying for: *(You must provide a copy of this form to each of the agencies you checked below.)*

☐ **LIQUOR** ☐ **LOTTERY** ☑ **GAMBLING** ☐ **CIGARETTE/TOBACCO Wholesaler/Retailer**

BUSINESS NAME: *(DBA or trade name)*				
EZ PULLTAB				
BUSINESS LOCATION ADDRESS: *Street or Route*	*City*	*County*	*State or Country*	*Zip Code*
1234 Main St	Hawks Prairie	Thurston	*WA*	99999

I AM A: ☐ SOLE PROPRIETOR ☑ CORPORATE OFFICER ☐ STOCKHOLDER ☐ FINANCIER ☐ LLC MEMBER/MGR ☐ SPOUSE

(Check all that apply) ☐ PARTNER Title: President 10% or more ☐ MANAGER ☐ OTHER:

NAME: *(Last, First, Middle)*			*Maiden*	SOCIAL SECURITY NUMBER:
Doe, John				999-99-9998
HOME MAILING ADDRESS: *(Street or PO Box)*			*City*	*County*
1234 High St			Lacey	Thurston
State or Country:	*Zip Code:*		HOME PHONE:	WORK/CELL PHONE:
WA	98503		360-555-5554	360-555-5555
HOW LONG LIVING AT HOME ADDRESS ABOVE:	HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:
30	6'02"	230	BRN	BRN
BIRTHDATE: *(Month, Day and Year)*	SEX: ☑ MALE ☐ FEMALE	RACE:	DRIVER'S LICENSE NUMBER & STATE OF ISSUE:	
6/1/1956		Caucasian	WA DOE**J*123AB	
ARE YOU A U.S. CITIZEN? ☑ YES ☐ NO	If NO, give alien registration/entry visa/work permit number(s):		PORT OF ENTRY:	DATE OF ENTRY: *(Month, Day and Year)*
SPOUSE'S NAME: *(Last, First, Middle)*			*Maiden*	DATE OF MARRIAGE: *(Month, Day and Year)*
Doe, Jane			Smith	1/1/1975

LICENSE HISTORY

List any business licenses that you have ever held, currently applied for, or have been denied/revoked/suspended in any state.

TYPE	LICENSE NUMBERS	BUSINESS NAME	STATE	LAST YEAR HELD
GAMBLING				
LIQUOR				
LOTTERY				
OTHER				

CRIMINAL HISTORY STATEMENT

Have you EVER:
1. Been arrested or cited?
2. Been charged with a crime?
3. Been convicted?
4. Been Jailed?
5. Been placed on probation?
6. Forfeited bail or paid a fine over $25 (Include traffic fines)?

☑ YES ☐ NO

You must answer "YES" if any of the above have occurred, **even if charges were dismissed, deferred or changed.** Explain each charge fully below and attach additional sheets as needed. False or incomplete information may result in denial, suspension or revocation of a license. **You must include events that occurred while you were a juvenile.**

OFFENSE DATE	OFFENSE	CITY	COUNTY	STATE	DISPOSITION AND DATE
7/4/2013	Speeding	Olympia	Thurston	*WA*	Paid Ticket 9/1/2013

CERTIFICATION

I certify under penalty of perjury that all answers and statements on page 1 and 2 are true, correct and complete. I understand that untruthful or misleading answers are cause for denial of a license and/or revocation of any license granted. **I hereby authorize investigation of my criminal history, financial records and other sources as necessary for licensing.**

SIGNATURE:		
X John Doe		
PRINT NAME:	DATE SIGNED:	PLACE SIGNED: *(City, County and State)*
John Doe	6/2/2014	Lacey, Thurston, WA

If applying for gambling license, elected chief executive officer or employer must also sign this form.

SIGNATURE:		
X John Doe		
PRINT NAME:	DATE SIGNED:	PLACE SIGNED: *(City, County and State)*
John Doe	6/2/2014	Lacey, Thurston, WA

Continue on to the backside of this form.

Personal/Criminal History Statement (Page 2)

LICENSE NUMBER _____

UBI NUMBER _____

Page 2 to be completed by applicants applying for Liquor, Gambling, Cigarette and Tobacco wholesaler/retailer Licenses.

ADDITIONAL PERSONAL HISTORY

PLACE OF BIRTH: *City*	County	*State or Country*	
Seattle	King	WA	
OTHER NAMES USED:		PREVIOUS SOCIAL SECURITY NUMBER:	
PLACE OF MARRIAGE: *City*	*County*	*State or Country*	*Zip Code*
Olympia	Thurston	WA	98504
MILITARY SERVICE: *(Branch and dates of service)*	COUNTRY OF MILITARY SERVICE:	TYPE OF DISCHARGE:	
E-MAIL ADDRESS:	FAX NUMBER:		
Something@notmail.com	360-555-4555		

EMPLOYMENT HISTORY

List employment, self-employment, military, unemployment and school attendance for the **last 10 consecutive years** (including foreign residences). **If more space is needed, attach additional sheets in the same format.**

Dates From - To:	TITLE:	SUPERVISOR:		
5/1990-Current	Self employed			
EMPLOYER/SCHOOL:				
EZ Manufacturer, Inc.				
ADDRESS: *(Street or Route)*	*City*	*County*	*State or Country*	*Zip Code*
1234 Main St	Hawks Prairie	Thurston	WA	99999
Dates From - To:	TITLE:	SUPERVISOR:		
EMPLOYER/SCHOOL:				
ADDRESS: *(Street or Route)*	*City*	*County*	*State or Country*	*Zip Code*
Dates From - To:	TITLE:	SUPERVISOR:		
EMPLOYER/SCHOOL:				
ADDRESS: *(Street or Route)*	*City*	*County*	*State or Country*	*Zip Code*

RESIDENCE INFORMATION

You must list all places of residence for the **last 10 consecutive years** (include foreign residences). List current residence first. **If more space is needed, attach additional sheets in same format.**

Dates From - To:	STREET ADDRESS:			
1/1984 to current	1234 High St			
	CITY:	COUNTY:	STATE or COUNTRY:	ZIP CODE:
	Lacey	Thurston	WA	98503
Dates From - To:	STREET ADDRESS:			
	CITY:	COUNTY:	STATE or COUNTRY:	ZIP CODE:

APPLICANT: YOU MUST MAKE COPIES FOR EACH OF THE AGENCIES YOU HAVE CHECKED ON PAGE 1 OF THIS FORM

LIQUOR CONTROL BOARD
PO BOX 43098
OLYMPIA WA 98504-3098

LOTTERY COMMISSION
PO BOX 43027
OLYMPIA WA 98504-3027

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PO BOX 42400
OLYMPIA WA 98504-2400

CIGARETTE/TOBACCO
PO BOX 43098
OLYMPIA WA 98504-3098

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