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 / WEBSITE: www.wsgc.wa.gov

COMMERCIAL BUSINESS APPLICATION PACKET

THIS PACKET CONTAINS:

1. This summary sheet with general instructions and the *Additional Requirements for a Commercial Business* (GC5-030) form.
2. The Commercial Business Application (GC4-025) with attachments and supporting forms including:
   - *Ownership / Organization Disclosure* (GC4-021)
   - *Authorization for Examination and Release of Information* (GC4-299)
   - *Personal / Criminal History Statement* (BLS-700-301)
   - *Financial Statement* (GC4-320)
   - *Source of Funds Statement* (GC4-321)
   - *Training Requirements for All Applicants* (GC5-017) letter
   - *Fee Schedule – Commercial Stimulant / Profit-Seeking Organization* (GC5-055K FS)

CHANGES MUST BE REPORTED

While your application is being processed, you must notify us of any changes within 10 days; such as:

- Organizational structure
- Gambling related agreements
- Source of Funds
- Leases
- Loans and asset contributions

IMPORTANT INSTRUCTIONS FOR ALL APPLICANTS – READ BEFORE PROCEEDING

1. All forms in this packet may be copied for your use. A copy of this application is also on our website.
2. Washington Administrative Code (WAC) citations are noted throughout this application. When cited, refer to Title 230 WAC, Gambling Commission, for clarification.
3. You must register with SecureAccess Washington (SAW) and add our service prior to licensure.
4. The base license fees for this application are listed on the attached fee schedule (GC5-055K FS). In addition to the base license fee(s), you will have to submit Quarterly License Reports (QLR) with Quarterly License Fees (QLF), if required, based on your Gross Gambling Receipts (GGR).
5. The Commission may assess additional amounts to cover inspections and investigations necessary for licensing. See Revised Code of Washington (RCW) 9.46.070(5). These costs will be determined, and are payable, during the financial investigation phase of the application process.
6. The Commission cannot act on your application if proper fees have not been paid.
7. It takes about 120 to 150 days to process an application.
8. Each license applicant is evaluated on an individual basis. Even if you were licensed before, do **NOT** answer any question with the words "on-file".
9. If you have any questions about this application – please call us at 1-800-345-2529 or 360-486-3440 to speak with a Licensing Specialist.

NOTE: You may be required to supply additional documentation based on information you previously supplied. See WAC 230-03-050.

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COMMERCIAL BUSINESS APPLICATION

Consult the fee schedule (GC5-055K FS) for the base license fee(s) and then complete this area to tell us which license(s) you are applying. After completing the Commercial Business Application, please complete the addendum for each type of license you are applying for.

	Base License Fee
☐ Punch Board / Pull-Tab (05)	$ ___,___
☐ Nonhouse-Banked Card Games (65) - Complete *Card Games Addendum* (GC4-025b) ☐ Class F	$ ___,___
☐ House-Banked Card Games (67) - Complete *Card Games Addendum* (GC4-025b)	$ ___,___
☐ Amusement Game (53) - Complete *Amusement Game Addendum* (GC4-025c) and Complete *Apply for Additional Amusement Game Locations / Report Removal of Approved Locations* (GC4-032), if applicable.	$ ___,___
Amusement Game Locations: ______ (# of Locations) X $______ (Per Location Fee) =	$ ___,___
☐ Manufacturer (20) - Complete *Manufacturer Addendum* (GC4-025d)	$ ___,___
☐ Distributor (21) - Complete *Distributor Addendum* (GC4-025e)	$ ___,___
☐ Fund-Raising Event Equipment Distributor (28) - Complete *Distributor Addendum* (GC4-025e)	$ ___,___
☐ Service Supplier (26) - Complete *Service Supplier Addendum* (GC4-025f)	$ ___,___
☐ Linked Bingo Prize Provider (07)	$ ___,___
☐ Enhanced Raffle Call Center (31)	$ ___,___
Total Fee Submitted:	$ ___,___

1. What business structure is this? Refer to *Additional Requirements for a Commercial Business* (GC5-030).

   ☐ Sole Proprietorship ☐ Partnership ☐ LLC ☐ Corporation

2. Trade Name / DBA: ______________________________

   Location Address: ______________________________
   Street Address

   City: ____________________ State: ____ Zip: ________

Business Office Use Only:

Code: 211-________	Date: ____________	Amt: $ ____________	Val #: ____________
Code: 211-________	Date: ____________	Amt: $ ____________	Val #: ____________
Code: 211-________	Date: ____________	Amt: $ ____________	Val #: ____________

3. Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

(Corporate Name, LLC Name, or Partnership Name (General, LP, LLP))

Business Mailing Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

City: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| State: |___|___| Zip: |___|___|___|___|___|

UBI#: |___|___|___|___|___|___|___|___|___| Unified Business Identifier

Telephone: |___|___|___|-|___|___|___|-|___|___|___|___| FAX: |___|___|___|-|___|___|___|-|___|___|___|___|

Cell: |___|___|___|-|___|___|___|-|___|___|___|___|

E-Mail Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

@ |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

4. Is location ☐ Inside ☐ Outside the city limits?

5. Do you have any local, state, or federal tax liens? ☐ Yes ☐ No

6. Has the business / premises been previously licensed by the gambling commission?

☐ Yes – Complete the information below ☐ No

Trade Name / DBA: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

7. Were any gambling licenses / permits / authorizations or applications, either granted, revoked, suspended, denied, or withdrawn? ☐ Yes ☐ No

If yes, attach a letter explaining the circumstances include dates and locations.

8. Does the applicant, to include any **business** entity they are part of, intend to purchase the business or will they be starting a new business?

☐ Purchasing the business:

a. Is the sale contingent upon receiving a gambling license? ☐ Yes ☐ No

b. Has the purchase been completed or finalized? ☐ Yes ☐ No

☐ Start as a new business.

9. Does the applicant, to include any business entity they are part of, intend to purchase the **premises** where the gambling activity(ies) will be conducted? ☐ Yes ☐ No

a. Is the sale contingent upon receiving a gambling license? ☐ Yes ☐ No

b. Has the purchase been completed or finalized? ☐ Yes ☐ No

- If you purchased or are purchasing the premises and/or the business, provide copies of the purchasing sales agreement(s).

10. Are you leasing the premises? ☐ Yes ☐ No

- Provide copies of all premises and gambling equipment leases.

11. Have you or will you be contracting with licensed service suppliers to be involved in your gaming?

☐ Yes ☐ No

12. If your main office is located outside the state of Washington, you must have authority to do business in the state of Washington. If you do not, please see the Secretary of State's website at https://www.sos.wa.gov. Provide the name of the individual or business who will act as your in-state registered agents as required by WACs 230-03-050 and 230-03-052.

Agent's Last Name / Business Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Agent's First Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Agent's Middle Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Physical Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

City: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| Zip: |___|___|___|___|___|

13. Please provide the following:

- ☐ Any franchise agreements or other agreements, whether written or oral, between the applicant and distributors or manufacturers of equipment or between the applicant and any other person whose agreements relate to gambling activities or gambling equipment.
- ☐ All proposed financing, consulting, and management agreements.
- ☐ Articles of incorporation and initial meeting minutes, LLC formation and agreement, partnership agreement, and other documents which set out the applicant's business structure (WAC 230-03-050(1)(g)).
- ☐ For each substantial interest holder, as defined in WAC 230-03-045 as owners, officers, and anyone who has actual or potential influence, provide each of the following:
  - ☐ *Personal / Criminal History Statement* (BLS-700-301)
  - ☐ *Financial Statement* (GC4-320)
  - ☐ *Source of Funds Statement* (GC4-321)
- ☐ Documents as noted on the *Additional Requirements for a Commercial Business* (GC5-030) chart.

PUNCH BOARD / PULL-TAB APPLICANTS ONLY. Fill out the following 5 questions:

14. Type of business:

☐ Restaurant / Lounge ☐ Tavern ☐ Other (See Note below): |___|___|___|___|___|___|___|___|___|___|___|___|

NOTE: Please review RCW 9.46.0217, WACs 230-03-170 and 230-03-175; only an established food or drink business may apply for a gambling license.

15. Did you purchase gambling games and / or equipment from the previous owner?

☐ Yes ☐ No If Yes, provide a list of the games or pull-tab machines including:

- the name of the game
- the name of the manufacturer
- the manufacturer's Gambling Commission license number
- the Gambling Commission stamp number on the games

Per WAC 230-06-110, gambling equipment can be transferred as part of the sale of a business as long as a condition of the sale is that the buyer receives a license before the sale is complete. See rule for recordkeeping requirements.

16. Do you plan to offer progressive pull-tab games as explained in WACs 230-14-155 and 230-14-165?

☐ Yes ☐ No

17. Who is your activity manager? The General Manager and/or Punch Board and Pull-Tab manager will need to submit a *Personal / Criminal History Statement* (BLS-700-301) and a copy of a valid driver's license. Mandatory Training is required (see attached letter GC5-017).

Please provide full legal name. (Attach additional sheets using same format, as needed.)

Last Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

First Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Middle Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

18. Estimate, in percentages, the amount of gross sales generated by each business activity listed. Note that gross sales from gambling activities are excluded, whereas other activities, such as vending machine sales or video rental income would be included. See RCW 9.46.070, WACs 230-03-170 and 230-03-175.

Food and drinks consumed on the premises: |___|___| %

Food / drinks "to go" |___|___| %

Other Activities (Pool Table, Dart Boards, etc., - list all)

|___|___|___|___|___|___|___|___|___|___|___|___|

|___|___|___|___|___|___|___|___|___|___|___|___| |___|___| %

TOTAL |1|0|0| %

*** * NOTE * ***

In order to be licensed for gaming activities, your business must be primarily engaged in the selling of food and / or drink for on-premises consumption.

If the sale of food and drink for on-premises consumption does not exceed 50% of the **ALL** business activities listed, you probably do not qualify for a gambling license.

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to disclosure under 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.

OATH OF HIGHEST-RANKING INDIVIDUAL OR DESIGNEE

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 suspension or revocation of any gambling license(s) currently held, or denial of any future applications for a new license.**

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 (https://www.wsgc.wa.gov/regulation-enforcement) or the Washington State Legislature (http://leg.wa.gov/). In the event I am the Designee, I also acknowledge that the Highest-Ranking Individual is also responsible to know and comply with all previously referenced rules and laws.

Full Legal Name and signature of Highest-Ranking Individual or Designee:

Last Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

First Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Middle Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Signature: _____ Date: |___|___| / |___|___| / |___|___|___|___|
Sole Proprietor / Chief Executive Officer / LLC Manager / All Partners / Designee MM / DD / YYYY

Application Prepared By:

Last Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

First Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Middle Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Primary Phone: |___|___|___|-|___|___|___|-|___|___|___|___| Cell: |___|___|___|-|___|___|___|-|___|___|___|___|

E-Mail Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

@ |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Print *Clear Form*

ADDITIONAL REQUIREMENTS FOR A COMMERCIAL BUSINESS

You must submit the following clean and legible documents for all substantial interest holders and their spouses.

A substantial interest holder is a person who has actual or potential influence over the management or operation of any organizations (WAC 230-03-045). Examples are:

- owning, operating, managing, or controlling an entity
- profiting from an entity
- assuming liability for debts or expenditures of the entity
- being an officer, director or managing member

Additional Documents Needed	Sole Proprietorship	Limited or General Partnership	LLC	Corporation
A *Personal/Criminal History Statement* (BLS-700-301).	✓	✓	✓	✓
A copy of valid identification (ex: driver's license, state ID, passport or alien registration).	✓	✓	✓	✓
Copies of any civil, criminal or administrative action.	✓	✓	✓	✓
A *Financial Statement* (GC4-320) for each individual and business (provided).	✓	✓	✓	✓
A *Source of Funds Statement* (GC4-321) for each individual and business along with documents proving where the financial sources came from. Examples are: • loan agreement • promissory note • purchase/sales agreement • closing documents • other sales documents • copies of your personal/business bank statements for the last 12 months • copies of your personal/business IRS tax statements	✓	✓	✓	✓
If the funds were not from a federal or state recognized financial institution such as a relative or friend, then each person must complete a *Personal/Criminal History Statement* (BLS-700-301), a *Financial Statement* (GC4-320) and a *Source of Funds Statement* (GC4-321) with supporting documents.	✓	✓	✓	✓
Authorization for Examination and Release of Information (GC4-299)	✓	✓	✓	✓
Fingerprinting required if lived out-of-state for more than 6 months in the past 10 years (GC5-231, GC5-232, and GC5-029).	✓	✓	✓	✓
Ownership Disclosure (GC4-021).		✓	✓	✓
Partnership agreement listing each partner, managing partners and dissolution procedures.		✓		
LLC agreement listing managing member, units issued, purpose, duration, capital, distributions and member withdrawal procedures.			✓	
LLC Certificate of Formation with verification it has been recorded with the Secretary of State's Office.			✓	
Articles of Incorporation listing name, officers, stockholders, stock authorized to issue, and verification it has been recorded with the Secretary of State's Office.				✓
Meeting minutes showing issuance of stock and election of officers.				✓

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OWNERSHIP / ORGANIZATION DISCLOSURE

Type of Legal Entity: ☐ Corporation ☐ LLC ☐ Partnership ☐ Other: |___|

1. Name: |___|
(Corporate Name, LLC Name, or Partnership Name (General, LP, LLP))

Business Mailing Address: |___|

City: |___| State: |___| Zip: |___|

UBI#: |___|

Telephone: |___|-|___|-|___| FAX: |___|-|___|-|___|

Cell: |___|-|___|-|___|

E-Mail Address: |___|

@ |___|

2. Trade Name: |___|

3. Total Shares / Stock of Corporation only: |___| Total Shares Issued: |___|

4. Complete the following information for:

- Corporation: All Officers & Stockholders
- LLC: Managers & all LLC members
- Partnership: All partners

For organizations with multi-level ownership, submit an attachment showing the organization's complete ownership structure.

ALL substantial interest holders (owners, officers, shareholders, and partners) MUST be disclosed on this form or attached sheets (see WAC 230-03-045).

NOTE: Provide full legal name for an individual or name of legal entity. Add additional sheets (in the format shown) as required.

a. Last Name / Legal Entity: |___|

First Name: |___|

Middle Name: |___| Birthdate: |___| / |___| / |___|

Title: |___|

Mailing Address: |___|

City: |___| State: |___| Zip: |___|

Date Acquired: |___| / |___| / |___|

LLC / Corporation: Percentage of Ownership: |___|% Units / Shares Owned: |___|

b. Last Name / Legal Entity: |___|

First Name: |___|

Middle Name: |___| Birthdate: |___| / |___| / |___|

Title: |___|

Mailing Address: |___|

City: |___| State: |___| Zip: |___|

Date Acquired: |___| / |___| / |___|

LLC / Corporation: Percentage of Ownership: |___|% Units / Shares Owned: |___|

4. Complete the following information: (Continued)

c. Last Name / Legal Entity: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

First Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Middle Name: |___|___|___|___|___|___|___|___|___|___| Birthdate: |___|___| / |___|___| / |___|___|___|___|

Title: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Mailing Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

City: |___|___|___|___|___|___|___|___|___|___|___|___|___|___| State: |___|___| Zip: |___|___|___|___|___|

Date Acquired: |___|___| / |___|___| / |___|___|___|___|

LLC / Corporation: Percentage of Ownership: |___|___|___|% Units / Shares Owned: |___|___|___|___|___|___|

If you have additional substantial interest holders (owners, officers, shareholders, and partners), please provide all information requested above for each in a separate attachment.

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to disclosure under 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.

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 suspension or revocation of any gambling license(s) currently held, or denial of any future applications for a new license.**

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 (https://www.wsgc.wa.gov/regulation-enforcement) or the Washington State Legislature (http://leg.wa.gov/). In the event I am the Designee, I also acknowledge that the Highest-Ranking Individual is also responsible to know and comply with all previously referenced rules and laws.

Print Full Legal Name:

Last Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

First Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Middle Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Signature: _____ Date: |___|___| / |___|___| / |___|___|___|___|
Sole Proprietor / Chief Executive Officer / LLC Manager / All Partners / Designee MM / DD / YYYY

Application Prepared By:

Last Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

First Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Middle Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Primary Phone: |___|___|___|-|___|___|___|-|___|___|___|___| Cell: |___|___|___|-|___|___|___|-|___|___|___|___|

E-Mail Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

@ |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Clear Form Print

PRINT

RESET FORM

Washington State Gambling Commission

AUTHORIZATION FOR EXAMINATION AND RELEASE OF INFORMATION

NOTE: *All individual substantial interest holders of the applicant / licensee, and their spouses, must complete this form. This form is **not** required to be completed for the business organization(s).*

I, _____, do hereby authorize a review, full disclosure and release of any and all records concerning myself, or any organization of which I am an owner, officer, or have signature authority on accounts, to any duly authorized officer, agent, or employee of the Washington State Gambling Commission whether the records are of a public, private, or confidential nature with the following understandings:

1. The information reviewed, disclosed, or released may be used by the state of Washington to determine suitability for licensure / certification of:

   _____ dba _____ and for any other lawful purpose.

2. I release the providers and users of the information collected pursuant to this authorization from liability under any state or federal privacy laws. I further release the state of Washington, its officers, agents, and employees from any liability that may be incurred as a result of the collections and use of the information.
3. If this authorization is not sufficient to obtain access to certain records, it is understood that I may be requested to execute some other appropriate authorization or release, and that any failure to do so may be taken into consideration by the Washington State Gambling Commission in its determination of suitability for licensure.
4. I understand that I may revoke this authorization in writing at *any* time and the Washington State Gambling Commission may take any such revocation of this authorization into consideration in its determination of suitability for licensure.
5. A photocopy of this authorization will have the same force and effect as the original.

_____ Date

_____ Applicant's Signature

_____ Applicant's Name (Print)

NOTARY PUBLIC

State of _____

County of _____

Signed or attested before me on _____ by _____

_____ Signature

_____ Title

My commission expires _____

STATE OF WASHINGTON
BUSINESS LICENSING SERVICE
PO Box 9034
Olympia, WA 98507-9034
360-705-6741

LICENSE NUMBER _____

UBI NUMBER _____

Personal/Criminal History Statement

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

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

Type of Endorsements(s) you are applying for: ***(Provide a copy of this form to each agency. See page 2)*** ☐ **LOTTERY (complete page 1 only)**

☐ **LIQUOR** ☐ **GAMBLING** ☐ **CIGARETTE/TOBACCO Wholesaler/Retailer** ☐ **VAPOR PRODUCTS Delivery/Retailer/Sales**

BUSINESS NAME: *(DBA or trade name)*				
BUSINESS LOCATION ADDRESS: *Street or Route*	*City*	*County*	*State or Country*	*Zip Code*

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:
HOME MAILING ADDRESS: *(Street or PO Box)*			*City*	*County*
State or Country:	*Zip Code:*		HOME PHONE:	WORK/CELL PHONE:
HOW LONG LIVING AT HOME ADDRESS ABOVE:	HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:
BIRTHDATE: *(Month, Day and Year)*	SEX: ☐ MALE ☐ FEMALE	RACE:	DRIVER'S LICENSE NUMBER & STATE OF ISSUE:	
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)*

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

CONFIDENTIAL

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**		
PRINT NAME:	DATE SIGNED:	PLACE SIGNED: *(City, County and State)*

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

SIGNATURE: **X**		
PRINT NAME:	DATE SIGNED:	PLACE SIGNED: *(City, County and State)*

Continue on to the backside of this form.

Reset This Form ***Print This Form***

Personal/Criminal History Statement (Page 2)

LICENSE NUMBER _____

UBI NUMBER _____

ADDITIONAL PERSONAL HISTORY

PLACE OF BIRTH: *City*	County	*State or Country*	
OTHER NAMES USED:		PREVIOUS SOCIAL SECURITY NUMBER:	
PLACE OF MARRIAGE: *City*	*County*	*State or Country*	*Zip Code*
MILITARY SERVICE: *(Branch and dates of service)*	COUNTRY OF MILITARY SERVICE:	TYPE OF DISCHARGE:	
E-MAIL ADDRESS:	FAX NUMBER:		

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:		
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*
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:			
	CITY:	COUNTY:	STATE or COUNTRY:	ZIP CODE:
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 43094
OLYMPIA WA 98504-3098

For assistance or to ask about the availability of this document in an alternate format, please call 360-705-6705. Teletype (TTY) users may use the Washington State Relay Service by calling 711.

PRINT RESET FORM

Washington State Gambling Commission
Licensing Division
P.O. Box 42400
Olympia, WA 98504-2400

UBI NUMBER
LICENSE NUMBER

FINANCIAL STATEMENT

AS OF (SPECIFY DATE): _____

NOTE: This financial statement form must be completed for each organization and individual required to be backgrounded as part of this license application.

BUSINESS NAME (DBA or trade name)

THIS FINANCIAL STATEMENT IS FOR: (Choose **either** No. 1 or No. 2)

☐ 1. AN INDIVIDUAL (can be joint for husband and wife)

I AM A: (Check appropriate boxes) ☐ SOLE PROPRIETOR ☐ SPOUSE ☐ LIMITED PARTNER ☐ FINANCIER ☐ LLC MEMBER
☐ CORP. OFFICER Title: _____ ☐ STOCKHOLDER (10% or more) ☐ OTHER: _____

NAME: Last First Middle

HOME MAILING ADDRESS: Street or Route City County State or Country Zip Code

HOME/CELL PHONE	WORK PHONE	FAX NUMBER
( )	( )	( )

☐ 2. A BUSINESS ENTITY

BUSINESS ENTITY IS A: ☐ CORPORATION ☐ LIMITED PARTNERSHIP ☐ LIMITED LIABILITY COMPANY ☐ LIMITED LIABILITY PARTNERSHIP

NAME OF BUSINESS ENTITY:

HOME MAILING ADDRESS: Street or Route City County State or Country Zip Code

HOME/CELL PHONE	WORK PHONE	FAX NUMBER
( )	( )	( )

A ANNUAL INCOME (all household)	AMOUNT	B PERSONAL INFORMATION
Salary (include spouse & other household salaries)		Other Business Interests (list all over 5% ownership):
Dividends, Bonus and Commissions		
Other Income (rental, investment interest)		
TOTAL INCOME		

ASSETS (If additional space is required, attach separate sheet)

C CHECKING ACCOUNTS

BANK NAME	ACCOUNT TYPE	ACCOUNT NUMBER	BALANCE	AUTHORIZED SIGNERS
		Total	**$**	

D SAVINGS ACCOUNTS

BANK NAME	ACCOUNT TYPE	ACCOUNT NUMBER	BALANCE	AUTHORIZED SIGNERS
		Total	**$**	

E STOCKS, BONDS, MUTUAL FUNDS, IRA's, 401K's

COMPANY	INVESTMENT TYPE (mutual fund, stock, IRA, etc.) & ACCT #	DATE ACQUIRED	# OF SHARES/FACE VALUE	MARKET VALUE	AUTHORIZED SIGNERS
			Total	**$**	

F NOTES AND ACCOUNTS RECEIVABLE (monies owed to you or your business)

FROM WHOM (Full name, address and phone number)	CURRENT BALANCE	MONTHLY PAYMENT	DATE ACQUIRED	DUE DATE
Total	**$**			

G BUSINESS AND OTHER INVESTMENTS

BUSINESS INVESTMENT NAME	FAIR MARKET VALUE	ANNUAL REVENUES	DATE ACQUIRED
Total	**$**		

H REAL ESTATE OWNED

ADDRESS OF PROPERTY	DATE ACQUIRED	PURCHASE PRICE	NAME ON TITLE	LAND/BUILDING VALUE	MORTGAGE BALANCE
				Total	**$**

I MORTGAGES, LEASES AND CONTRACTS OWNED (paid to you/receivable)

DESCRIPTION OR ADDRESS	FULL NAME OF DEBTOR	PHONE	PAYMENT SCHEDULE	AMOUNT PAST DUE	ORIGINAL BALANCE	PRESENT BALANCE	INTEREST RATE
					Total	$	

J AUTOMOBILES, BOATS AND OTHER VEHICLES (industrial, recreational, farm)

MAKE, MODEL, DESCRIPTION	YEAR	DATE ACQUIRED	NAME ON TITLE	PURCHASE PRICE	FAIR MARKET VALUE
				Total	**$**

K MISCELLANEOUS PROPERTY (jewelry, collections, gae/kye)

DESCRIPTION	DATE ACQUIRED	PURCHASE PRICE	CURRENT BALANCE	FAIR MARKET VALUE
			Total	**$**

LIABILITIES (If additional space is required, attach separate sheet)

L NOTES AND TAXES PAYABLE (owed by you)

TO WHOM (Full name, address and phone number)	ORIGINAL DATE OBLIGATED	CURRENT BALANCE	MONTHLY PAYMENT	DUE DATE
	Total	**$**		

M ACCOUNTS AND BILLS PAYABLE (owed by you)

TO WHOM (Full name, address and phone number)	ORIGINAL DATE OBLIGATED	CURRENT BALANCE	MONTHLY PAYMENT	DUE DATE
	Total	**$**		

N CONSUMER DEBTS/STUDENT LOANS (credit cards, auto, other)

TYPE OF DEBT	NAME OF LENDER	ORIGINAL BALANCE	INTEREST RATE	MONTHLY PAYMENT	CURRENT BALANCE
				Total	**$**

O LEASES, MORTGAGES AND CONTRACTS OWING (paid by you/payable) Include Rent Payments

PROPERTY ADDRESS	FULL NAME OF LENDER/LANDLORD	PHONE	CURRENT BALANCE	AMOUNT PAST DUE	MONTHLY PAYMENT	ORIGINAL BALANCE	INTEREST RATE
		Total	**$**				

P COURT ORDERED PAYMENTS

TO WHOM	ORIGINAL ORDERED AMOUNT	DATE OF ORDER	MONTHLY PAYMENT	CURRENT BALANCE
			Total	**$**

GENERAL INFORMATION

***Attach additional pages to fully explain any "YES" answers to the questions below. Attach copies of documents and court papers.**

1) Is anyone a guarantor, endorser or co-signer on any of your personal or business debts, contracts, leases or other liabilities?	☐ YES ☐ NO
2) Are there any outstanding judgments against you or any business in which you had 5% or more ownership or financial interest?	☐ YES ☐ NO
3) Have you or any business in which you had 5% or more ownership or financial interest been directly or indirectly obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgments?	☐ YES ☐ NO
4) Are you or any business in which you had 5% or more ownership or financial interest presently delinquent or past due on any federal debt or any other loans or financial obligations?	☐ YES ☐ NO
5) Have you or any business in which you had 5% or more ownership or financial interest ever been required to make court-ordered payments?	☐ YES ☐ NO
6) Have you or any business in which you had 5% or more ownership or financial interest been a defendant in any suits or legal actions regarding financial matters within the last five years?	☐ YES ☐ NO
7) Have you ever filed for personal bankruptcy, or been part of a business in which you had 5% ownership or financial interest that has filed for bankruptcy?	☐ YES ☐ NO

CERTIFICATION

I certify that this Financial Statement (pages 1, 2 and 3) represents my true financial status as of this date. I hereby authorize investigation of my financial records and other sources as necessary for licensing.

_____	_____	_____
SIGNATURE	TITLE (if corporate officer)	DATE

FOR AGENCY USE ONLY

TOTAL ASSETS (ITEMS C-K): _____

TOTAL LIABILITIES (ITEMS L-P): _____

NET WORTH (NET WORTH = ASSETS – LIABILITIES): _____

PRINT RESET FORM

Washington State Gambling Commission
Licensing Division
P.O. Box 42400
Olympia, WA 98504-2400

UBI NUMBER
LICENSE NUMBER

SOURCE OF FUNDS STATEMENT

AS OF: _____

NOTE: A separate Source of Funds Statement must be completed by the business and each individual who has provided funds to the business.

BUSINESS NAME (DBA or trade name)

THIS SOURCE OF FUNDS STATEMENT IS FOR: (Choose **either** No. 1 or No. 2)

☐ **1. AN INDIVIDUAL (can be joint for husband and wife)**

I AM A: (Check appropriate boxes) ☐ SOLE PROPRIETOR ☐ SPOUSE ☐ PARTNER ☐ FINANCIER ☐ LLC MEMBER

☐ CORP. OFFICER Title: _____ ☐ STOCKHOLDER (10% or more) ☐ OTHER: _____

NAME: Last	First	Middle
HOME MAILING ADDRESS: Street or Route		
City	State or Country	Zip Code
HOME / CELL PHONE ( )	WORK PHONE ( )	FAX NUMBER ( )

☐ **2. A BUSINESS ENTITY**

BUSINESS ENTITY IS A:	☐ CORPORATION	☐ LIMITED PARTNERSHIP	☐ LIMITED LIABILITY COMPANY
NAME OF BUSINESS ENTITY:			
MAILING ADDRESS: Street or Route			
City	State or Country	Zip Code	
HOME / CELL PHONE ( )	WORK PHONE ( )	FAX NUMBER ( )	

OUTLINE OF COSTS

Please disclose ALL COSTS involved in opening the business. If you are making a change to your current business that already has a license, outline only the costs involved with this change to your business.
Attach additional sheets if needed.

COSTS	DOLLAR AMOUNT
Real property purchase amount OR lease deposit plus first month's rent	$
Stock / Shares	$
Business assets (to include equipment, inventory, trade name, good will, etc.) OR the cost associated with opening the new business.	$
Remodeling costs OR costs to change your currently licensed premise.	$
Miscellaneous fees (such as license/gambling, legal/architectural, health/city-county permit, etc.) / Other	$
GRAND TOTAL OF COSTS	**$**

Our Mission: Protect the Public by Ensuring that Gambling is Legal and Honest

SOURCE OF FUNDS AND CERTIFICATION

Please explain carefully ALL funds used to get into business or change your current license. Your explanation needs to include all costs outlined on page 1 and should equal or exceed the Grand Total of Costs.
Attach additional sheets if needed.

DOLLAR AMOUNT	INSTRUCTIONS	EXPLANATION (Attach documentation of the following source of funds)
CASH PAID / CONTRIBUTION $ _____	Explain the original source of the cash used (checking, savings, investment accounts, trust funds, money on hand, etc.). Explain where the cash is or was kept and the account number.	
CASH BORROWED / RECEIVED $ _____	Explain where the cash was borrowed or received from (bank, finance company, credit card, insurance fund, personal loan or gift of money, etc.). Provide the name and address of the lender and the account loan number.	
DEFERRED CONTRACT $ _____	Explain any amounts being carried on a contract (such as a purchase and sale agreement or seller carried promissory note).	
NON-CASH CONTRIBUTIONS $ _____	Explain any non-monetary contributions, such as labor or equipment.	
TOTAL OF FUNDS $ _____	This amount should equal or exceed the grand total of costs from Page 1.	

CERTIFICATION

I certify, under penalty of perjury, that this Source of Funds Statement represents my true source of funds status as of this date, and my contribution to this business. I hereby authorize investigation of my financial records and other sources as necessary for licensing.

Signature: _____

Print Name: _____

Date: _____

PRINT RESET FORM

Our Mission: Protect the Public by Ensuring that Gambling is Legal and Honest

STATE OF WASHINGTON

GAMBLING COMMISSION

"Protect the Public by Ensuring that Gambling is Legal and Honest"

TRAINING REQUIREMENTS FOR ALL APPLICANTS

Organizations and individuals that are applying for a gambling license are required to complete training for the gambling activities they are licensed to operate. Any new president (or equivalent), chief executive officer, and activity manager(s) must complete training within 30 days of the effective date of a new or renewed license.

WAC 230-03-070 states:

1. You must complete a training course we establish if you:
   a. Signed the licensing application; or
   b. Are a manager; or
   c. Are responsible for conducting gambling activities or completing records.
2. You must complete training within 30 days of the effective date of your license.
3. We do not require manufacturers or manufacturer's representatives, or major sports wagering vendors to complete training. However, all licensees are expected to know and follow all rules upon receiving your license.

You can access the training materials, videos and reporting records on our website at 'https://www.wsgc.wa.gov/licensing/training-requirements'.

If you are unable to access the training materials on our website, please contact a Licensing Specialist at 1-800-345-2529 (toll-free) or (360) 486-3440.

P.O. Box 42400, Olympia, WA 98504 | (360) 486-3440
901 N. Monroe St., Suite 240, Spokane, WA 99201 | (509) 325-7900
wsgc.wa.gov

WASHINGTON STATE GAMBLING COMMISSION
FEE SCHEDULE – COMMERCIAL STIMULANT / PROFIT-SEEKING ORGANIZATION

Per WAC 230-05-124, all licensed organizations must submit quarterly license fees and license reports to us for each licensed gambling activity beginning with the first quarter of their license year. The quarterly license fee is due with the quarterly license report.

WAC 230-05-165 Commercial stimulant organization fees. All commercial stimulant organizations must pay the following fees:

(1) Annual licenses:

License Type	Base License Fee	Gross Gambling Receipts Rate	Maximum Annual License Fee
Card Games - Nonhouse-Banked	$70	1.550%	$32,000
Card Games - House-Banked	$11,000	1.550%	$64,000
Punch Boards / Pull-Tabs	$770	1.516%	$20,800

(2) Change fees:

Change of:	Fee
Name	$110
Location	$110
Business Classification (Same Owners)	$110
Corporate Stock / Limited Liability Company Shares / Units	$110, and cost reimbursement for investigating the transaction and qualification of each substantial interest holder
License Transfers	$110

(3) Other fees:

Transaction	Fee
Duplicate License	$55

WAC 230-05-170 Fees for other businesses. All other business organizations must pay the following fees:

(1) Annual licenses or permits:

License Type	Base License Fee	Gross Gambling Receipts Rate	Maximum Annual License Fee
Agricultural Fair Bingo (Annual Permit)	$220	-	-
Call Centers for Enhanced Raffles	$5,280	-	-
Commercial Amusement Games	$550 plus $70 per approved location	1.198%	$17,600
Distributor	$770	1.516%	$11,200
Fund-Raising Event Distributor	$310	1.516%	$1,600
Linked Bingo Prize Providers	$1,650	.048%	$32,000
Manufacturer	$1,650	1.516%	$40,000
Manufacturer's Special Sales Permit	$275	-	-
Punch Board/Pull-Tab Service Business Permit	$275	-	-
Gambling Service Supplier	$330	1.516%	$11,200
Major Sports Wagering Vendor	$30,000		
Mid-Level Sports Wagering Vendor	$5,000		
Ancillary Sports Wagering Vendor	$2,000		

(2) Events or permits:

License or Permit Type	Base License Fee	Gross Gambling Receipts Rate	Maximum Annual License Fee
Recreational Gaming Activity	$70	-	-
Special Property Bingo	$35	-	-

(3) Change fees:

Change of:	Fee
Name	$110
Location	$110
Business Classification (Same Owners)	$110
Corporate Stock / Limited Liability Company Shares / Units	$110, and cost reimbursement for investigating the transaction and qualification of each substantial interest holder
License Transfers	$110

(4) Other fees:

Transaction	Fee
Add a New Amusement Game Location	$70
Defective Punch Board / Pull-Tab Cost Recovery Fees	Up to $110
Duplicate License	$55
Pre- and Post-Licensing Investigations	Cost reimbursement
Review, Inspection, and/or Evaluation of Gambling Equipment, Supplies, Services, Games, Schemes, or Group 12 Amusement Games	Deposit and cost reimbursement

WAC 230-05-175 Individuals license fees. Individuals must pay the following fees:

(1) Annual license and additional employer fees:

License Type	New Application Fee	Annual Renewal Fee	Additional or Change of Employer Fee
Call Center for Enhanced Raffle Representative	$275	$170	-

WASHINGTON STATE GAMBLING COMMISSION
FEE SCHEDULE – COMMERCIAL STIMULANT / PROFIT-SEEKING ORGANIZATION

(1) Annual license and additional employer fees:

License Type	New Application Fee	Annual Renewal Fee	Additional or Change of Employer Fee
Card Room Employee License – Nonhouse-Banked (Class A)	$200	$95	$65
Card Room Employee License – Class F And House-Banked (Class B)	$275 (in-state) $340 (out-of-state)	$170	$65
Charitable or Nonprofit Gambling Manager	$200	$95	$95
Commercial Gambling Manager	$200	$95	$95
Distributor Representative	$275	$170	$65
Linked Bingo Prize Provider Representative	$275	$170	$65
Manufacturer Representative	$275	$170	$65
Gambling Service Supplier Representative	$275	$170	$65
Major Sports Wagering Vendor Representative	$275	$170	$65

(1) Annual license and additional employer fees:

License Type	New Application Fee	Annual Renewal Fee	Additional or Change of Employer Fee
Mid-Level Sports Wagering Vendor Representative	$275	$170	$65
Ancillary Sports Wagering Vendor Representative	$275	$170	$65

(2) Class B card room employees must pay the out-of-state application fee if over the last ten years the applicant lived outside of Washington for six non-consecutive months or more.

(3) Other service fees:

Transaction	Fee
Change of name	$30
Card room employee emergency waiver request	$65
Duplicate license	$30

(4) Military personnel returning from service

If a license expires while an individual is on active military service, the individual may apply to have their license reissued at the renewal fee. The application must be received within six months after completing their active military service. The applicant must provide evidence of the completion date of active military service.

NOTE: All fees are subject to change. The Commission will notify licensees of amended fee amounts by notice of rule-making. Per RCW 9.46.070, other fees on this schedule, the Commission will assess applicants all actual investigative and inspection costs.

OTHER HELPFUL WACs:

WAC 230-05-104 Defining "base license fee." (1) "Base license fee" is the fee you pay us when you:

(a) Apply for an organization license or permit; or

(b) Renew your organization's license or annual permit.

(2) "Base license fee" is the minimum annual license fee a licensed organization or permit holder will pay for operating an authorized activity.

WAC 230-05-106 Defining "maximum annual license fee." "Maximum annual license fee" is the most you will pay to operate an authorized activity for the license year, which includes the:

(1) Base license fee; and

(2) Quarterly license fees.

WAC 230-05-122 Calculating quarterly license fees. (1) The quarterly license fee is calculated based on the gross gambling receipts from the previous quarter as reported on your quarterly license report.

(2) Each license year, the quarterly license fees will be offset by the base license fee. (For example, if your base license fee is sixty-five dollars and your quarterly license fee is forty-five dollars for the first quarter, no additional amount is due for the first quarter. You would offset any future quarterly license fees by the remaining twenty dollars of your base license fee.)

WAC 230-05-124 Quarterly license fees and license reports. All licensed organizations must submit quarterly license fees and license reports to us for each licensed gambling activity beginning with the first quarter of their license year. The quarterly license fee is due with the quarterly license report.

The quarterly license reports must be in the format we require and must:

(1)

Cover the period:	Be received by us no later than:
January 1 through March 31	April 30
April 1 through June 30	July 31
July 1 through September 30	October 31
October 1 through December 31	January 31

(2) Be received online at our administrative office or postmarked no later than the dates indicated in the table in subsection (1) of this section; and

(3) Be submitted even if there is no quarterly license fee payable to us; and

(4) Be accurate; and

(5) Be completed by the highest ranking executive officer or a designee. If someone other than the licensee or an employee prepares the report, the preparer must include his or her name and business telephone number on the report; and

(6) Be submitted for any period of time the license was valid even if there was no gambling activity or the gambling license was not renewed.