



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
 IN-STATE TOLL-FREE: 1-800-345-2529 / WEB SITE: www.wsgc.wa.gov

REQUEST FOR CONSENT TO CHANGE: Mark all that apply.
 See [Nonprofit](#) and [Commercial](#) fee schedules for appropriate fee.

- MANAGEMENT** – Complete 1 & 2 No Fee
- MANAGER** – Complete 1 & 3 No Fee
- NAME** – Complete 1 & 4 \$ |_____|
- LOCATION OF PREMISES** – Complete 1 & 5 or 6 \$ |_____|
- FRE / RGA DATE, TIME OR LOCATION** – Complete 1 & 7 \$ |_____|

In accordance with [RCW 9.46.070\(5\)](#), special investigative fees may be requested if costs exceed the basic fee provided with this application.

Nonprofit Commercial Individual License # |_____|-|_____|

1. **License Name (as issued):** |_____|

UBI#: |_____|

Current Mailing Address: |_____|

City: |_____| State: |_____| Zip: |_____|

Telephone: |_____|-|_____|-|_____|

E-Mail Address: |_____|

@ |_____|

2. Change of Management ([WAC 230-06-105](#)) involving change of director or officer. **COMMERCIAL ONLY**

Outgoing Management: |_____|

New Management (Proposed): |_____|

Reasons for Change of Management: _____

Effective Date: |_____| / |_____| / |_____|

Supporting documents are required. Submit copies of dissolution agreements, amending documents that cite new terms and conditions, and / or meeting minutes covering the election of new officers. Include positive identification and Personal / Criminal History Statement ([BLS-700-301](#)) for all new persons and spouses, unless already on file with the Gambling Commission.

If individual(s) resided outside of state, fingerprints must be submitted with this application.

NOTE: Nonprofit licensees must submit changes with their renewal.

Business Office Use Only:			
Code: 211- _____	Date: _____	Amt: \$ _____	Val #: _____

5. Bingo Licensee: One-Time Offsite Event ([WAC 230-03-018](#))

Indicate Inclusive

Date of Event: From: |__| |__| | / |__| |__| | / |__| |__| |__| | thru: |__| |__| | / |__| |__| | / |__| |__| |__| |

Proposed Premises

Change – Street Address: |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |

City: |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| | State: |__| |__| | Zip: |__| |__| |__| |__| |

Inside City Limits? Yes No

Does the jurisdiction in which you will operate allow the gambling activities you offer? Yes No

Will you own the premises / location to be used for the licensed bingo activity? Yes No

If Yes, submit a copy of the purchase agreement.

If No, submit written lease agreement.

*As an attachment, submit the full name and current address of each person that has **any** interest in these premises or the building. This includes natural persons, corporations, partnerships or other associations, together with the name of each person's spouse, if any. Include all details of the interest held by any and all such persons.*

6. Change of Location ([WAC 230-06-100](#)) other than above.

Nonprofit

Commercial

Proposed Premises

Location – Street Address: |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |

City: |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| | State: |__| |__| | Zip: |__| |__| |__| |__| |

Inside City Limits? Yes No

Does the jurisdiction in which you will operate allow the gambling activities you offer? Yes No

Effective Date: |__| |__| | / |__| |__| | / |__| |__| |__| |

Will you own the premises / location that you are relocating? Yes No

If Yes, submit a copy of the purchase agreement.

If No, submit written lease agreement.

*As an attachment, submit the full name and current address of each person that has **any** interest in these premises or the building. This includes natural persons, corporations, partnerships or other associations, together with the name of each person's spouse, if any. Include all details of the interest held by any and all such persons.*

NOTE: Change may not be made without written consent of the commission.

7. Fund-Raising Event (FRE) and Recreational Gaming Activity (RGA) – Change of Date, Time or Locations

Proposed New Activity Information:

a. Date of Activity:

FROM: Date: |__| |__| | / |__| |__| | / |__| |__| |__| |
MM / DD / YYYY

Time: |__| |__| | : |__| |__| | am / pm
If Noon or Midnight, so state

TO: Date: |__| |__| | / |__| |__| | / |__| |__| |__| |
MM / DD / YYYY

Time: |__| |__| | : |__| |__| | am / pm
If Noon or Midnight, so state

b. Name of Premises to be Used for Activity: |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |

Owner of Premises: |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |

Premises Street Address: |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |

City: |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| |__| | State: |__| |__| | Zip: |__| |__| |__| |__| |

City Limits: Inside Outside

Does the jurisdiction in which you will operate allow the gambling activities you offer? Yes No

