



**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](http://www.wsgc.wa.gov)

**TRANSFER APPLICATION**

**FEE: \$** |\_\_\_\_\_|

See Section 14 of the attached fee schedule ([GC5-055K FS](#))

**NOTE:** All refunds of application / license fees will be issued to the applicant.

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

**\*\*\* GENERAL INSTRUCTIONS \*\*\***

- Please read the enclosed pamphlet entitled [Gambling License Certification Program](#) and the [WAC rules](#) pertaining to each area of the application. **You will find them very helpful and informative.**
- Please **type or print with dark ink**. Answer **ALL** questions. Use **N/A** if not applicable.
- Be sure that you select and check the correct transfer action.
- Make sure that the application is signed and dated by the highest-ranking officer.
- **Avoid processing delays.** Ensure that the application and any attachments are complete.
- Mail or deliver the completed application and fee to the above address. **PLEASE NOTE:** Once the application and fees have been received, additional documentation can be sent via fax or email.
- Complete training as required by [WAC 230-03-070](#). See attached letter ([GC5-017](#)).
- For assistance, call Licensing Services at our toll-free number 1-800-345-2529 or (360) 486-3440.

**1. Type of Transfer Action:** (Mark  one and complete all requirements)

- Change of Business Classification (Complete items #2, #3 and #6). Used when change from:  
Sole proprietorship to corporation, partnership to corporation, partnership to sole proprietorship, LLC to corporation, LLC to sole proprietorship., etc.
- Court Directed Change (Complete items #2, #4, and #6) Used when a court has appointed a guardian, executor, administrator, receiver, etc., for proven incapacity, death, receivership, divorce, bankruptcy, or assignment for benefit of creditors.
- Partnership Change (Complete items #2, #5, and #6) Used **only** when a partnership buys out one or more partners but continues operation as a partnership.

**2. Applicant Information:**

- a. Organization's Name (prior to this transaction): |\_\_\_\_\_|
- b. Mailing Address: |\_\_\_\_\_|  
 |\_\_\_\_\_| City |\_\_\_\_\_| State |\_\_\_\_\_| Zip
- UBI #: |\_\_\_\_\_|
- c. If you checked the *Change of Business Classification* in Item #1 above, type or print the name of the corporation, partnership or sole proprietor that will own the business after change here:  
 |\_\_\_\_\_|

**Business Office Use Only:**

Code: 211-|\_\_\_\_\_| Date: |\_\_\_\_\_|/|\_\_\_\_\_|/|\_\_\_\_\_| Amt: \$|\_\_\_\_\_|.00 Val #: \_\_\_\_\_

**3. Change of Business Classification Information / Requirements:** ([WAC 230-06-106\(3\)\(4\)](#))

a. **List all owners prior to this transaction:** Attach additional sheets, if necessary, using this format.

• Last Name: |\_\_\_\_\_|

First Name: |\_\_\_\_\_| MI: |\_\_|

Title: |\_\_\_\_\_|

Percentage Owned: |\_\_\_\_\_|%

• Last Name: |\_\_\_\_\_|

First Name: |\_\_\_\_\_| MI: |\_\_|

Title: |\_\_\_\_\_|

Percentage Owned: |\_\_\_\_\_|%

b. **Complete and submit the appropriate form(s):** (All forms listed below are attached)

(1) **From a sole proprietorship / partnership / LLC to a corporation:**

- *Disclosure of Corporate Officers / Stockholders* ([GC4-017](#)).
- *Disclosure of LLC Members / Managers* ([GC4-017b](#)).
- *Disclosure of Partnership* ([GC4-017c](#)).
- A copy of your signed and dated articles of incorporation, showing the filing stamp placed by the Secretary of State's office.
- Minutes of your corporate meeting showing the formation of the corporation, election of officers and issuance of stock.
- Signed and dated copies of all documents setting out the sale and / or transfer of the stock issued.
- All documents covering assignment, sale or lease of business and premises to the corporation. (Please ensure each document has been signed and dated.)
- A copy of the LLC agreement to include names of members & units or shares issued, managing member(s), purpose, duration, cash & non-cash contribution(s), withdrawal procedures, etc.
- A copy of the LLC formation including date stamp verifying it has been recorded with the Secretary of State.

(2) **For a partnership or LLC to a sole proprietorship:**

- Signed and dated copy of partnership dissolution and buyout of partner(s).
- All documents covering sale or assignment of business and premises to the sole proprietor.
- *Financial Statement* ([GC4-320](#)).
- *Source of Funds Statement* ([GC4-321](#)).

**4. Court Directed Change Information / Requirements:** ([WAC 230-06-106\(5\)](#))

a. Name of deceased or incapacitated owner:

Last Name: |\_\_\_\_\_|

First Name: |\_\_\_\_\_| MI: |\_\_|

b. Name of court appointed guardian, executor, administrator, receiver, etc.: (Please designate.)

Last Name: |\_\_\_\_\_|

First Name: |\_\_\_\_\_| MI: |\_\_|

Designation: |\_\_\_\_\_|

Telephone: |\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_|

c. Reason court action required: \_\_\_\_\_

\_\_\_\_\_

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**4. Court Directed Change Information / Requirements:** (Continued)

d. Please submit the following:

- A copy of the signed and dated court order and any other documents appointing or confirming the above named as guardian, executor or administrator, receiver, trustee, or assignee for the benefit of creditors and, in the case of death, a copy of the certificate of death, will, community property agreement, or such document.
- If not previously submitted, complete and submit a *Personal / Criminal History Statement* ([BLS-700-301](#)) for the individual and spouse listed in 4.b. above, and for those persons listed per [WAC 230-03-045](#).

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**5. Dissolution of Partnership(s) Information / Requirements:** (***Only Used*** if partnership continues – complete the change of business classification portion if changing your business structure. Review Section 1.)

a. Submit all signed and dated documentation on the buyout of the other partner(s).

b. Complete and submit attached:

- *Financial Statement* ([GC4-320](#)); and
- *Source of Funds Statement* ([GC4-321](#)).

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**6. \*\*\* IMPORTANT \*\*\***

If you are a new substantial interest holder, as part of this application, you are required to provide positive proof of identity. To accomplish this submit a copy of one of these official documents: a valid driver's license, a state identification card, a valid passport, or an alien registration card (if you are a registered alien). Also include a current, full facial view photograph no smaller than 1" x 1" nor larger than 3" x 5". Write your name and social security number on the back of the photograph. You may also be required to submit fingerprints. If so, fingerprint cards, with instructions, will be sent to you.

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**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](#).

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**Declaration / Signature of Applicant(s):**

**(Sole proprietor, partner, LLC manager, chief executive officer or court appointed successor to owner.)**

**OATH OF APPLICATION**

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](#).

Last Name: | \_\_\_\_\_ |

First Name: | \_\_\_\_\_ | MI: | \_\_\_\_ |

Title: | \_\_\_\_\_ |

Date: | \_\_\_\_ | / | \_\_\_\_ | / | \_\_\_\_ |

Signature: \_\_\_\_\_