



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

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: _____-_____-_____
 Cell: _____-_____-_____ FAX: _____-_____-_____

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/>).

Print Full Legal Name:

Last Name: _____
 First Name: _____
 Middle Name: _____

Signature: _____ Date: _____ / _____ / _____
Sole Proprietor / Chief Executive Officer / LLC Manager / Partner MM / DD / YYYY

Application Prepared By:

Last Name: _____
 First Name: _____
 Middle Name: _____
 Primary Phone: _____-_____-____ Cell: _____-_____-____
 E-Mail Address: _____
 @ _____