



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: 360-486-3630
TOLL-FREE: 1-800-345-2529 / WEB SITE: 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)
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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
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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 web site.
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 60 to 90 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.



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.

	<u>Base License Fee</u>
<input type="checkbox"/> Punch Board / Pull-Tab (05)	\$ _____
<input type="checkbox"/> Nonhouse-Banked Card Games (65) - Complete <i>Card Games Addendum</i> (GC4-025b)	\$ _____
<input type="checkbox"/> Class F	
<input type="checkbox"/> House-Banked Card Games (67) - Complete <i>Card Games Addendum</i> (GC4-025b)	\$ _____
<input type="checkbox"/> Amusement Game (53) - Complete <i>Amusement Game Addendum</i> (GC4-025c) and Complete <i>Apply for Additional Amusement Game Locations / Report Removal of Approved Locations</i> (GC4-032), if applicable.	\$ _____
Amusement Game Locations: _____ X \$ _____ = \$ _____	
# of Locations Per Location Fee	
<input type="checkbox"/> Manufacturer (20) - Complete <i>Manufacturer Addendum</i> (GC4-025d)	\$ _____
<input type="checkbox"/> Distributor (21) - Complete <i>Distributor Addendum</i> (GC4-025e)	\$ _____
<input type="checkbox"/> Fund-Raising Event Equipment Distributor (28) - Complete <i>Distributor Addendum</i> (GC4-025e)	\$ _____
<input type="checkbox"/> Service Supplier (26) - Complete <i>Service Supplier Addendum</i> (GC4-025f)	\$ _____
<input type="checkbox"/> Linked Bingo Prize Provider (07)	\$ _____
<input type="checkbox"/> 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. Are you purchasing the business or did you start as a new business?

Purchasing the business:

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

b. Has the contingency been removed? Yes No

c. Or has the purchase been completed or finalized? Yes No

Start as a new business.

9. Do you own, or are you purchasing, 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 contingency been removed? Yes No

c. Or 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 web site 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: _____

