



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

**BASE LICENSE FEE: \$** \_\_\_\_\_  
 See Fee Schedule (GC5-055 FS).

**PUNCH BOARD / PULL-TAB SERVICE BUSINESS PERMIT (27)**

**REDUCE PROCESSING DELAYS**

- Do you have the correct application? If your business activities are, or will, extend the limited service functions, and gross income ceiling discussed in WAC 230-03-020, you may be a *Service Supplier* and will need a *Commercial Business Application Packet* (GC4-025) along with the *Service Supplier Addendum* (GC4-025f). Also see WACs 230-03-210, 230-03-211, 230-03-212, 230-03-215, 230-03-220, and 230-03-225 for information about *Service Suppliers*.
- If more room is needed, use additional sheets of paper and attach them to this application. Be sure that any added and required documentation is securely attached.
- Sign and date the completed application (includes all required attachments, and has the full correct fee paid) and make your check payable to the **Washington State Gambling Commission**. An incomplete application may cause significant delays and could result in the administrative closure or denial of your application.

**APPLICANT INFORMATION**

Use Full Name, Corporate or Partnership

Applicant: \_\_\_\_\_

Trade Name (DBA): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_  
 @ \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_

City Limits:  Inside  Outside Uniform Bus. Identifying (UBI) No.: \_\_\_\_\_

Out-of-state office? Provide address and phone numbers on a separate sheet of paper.

**SERVICE(S) PROVIDED**

In the area below, provide a complete description of the direct service(s) you will provide your client(s). Use WACs 230-03-020 and 230-03-210 as a guide.

**Business Office Use Only:**

Code: 211- \_\_\_\_\_ Date: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Val #: \_\_\_\_\_

