



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

**APPLY FOR ADDITIONAL AMUSEMENT GAME LOCATIONS /
 REPORT REMOVAL OF APPROVED LOCATIONS**

Fee: \$ _____
 See GC5-055-FS for fees.

Licensed Amusement

Game Operator: _____

Nonprofit Organization

Org #: _____ Telephone Number: _____

Apply to add and/or report to remove amusement game locations per WACs 230-13-152 and 230-13-155. For the additional locations, please provide a copy of the contract/lease agreement.

<input type="checkbox"/> Add (Provide agreement) <input type="checkbox"/> Remove (No fee) Date Removed: ____/____/____	Premises Organization # (If applicable): _____
	Premises Name: _____
	Address: _____
	City: _____ Zip: _____

Type of Business / Location (Mark One)

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Movie Theater	<input type="checkbox"/> Skating Rink	<input type="checkbox"/> Tavern, Pub or Bar
<input type="checkbox"/> Bowling Center	<input type="checkbox"/> Miniature Golf Course	<input type="checkbox"/> Carnival Operator	<input type="checkbox"/> Regional Shopping Center
<input type="checkbox"/> Grocery / Dept Store	<input type="checkbox"/> Amusement Park / Center	(Itinerary Required)	<input type="checkbox"/> Family Sports Complex
<input type="checkbox"/> Civic Center/Festival	<input type="checkbox"/> Ag / World Fair		

Other: _____

<input type="checkbox"/> Add (Provide agreement) <input type="checkbox"/> Remove (No fee) Date Removed: ____/____/____	Premises Organization # (If applicable): _____
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	Address: _____
	City: _____ Zip: _____

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<input type="checkbox"/> Civic Center/Festival	<input type="checkbox"/> Ag / World Fair		

Other: _____

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 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/>).

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

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