



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 / WEBSITE: www.wsgc.wa.gov

LEASE INFORMATION AFFIDAVIT

Business Name: _____

License Number: _____

This affidavit is provided to the Washington State Gambling Commission as a replacement to a copy of the real property lease and/or assignment, assumption, and consent of lease for the below premises. Information on this document should directly reflect the information on the current lease/assignment.

This document satisfies the requirement described in WAC 230-06-080 regarding the submission of updated documents and/or information.

Lease Information

Name of Lessor: _____
LLC, Partnership, Corporation, etc.

Address of Real Property: _____

Name of Lessee: _____
LLC, Partnership, Corporation, etc.

Monthly Rent: \$ _____ Percentage (%) of Gambling Revenues to Landlord: _____ %

Lease Effective Date: _____ Lease Expiration Date: _____

What is the Permitted Use for the Space: _____

I/We declare under penalty of perjury that all information provided on this form is true and correct to the best of my knowledge, and that at the time of signing the lease is valid. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake are cause for denial or revocation of an application or license or administrative action.

Print name of Lessor

Signature of Lessor

Date