



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
 TOLL-FREE: 1-800-345-2529 / WEBSITE: www.wsgc.wa.gov

REQUEST FOR CONSENT TO CHANGE: Mark all that apply.

See fee schedules for appropriate fee:

GC5-055 FS for Nonprofit Organizations and GC5-055K FS for Commercial Businesses.

- MANAGEMENT** – Complete 1 & 2 No Fee
- MANAGER** – Complete 1 & 3 No Fee
- NAME** – Complete 1 & 4 \$ |_____|
- LOCATION OF PREMISES** – Complete 1 & 5 or 6 \$ |_____|
- FRE / RGA DATE, TIME OR LOCATION** – Complete 1 & 7 \$ |_____|

In accordance with RCW 9.46.070(5), special investigative fees may be requested if costs exceed the basic fee provided with this application.

Nonprofit Commercial Individual License # |_____|-|_____|

1. **License Name (as issued):** |_____|

UBI#: |_____|

Current Mailing Address: |_____|

City: |_____| State: |_____| Zip: |_____|

Telephone: |_____|-|_____|-|_____|

E-Mail Address: |_____|

@ |_____|

2. **Change of Management** (WAC 230-06-105) involving change of director or officer. **COMMERCIAL ONLY**

Outgoing Management: |_____|

New Management (Proposed): |_____|

Reasons for Change of Management: _____

Effective Date: |_____| / |_____| / |_____|

Supporting documents are required. Submit copies of dissolution agreements, amending documents that cite new terms and conditions, and / or meeting minutes covering the election of new officers. Include positive identification and Personal / Criminal History Statement (BLS-700-301) for all new persons and spouses, unless already on file with the Gambling Commission.

If individual(s) resided outside of state, fingerprints must be submitted with this application.

NOTE: Nonprofit licensees must submit changes with their renewal.

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

3. Change of Manager (WAC 230-06-105) Employee Only Nonprofit Commercial

Outgoing Manager:

Last Name: _____

First Name: _____ Middle Name: _____

New Manager

(Proposed): Last Name: _____

First Name: _____ Middle Name: _____

Date of Birth: ____/____/____

Home Address (Street): _____

City: _____ State: ____ Zip: _____

Telephone:

Home: _____-____-____ Work: _____-____-____

Cell: _____-____-____

Type(s) of Gambling Activity Managed: _____

Reasons for Change: _____

Effective Date: ____/____/____

Submit positive identification, Personal / Criminal History Statement (BLS-700-301), and complete mandatory training as required by WAC 230-03-070, unless previously completed.

4. Change of Name (WAC 230-06-095)

Please note that individuals changing their given name notify us *no later than 30 days* after the effective date of the change.

DBA / Legal Name: _____

New Name

(Proposed): Last Name: _____

First Name: _____ Middle Name: _____

Reason for Name Change: _____

Effective Date: ____/____/____

Name changes are not effective until granted by the Commission. Copy of documents required for name change:

Individual: Marriage certificate / license or divorce decree, court documents recording name change, and updated driver's license. Individual must sign this application.

Nonprofit: Amendments to your Articles of Incorporation and Bylaws. Proof of name change registered with the IRS.

Commercial: ➤ For change of business name, please submit verification of approval from Business Licensing Services (<http://bls.dor.wa.gov/>) and Liquor and Cannabis Board (<https://lcb.wa.gov/>).

➤ For change of your Limited Liability Company "LLC" or Corporation name, please submit amendments to your existing LLC agreement, LLC Formation, Articles of Incorporation, and corporate meeting minutes.

