

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 / WEB SITE: www.wsgc.wa.gov

TRANSFER APPLICATION

FEE: \$1

See the attached fee schedule (GC5-055K FS) NOTE: All refunds of application / license fees will be issued to the applicant.

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

* * * GENERAL INSTRUCTIONS * * *

- Please read the enclosed pamphlet entitled Gambling License Certification Program and the WAC rules pertaining to each area of the application. You will find them very helpful and informative.
- Please type or print with dark ink. Answer ALL questions. Use N/A if not applicable.
- Be sure that you select and check the correct transfer action.
- Make sure that the application is signed and dated by the highest-ranking officer.
- Avoid processing delays. Ensure that the application and any attachments are complete.
- Mail or deliver the completed application and fee to the above address. PLEASE NOTE: Once the application and fees have been received, additional documentation can be sent via fax or email.
- Complete training as required by WAC 230-03-070. See attached letter (GC5-017).
- For assistance, call Licensing Services at our toll-free number 1-800-345-2529 or (360) 486-3440.

1. Type of Transfer Action: (Mark 🗵 one and complete all requirements)

Change of Business Classification (Complete items #2, #3 and #6).	<u>Used when change from</u> : Sole proprietorship to corporation, partnership to corporation, partnership to sole proprietorship, LLC to corporation, LLC to sole proprietorship., etc.
Court Directed Change (Complete items #2, #4, and #6)	Used when a court has appointed a guardian, executor, administrator, receiver, etc., for proven incapacity, death, receivership, divorce, bankruptcy, or assignment for benefit of creditors.
Partnership Change (Complete items #2, #5, and #6)	Used only when a partnership buys out one or more partners but continues operation as a partnership.

Applicant Information: 2.

a.	Organization's Name																				
	(prior to this transaction):	I	 	_i	_i	_i	i	-i	.i	_i	.i	.i	I	.i	I	i	.i	i	i	i	il
b.	Mailing Address:	 	 	 _	_	 	 	 _	 .	 _	 .	 .	 	 .	 	 	l .I	 	 	 	
	_ City		 	 _	 _	_	 		 .1	I _I	 	 	l	 St	ate	.		! !	l Zip	 	I

UBI#:| | | | | | | | |

If you checked the Change of Business Classification in Item #1 above, type or print the name of the corporation, С partnership or sole proprietor that will own the business after change here:

Business Office Use	Business Office Use Only:											
Code: 211	Date:	Amt: \$	_ Val #:									
GC4-011b (Rev. 12/22)	Our Miss	ion: Protect the Public by Ensuring that Gambling is Legal and Ho	onest	Page 1 of 3								

3. Change of Business Classification Information / Requirements: (WAC 230-06-106(3)(4))

a.	List all owners <u>p</u>	rior t	to this	tran	sacti	on:	Atta	ch a	dditic	nals	shee	ets, if	nec	essa	ry, u	sing	this	form	<u>at</u> .			
	• Last Name:	¦	 l	 	 _	 	 _	 _	 _	 .	 .	 _	 _	l I	I I		I I	I I	 	I I	 	I
	First Name:	¦.	I		_		 _	 _	 _	 .		 -	 -	I I	l I		! !	 	 	 		
	Middle Name:	¦	I			 _	 _	 _	 _1	I .I	 .	 -	 -	 	I I		I I	I I	I I	I I	 	
	Title:	 	I		 _		 _	 _	 _	 .	 .	 -	 _	 	I I		I I	I I	I I	 	I I	
	Percentage Ow	ned:	! i	I	_ %																	
	• Last Name:	¦.	 l		 _		 _	 _	 _			 _	 _	 	I I		I I	I I	 	 	 	
	First Name:	¦			_	 _	 _	 _	 _	I .I	 .	 -	 -	I I	l I	 	! !	I I	I I	 		
	Middle Name:	¦	I	 	 _	 -	 _	 _	I _1	I .I	 .	 -	 _	 	I I		I I	I I	l I	l I	 	
	Title:	I I .II	 l	I	I _I	 -	 _	 _	I _I	I .I	 .	 -	 _	 	I I		I I	 	 	 	 	
	Percentage Ow	ned:	¦_	 	_ %																	
b.	Complete and su	ubmif	t the a	ppro	priat	e fo	rm(s	s): (A	Il for	ms li	isted	l belo	ow a	re att	ache	ed)						

- (1) From a sole proprietorship / partnership / LLC to a corporation:
 - Ownership / Organization Disclosure (GC4-021)
 - A copy of your signed and dated articles of incorporation, showing the filing stamp placed by the Secretary of State's office.
 - Minutes of your corporate meeting showing the formation of the corporation, election of officers and issuance of stock.
 - Signed and dated copies of all documents setting out the sale and / or transfer of the stock issued.
 - All documents covering assignment, sale or lease of business and premises to the corporation. (Please ensure each document has been signed and dated.)
 - A copy of the LLC agreement to include names of members & units or shares issued, managing member(s), purpose, duration, cash & non-cash contribution(s), withdrawal procedures, etc.
 - A copy of the LLC formation including date stamp verifying it has been recorded with the Secretary of State.
- (2) For a partnership or LLC to a sole proprietorship:
 - Signed and dated copy of partnership dissolution and buyout of partner(s).
 - All documents covering sale or assignment of business and premises to the sole proprietor.
 - Financial Statement (GC4-320).
 - Source of Funds Statement (GC4-321).

4. Court Directed Change Information / Requirements: (WAC 230-06-106(5))

a. Name of deceased or incapacitated owner:

	Last Name:	_	_	 	 _	 _	 _	 _	 _	 _	 .	 _	l .I		l I	 .	 	 .I	 	
	First Name:	 _	_	 _	 _	 _	 _	 _	 _	 	 .	 _	I	 	l .I	 	
	Middle Name:	I	_	 _	 _	 _	 _	 _	 _	 _	 -	 -	I .I	I .I	 .	I .I	I .I	I I	I .I	l I	I .I	 	
b.	Name of court ap	opoii	nted	guar	dian	, exe	ecuto	or, ac	lmini	istrat	or, r	eceiv	ver, e	etc.:	(Plea	ase o	desig	Inate	e.)				
	Last Name:	 _	_	 _	_	 _	 _	 _	 _	.	 .	 -	 .I	 .	l .I	 .	.	 		 	.	 	
	First Name:	 _	_		 _	 _	 _	 _	 	 	 -	 -	 .	I .I	 .	 .	I .I	 	I .I	 	I .I	 	
	Middle Name:	I	 		 _	 _	 _	 _	 _	 _	 .	 .	l .I	 .	 .	l .I	 .	 	 .	 	 .	 	
	Designation:	 _	_	_	 _	 _	 _	 _	 	 	 -	 -	 .	I .I	 .	 .	I .I	 	I .I	 	I .I	 	
	Telephone:		 	-	 _	 _	_ - _			 													
C.	Reason court ac	tion	requ	ired:																			

4. Court Directed Change Information / Requirements: (Continued)

- d. Please submit the following:
 - A copy of the signed and dated court order and any other documents appointing or confirming the above named as guardian, executor or administrator, receiver, trustee, or assignee for the benefit of creditors and, in the case of death, a copy of the certificate of death, will, community property agreement, or such document.
 - If not previously submitted, complete and submit a *Personal / Criminal History Statement* (BLS-700-301) for the individual and spouse listed in 4.b. above, and for those persons listed per WAC 230-03-045.
- 5. Dissolution of Partnership(s) Information / Requirements: (<u>Only Used</u> if partnership continues complete the change of business classification portion if changing your business structure. Review Section 1.)
 - a. Submit all signed and dated documentation on the buyout of the other partner(s).
 - b. Complete and submit attached:
 - Financial Statement (GC4-320); and
 - Source of Funds Statement (GC4-321).

* * * IMPORTANT * * *

If you are a new substantial interest holder, as part of this application, you are required to provide positive proof of identity. To accomplish this requirement, submit along with this application, a copy of a valid driver's license, a state identification card, or a valid passport. Ensure photograph is identifiable. You may also be required to submit fingerprints. If so, fingerprint cards, with instructions, will be sent to you.

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to disclosure under the Public Records Act (RCW 42.56) and other Washington laws. The Commission may disclose to the public, other state or federal agencies, or discuss at a public meeting all information set forth in this application and all supplemental information submitted.

OATH OF HIGHEST-RANKING INDIVIDUAL OR DESIGNEE

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/regulationenforcement) or the Washington State Legislature (http://leg.wa.gov/). In the event I am the Designee, I also acknowledge that the Highest-Ranking Individual is also responsible to know and comply with all previously referenced rules and laws.

Full Legal Name and signature of Highest-Ranking Individual or Designee:

Last Name:	 	 _	_	 _	 _	 .	 	 	 .	 .	! 	 	l I	 	 		 	l .I	 	 	 	 	 	
First Name:	 	 _	 	 _	 -	 .	 	 	 .	l .I	 .	I I	I I	I I	 	 	l I	 	I I	I I]] 	
Middle Name:	I	 _	 _	 _	 -	l .I	 	l .I	l .I	l .I	 .	I I	I I	I	 	l I	I I	 	I I	I I	 	ı ,	ı I	
Title:	 	 _	 _	 _	 -	 .	 	 	 .	l .I	 .	I I	I I	 	 	 	l I	 	I I	I I	l I	 	ı I	<u> </u>
Date:	/	 _	_ / _	 l_	 	 _																		

Signature:

6.

Sole Proprietor / Chief Executive Officer / LLC Manager / All Partners / Designee / Court Appointed Successor to Owner



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OWNERSHIP / ORGANIZATION DISCLOSURE

Тур	be of	f Legal Entity: 🗌 Corporation 🔲 LLC 🔲 Partnership 🔲 Other: _
1.	Na	me:
	Bus	siness Mailing Address:
	City	y:
	UB	
	Te	elephone:
		Cell: _ _ _ _
	E-N	/ail Address: │ │_ │_ │_ │_ │_ │_ │_ │_ │_ │_ │_ │_
2.	Tra	de Name:
3.	Tot	al Shares / Stock of Corporation only: _ _ _ _ Total Shares Issued: _ _ _ _ _ _ _ _ _
4.	Со	mplete the following information for:
	• <u>C</u>	Corporation: All Officers & Stockholders • LLC: Managers & all LLC members • Partnership: All partners
		[.] organizations with multi-level ownership, submit an attachment showing the organization's complete ownership icture.
		_ substantial interest holders (owners, officers, shareholders, and partners) MUST be disclosed on this form or
		ached sheets (see WAC 230-03-045).
	NO	TE: Provide full legal name for an individual or name of legal entity. Add additional sheets (in the format shown) as required.
	a.	Last Name / Legal Entity:
		First Name: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
		Middle Name: Birthdate: / / /
		Title:
		Mailing Address:
		City: State: Zip:
		Date Acquired: / / /
		LLC / Corporation: Percentage of Ownership: % Units / Shares Owned:
	b.	Last Name / Legal Entity:
		First Name:
		Middle Name: Birthdate: / / /
		Title:
		Mailing Address:
		City: Zip: _ _ _ _ _ _ _ _ State: _ Zip: _ _ _ _ _ _ _ _ _ _ _
		Date Acquired:
		LLC / Corporation: Percentage of Ownership: //// /// /// ///// //// //// ///// /

4.	Co	mplete the following information: (Continued)	
	C.	Last Name / Legal Entity:	
		First Name:	
		Middle Name: Birthdate: // // // // // // // // // /// /// /// /// /// _///	
		Title:	
		Mailing Address:	
		City: Zip: State: Zip:	
		Date Acquired: / / / /	
		LLC / Corporation: Percentage of Ownership: % Units / Shares Owned:	
lfy	/ou	have additional substantial interest holders (owners, officers, shareholders, and partners), please provide al	11

information requested above for each in a separate attachment.

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to disclosure under the Public Records Act (RCW 42.56) and other Washington laws. The Commission may disclose to the public, other state or federal agencies, or discuss at a public meeting all information set forth in this application and all supplemental information submitted.

OATH OF APPLICANT

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/regulationenforcement) or the Washington State Legislature (http://leg.wa.gov/). In the event I am the Designee, I also acknowledge that the Highest-Ranking Individual is also responsible to know and comply with all previously referenced rules and laws.

Print Full Legal Name:

Last Name:	 1	 	 	 _	 _	 _	 _	 _	 _	 _	 _	 _	 .	 	l I	 _	 .	 .	 _	 _	 -	l I	
First Name:	 		_ _	 _	 _	 	 	 	 _	 _	 _	 _	 .	 	I I	 _			 _	 _	 _	I I	
Middle Name:	 		_	 _	.	.	.	 _	.	 _	 _	 _		l I	I I	 _	.	!	 _	 _	 -	I I	<u> </u>
Signature: Sole Prop	orietor /	Chief	Execu	itive C	Officer	/ LLC	C Man	ager	/ All F	Partne	ers / D	esigne		ate:		I I	/ N	 IM / C	/ ר / סכ	 YYY	 -	I I	<u> </u>
Application Pre	pare	ed B	y:																				
Last Name:	I		 	 _	 _	 _	 _	 _	 _	 _	 _	 _	 .	 	I I	 _	I .I	I .I	 _	 _	 _	I I	
First Name:		 	_	 _	_	<u> </u>	<u> </u>	<u> </u>	_	. _	 _	 _	 .	 	I I	 _	.	! 	_	 _	 -	! !	<u> </u>
Middle Name:	 		 _	 _	 _	.	.	.	 _	 _	 _	 _	.	 	I I	 _		.	 _	 _	I -I	I I	!
Primary Phone: _		_	-	 	 _	_ - _	 	 	 _			Ce	II:	 	 	- _	 			-	 _	I I	<u> </u>
E-Mail Address:	 	 	 	 _	 _	 _	 _	 _	 _	 _	 _	 _	 .	 	I I	 _	 .	 .	 _	 _	 _	l I	¦
	@ _	 	 	 _	 _	 _	 _	 _	 _	 _	 _	 _	 .	 	I I	 _	 .	 	 _	 _	 -	l I	!



STATE OF WASHINGTON GAMBLING COMMISSION "Protect the Public by Ensuring that Gambling is Legal and Honest"

TRAINING REQUIREMENTS FOR ALL APPLICANTS

Organizations and individuals that are applying for a gambling license are required to complete training for the gambling activities they are licensed to operate. Any new president (or equivalent), chief executive officer, and activity manager(s) must complete training within 30 days of the effective date of a new or renewed license.

WAC 230-03-070 states:

- 1. You must complete a training course we establish if you:
 - a. Signed the licensing application; or
 - b. Are a manager; or
 - c. Are responsible for conducting gambling activities or completing records.
- 2. You must complete training within 30 days of the effective date of your license.
- 3. We do not require manufacturers or manufacturer's representatives, or major sports wagering vendors to complete training. However, all licensees are expected to know and follow all rules upon receiving your license.

You can access the training materials, videos and reporting records on our website at '<u>https://www.wsgc.wa.gov/licensing/training-requirements</u>'.

If you are unable to access the training materials on our website, please contact a Licensing Specialist at 1-800-345-2529 (toll-free) or (360) 486-3440.

STATE OF WASHINGTON

360-705-6741

BUSINESS LICENSING SERVICE PO Box 9034 Olympia, WA 98507-9034

LICENSE NUMBER _

UBI NUMBER

Personal/Criminal History Statement

. ...

	· · · ·		• •	all spaces or print		,				
Type of Er	ndorsements(s) you are app	lying for: (Prov	ide a copy of this form	n to each agency. See	page 2) 🗌 LOTT	ERY (complete pag	e 1 only)			
	R 🗌 GAMBLING 🗌 CI	GARETTE/TOBAC	CO Wholesaler/Ret	ailer 🗌 VAPOR F	RODUCTS Delive	ery/Retailer/Sales				
BUSINESS I	NAME: (DBA or trade name)									
BUSINESS I	LOCATION ADDRESS: Street of	or Route	City		County	State or Country	Zip Code			
IAMA: (Check all th						LLC MEMBER/MGR				
	t, First, Middle)			Maiden		SOCIAL SECURITY N				
10 WIL. (200				Malach						
HOME MAILING ADDRESS: (Street or PO Box) City County										
State or Cou	intry:	Zip Code:		HOME PHONE:		WORK/CELL PHONE	:			
HOW LONG LIV	VING AT HOME ADDRESS ABOVE:	HEIGHT:	WEIGHT:	EYE COLOR:		HAIR COLOR:				
BIRTHDATE	: (Month, Day and Year)	SEX: AMALE	RACE:	DRIVER'S LICENSE	NUMBER & STATE O	F ISSUE:				
		istration/entry visa/wo	rk permit number(s):	PORT OF ENTRY:		DATE OF ENTRY: (M	onth, Day and Year)			
SPOUSE'S I	NAME: (Last, First, Middle)			Maiden		DATE OF MARRIAGE	: (Month, Day and Year)			
			LICENSE	HISTORY		1				
List any bu	usiness licenses that you h	nave ever held, cu	rrently applied for, c	or have been denied	/revoked/suspend	led in any state.				
TYPE	LICENSE NUMBER	S	BL	JSINESS NAME		STATE	LAST YEAR HELD			
GAMBLING										
LIQUOR										

CRIMINAL HISTORY STATEMENT

3. Been convicted?

4. Been Jailed?

Have you EVER:

LOTTERY OTHER

> 1. Been arrested or cited? 2. Been charged with a crime?

5. Been placed on probation?

6. Forfeited bail or paid a fine over \$25 (Include traffic fines)?

You must answer "YES" if any of the above have occurred, even if charges were dismissed, deferred or changed. Explain each charge fully below and attach additional sheets as needed. False or incomplete information may result in denial, suspension or revocation of a license. You must include events that occurred while you were a juvenile.

OFFENSE DATE	OFFENSE	CITY	COUNTY	STATE	DISPOSITION AND DATE
			•	•	

CERTIFICATION

I certify under penalty of perjury that all answers and statements on page 1 and 2 are true, correct and complete. I understand that untruthful or misleading answers are cause for denial of a license and/or revocation of any license granted. I hereby authorize investigation of my criminal history, financial records and other sources as necessary for licensing. SIGNATURE:

X			
PRINT NAME:		DATE SIGNED:	PLACE SIGNED: (City, County and State)
If applying for gambling	SIGNATURE:	•	
license, elected chief ex- ecutive officer or employer	X		
must also sign this form.	PRINT NAME:	DATE SIGNED:	PLACE SIGNED: (City, County and State)

 \Box YES \Box NO

Personal/Criminal History Statement (Page 2)

LICENSE NUMBER

UBI NUMBER

			Α	DDITIONAL PE	RSON	AL HISTOR	Y			
PLACE OF BIRTH: (City		County				State or C	ountry		
OTHER NAMES USED:						PREVIOUS SO	OCIAL SECU	JRITY NUME	BER:	
PLACE OF MARRIA	GE: City		County					State or Co	ountry	Zip Code
MILITARY SERVICE	: (Branch and dates of s	service)	COUNTRY	OF MILITARY SERV	ICE:		TYPE OF DISCHARGE:			
E-MAIL ADDRESS:				FA	X NUM	BER:				
				EMPLOYME	ENT H	ISTORY				
	self-employment, m needed, attach ad					ce for the last	t 10 <u>conse</u>	ecutive yea	ars (including	foreign residences).
Dates From - To:	`	TITLE:					SUPERVIS	OR:		
EMPLOYER/SCHO	OL:									
ADDRESS: (Street of	or Route)			City			County		State or Country	Zip Code
Dates From - To:		TITLE:					SUPERVIS	OR:		
EMPLOYER/SCHOO	OL:									
ADDRESS: (Street of	or Route)			City			County	5	State or Country	Zip Code
Dates From - To:		TITLE:					SUPERVIS	OR:		
EMPLOYER/SCHOO	OL:									
ADDRESS: (Street of	or Route)			City			County	S	State or Country	Zip Code
				RESIDENCE	INFO	RMATION				
	places of residen				ars (i	nclude foreig	n residen	<u>ces</u>). List	current reside	nce first. If more
Dates From - To:	STREET ADDRESS:	3116613	in Same it	inat.						
	CITY:				COUN	TY:		S	TATE or COUNTR	RY: ZIP CODE:
Defec From To	STREET ADDRESS:									
Dates From - To:										
	CITY:				COUN	TY:		ST	TATE or COUNTR	Y: ZIP CODE:
								I		
APPLIC LIQUOR CONT PO BOX 43098 OLYMPIA WA 9		LOT PO B	ERY CO OX 43027	MMISSION	GA PC	NCIES YOU H MBLING C D BOX 42400 YMPIA WA	OMMISSI	ON	CIGARET PO BOX 4	TE/TOBACCO

For assistance or to ask about the availability of this document in an alternate format, please call 360-705-6705. Teletype (TTY) users may use the Washington State Relay Service by calling 711.



Washington State Gambling Commission Licensing Division P.O. Box 42400 Olympia, WA 98504-2400

FINANCIAL STATEMENT

UBI NUMBER

LICENSE NUMBER

AS OF (SPECIFY DATE):

NOTE: This financial statement form must be completed for each organization and individual required to be backgrounded as part of this license application.

BUSINESS NAME (DBA or trade name)

THIS FINANCIAL STATEMENT IS FOR: (Choose either No. 1 or No. 2)

□ 1. AN INDIVIDUAL (can be joint for husband and wife)								
I AM A: (Check appropriate boxes)		PRIETOR SPOUSE LIMI			R 🗌 FINANCIER	LLC MEMBER		
CORP. OFFICER Title:			STOCKHOLD	ER (10% or more)	OTHER:			
NAME: Last				First		Middle		
HOME MAILING ADDRESS:	Street or Route		City	County	State or Country	Zip Code		
HOME/CELL PHONE		WORK PHONE	=		FAX NUMBER			
()		()			()			
2. A BUSINESS ENTITY	(
BUSINESS ENTITY IS A:		LIMITED PAR	TNERSHIP	LIMITED LIABILITY	COMPANY 🗌 LIMITE	D LIABILITY PARTNERSHIP		
NAME OF BUSINESS ENTIT	Y:							
HOME MAILING ADDRESS:	Street or Route		City	County	State or Country	Zip Code		
HOME/CELL PHONE		WORK PHONE	=		FAX NUMBER			
()		()			()			

A ANNUAL INCOME (all household)	AMOUNT	B PERSONAL INFORMATION				
Salary (include spouse & other household salaries)		Other Business Interests (list all over 5% ownership):				
Dividends, Bonus and Commissions						
Other Income (rental, investment interest)						
TOTAL INCOME						
ASSETS (If additional space is required, attach separate sheet)						

C CHECKING ACCOUNTS

C CHECKING ACCOUNTS											
BANK NAME	ACCOUNT TYPE	ACCOUNT NUMBER	BALANCE	AUTHORIZED SIGNERS							
		\$									

D SAVINGS AC	SAVINGS ACCOUNTS										
BANK NAME		ACCOUNT TYPE	ACCOUNT NUMBER	BALANCE	AUTHORIZED SIGNERS						
			Total	\$							

E	STOCKS, BONDS, MUTUAL FUNDS, IRA's, 401K's									
COMPANY INVESTMENT TYPE (mutual fund, stock, IRA, etc.) & ACCT #		DATE ACQUIRED	# OF SHARES/FACE VALUE MARKET VALUE		AUTHORIZED SIGNERS					
			\$							

F NOTES AND ACCOUNTS RECEIVABLE (monies owed to you or your business)							
FROM WHOM (Full name, address and phone number)	CURRENT BALANCE	MONTHLY PAYMENT	DATE ACQUIRED	DUE DATE			
Total	¢						

Total	\$
-------	----

G BUSINESS AND OTHER INVESTMENTS			
BUSINESS INVESTMENT NAME	FAIR MARKET VALUE	ANNUAL REVENUES	DATE ACQUIRED
Tatal	¢		

Total \$

H REAL ESTATE OWNED					
ADDRESS OF PROPERTY	DATE ACQUIRED	PURCHASE PRICE	NAME ON TITLE	LAND/BUILDING VALUE	MORTGAGE BALANCE
	\$				

I MORTGAGES, LEASES AND CONTRACTS OWNED (paid to you/receivable)									
DESCRIPTION OR ADDRESS	FULL NAME OF DEBTOR	PHONE	PAYMENT SCHEDULE	AMOUNT PAST DUE	ORIGINAL BALANCE	PRESENT BALANCE	INTEREST RATE		
	Total \$								

J	J AUTOMOBILES, BOATS AND OTHER VEHICLES (industrial, recreational, farm)									
	MAKE, MODEL, DESCRIPTION YEAR DATE ACQUIRED NAME ON TITLE PURCHASE PRICE FAIR MARKET VALUE									
	Total									

K MISCELLANEOUS PROPERTY (jewelry, collections, gae/kye)				
DESCRIPTION	DATE ACQUIRED	PURCHASE PRICE	CURRENT BALANCE	FAIR MARKET VALUE
	•		Total	\$

LIABILITIES (If additional space is required, attach separate sheet)				
L NOTES AND TAXES PAYABLE (owed by you)				
TO WHOM (Full name, address and phone number)	ORIGINAL DATE OBLIGATED	CURRENT BALANCE	MONTHLY PAYMENT	DUE DATE
	Total	\$		

M ACCOUNTS AND BILLS P	AYABLE (owed by you)									
TO WHOM (Full name, a	TO WHOM (Full name, address and phone number)			INAL DATE LIGATED		RENT ANCE				DUE DATE
			1	Total	\$					
N CONSUMER DEBTS/STUD	ENT LOANS (credit car	ds, auto, o	other)							
TYPE OF DEBT	NAME OF LENI	DER		ORIGINA BALANC		INTER RAT		MONTH PAYMEI		CURRENT BALANCE
		_ /						Total		\$
O LEASES, MORTGAGES A		G (paid by	you/pa		AMOL	1	nents			
PROPERTY ADDRESS	FULL NAME OF LENDER/LANDLORD	PH	HONE	CURRENT BALANCE	PAS	ST D	MONTHLY ORIG PAYMENT BALA			INTEREST RATE
		т	otal	\$					I	
P COURT ORDERED PAYM	ENTS				•					
TO WHOM		ORIGI ORDERED		. DATE C	DATE OF ORDER		MONTHLY PAYMENT			CURRENT BALANCE
	CEN	NERAL IN	FODM				Tota	1	\$	
*Attach additional pages to full papers.					w. Atta	ch copi	ies of de	ocumen	ts an	d court
1) Is anyone a guarantor, endors liabilities?	1) Is anyone a guarantor, endorser or co-signer on any of your personal or business debts, contracts, leases or other						YES 🗌 NO			
inancial interest?						YES 🗌 NO				
3) Have you or any business in which you had 5% or more ownership or financial interest been directly or indirectly obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgments?					YES 🗌 NO					
due on any rederal debt of any other loans of financial obligations?					YES 🗌 NO					
count-ordered payments?					YES 🗌 NO					
6) Have you or any business in which you had 5% or more ownership or financial interest been a defendant in any suits or legal actions regarding financial matters within the last five years?					YES 🗌 NO					
7) Have you ever filed for personal bankruptcy, or been part of a business in which you had 5% ownership or financial interest that has filed for bankruptcy?					YES 🗌 NO					

CERTIFICATION

I certify that this Financial Statement (pages 1, 2 and 3) represents my true financial status as of this date. I hereby authorize investigation of my financial records and other sources as necessary for licensing.

SIGNATURE

TITLE (if corporate officer)

DATE

FOR AGENCY USE ONLY

TOTAL ASSETS (ITEMS C-K):_

TOTAL LIABILITIES (ITEMS L-P): _

NET WORTH (NET WORTH = ASSETS – LIABILITIES):



Washington State Gambling Commission Licensing Division P.O. Box 42400 Olympia, WA 98504-2400

SOURCE OF FUNDS STATEMENT

UBI NUMBER

LICENSE NUMBER

AS OF: __

NOTE: A separate Source of Funds Statement must be completed by the business and each individual who has provided funds to the business.

BUSINESS NAME (DBA or trade name)

THIS SOURCE OF FUNDS STATEMENT IS FOR: (Choose either No. 1 or No. 2)

1. AN INDIVIDUAL (can be	ijoint for h	usband and	wife	e)					
I AM A: (Check appropriate boxes	AM A: (Check appropriate boxes)				PARTN	ER 🗌	FINAN	CIER	LLC MEMBER
CORP. OFFICER Title):				.DER (10% c	or more)		HER:	
NAME: Last				First				Mido	lle
HOME MAILING ADDRESS: Street or Route									
City			Stat	te or Country			Zip Co	de	
HOME / CELL PHONE		WORK PHON	! NE			FAX NUM	IBER		
()		()				()		
2. A BUSINESS ENTITY									
BUSINESS ENTITY IS A:	CORPORA	TION			ARTNERSHI	Р		ITED LI	ABILITY COMPANY
NAME OF BUSINESS ENTITY:									
MAILING ADDRESS: Street or R	oute								
City			Stat	te or Country			Zip Co	de	
HOME / CELL PHONE		WORK PHON	١E			FAX NUM	IBER		
()		()				()		
		OU	TLIN	NE OF COST	S				
Please disclose ALL COSTS involved in opening the business. If you are making a change to your current business that already has a license, outline only the costs involved with this change to your business. Attach additional sheets if needed.						business that			
COSTS								DOL	LAR AMOUNT
Real property purchase amount OR lease deposit plus first month's rent						\$			
Stock / Shares					\$				
Business assets (to include equipment, inventory, trade name, good will, etc.) OR the cost associated with opening the new business.									
Remodeling costs OR costs to change your currently licensed premise.									
Miscellaneous fees (such as etc.) / Other	Miscellaneous fees (such as license/gambling, legal/architectural, health/city-county permit, etc.) / Other								
				GRAN	D TOTAL	OF COS	STS	\$	

SOURCE OF FUNDS AND CERTIFICATION

Please explain carefully ALL funds used to get into business or change your current license. Your explanation needs to include all costs outlined on page 1 and should equal or exceed the Grand Total of Costs. Attach additional sheets if needed.

DOLLAR AMOUNT	INSTRUCTIONS	EXPLANATION (Attach documentation of the following source of funds)
CASH PAID / CONTRIBUTION \$	Explain the original source of the cash used (checking, savings, investment accounts, trust funds, money on hand, etc.). Explain where the cash is or was kept and the account number.	
CASH BORROWED / RECEIVED \$	Explain where the cash was borrowed or received from (bank, finance company, credit card, insurance fund, personal loan or gift of money, etc.). Provide the name and address of the lender and the account loan number.	
DEFERRED CONTRACT \$	Explain any amounts being carried on a contract (such as a purchase and sale agreement or seller carried promissory note).	
NON-CASH CONTRIBUTIONS \$	Explain any non-monetary contributions, such as labor or equipment.	
TOTAL OF FUNDS	This amount should equal or exceed the grand total of costs from Page 1.	

CERTIFICATION

I certify, under penalty of perjury, that this Source of Funds Statement represents my true source of funds status as of this date, and my contribution to this business. I hereby authorize investigation of my financial records and other sources as necessary for licensing.

GC4-321 (Rev. 8/16)

Date:

WASHINGTON STATE GAMBLING COMMISSION FEE SCHEDULE – COMMERCIAL STIMULANT / PROFIT-SEEKING ORGANIZATION

Per WAC 230-05-124, all licensed organizations must submit quarterly license fees and license reports to us for each licensed gambling activity beginning with the first quarter of their license year. The quarterly license fee is due with the quarterly license report.

WAC 230-05-165 Commercial stimulant organization fees. All commercial stimulant organizations must pay the following fees:

(1) Annual licenses:

License Type	Base License Fee	Gross Gambling Receipts Rate	Maximum Annual License Fee
Card Games - Nonhouse-Banked	\$70	1.550%	\$32,000
Card Games - House-Banked	\$11,000	1.550%	\$64,000
Punch Boards / Pull-Tabs	\$770	1.516%	\$20,800

(2) Change fees:

Change of:	Fee
Name	\$110
Location	\$110
Business Classification (Same Owners)	\$110
Corporate Stock / Limited Liability Company Shares / Units	\$110, and cost reimbursement for investigating the transaction and qualification of each substantial interest holder
License Transfers	\$110

(3) Other fees:

Transaction	Fee
Duplicate License	\$55

WAC 230-05-170 Fees for other businesses. All other business organizations must pay the following fees:

(1) Annual licenses or permits:

(1) Annual licenses	or permits.		
License Type	Base License Fee	Gross Gambling Receipts Rate	Maximum Annual License Fee
Agricultural Fair Bingo (Annual Permit)	\$220	-	-
Call Centers for Enhanced Raffles	\$5,280	-	-
Commercial Amusement Games	\$550 plus \$70 per approved location	1.198%	\$17,600
Distributor	\$770	1.516%	\$11,200
Fund-Raising Event Distributor	\$310	1.516%	\$1,600
Linked Bingo Prize Providers	\$1,650	.048%	\$32,000
Manufacturer	\$1,650	1.516%	\$40,000
Manufacturer's Special Sales Permit	\$275	-	-
Punch Board/Pull- Tab Service Business Permit	\$275	-	-

License Type	Base License Fee	Gross Gambling Receipts Rate	Maximum Annual License Fee
Gambling Service Supplier	\$330	1.516%	\$11,200
Major Sports Wagering Vendor	\$30,000		
Mid-Level Sports Wagering Vendor	\$5,000		
Ancillary Sports Wagering Vendor	\$2,000		

(2) Events or permits:

		Gross	Maximum
	Base	Gambling	Annual
	License	Receipts	License
License or Permit Type	Fee	Rate	Fee
Recreational Gaming Activity	\$70	-	-
Special Property Bingo	\$35	-	-

(3) Change fees:

(-,	
Change of:	Fee
Name	\$110
Location	\$110
Business Classification (Same Owners)	\$110
Corporate Stock / Limited Liability Company Shares / Units	\$110, and cost reimbursement for investigating the transaction and qualification of each substantial interest holder
License Transfers	\$110

(4) Other fees:

· · · · · · · · · · · · · · · · · · ·	
Transaction	Fee
Add a New Amusement Game Location	\$70
Defective Punch Board / Pull-Tab Cost Recovery Fees	Up to \$110
Duplicate License	\$55
Pre- and Post-Licensing Investigations	Cost reimbursement
Review, Inspection, and/or Evaluation of Gambling Equipment, Supplies, Services, Games, Schemes, or Group 12 Amusement Games	Deposit and cost reimbursement

WAC 230-05-175 Individuals license fees. Individuals must pay the following fees:

(1) Annual license and additional employer fees:

			Additional
	New	Annual	or Change
	Application	Renewal	of Employer
License Type	Fee	Fee	Fee
Call Center for Enhanced Raffle Representative	\$275	\$170	-

WASHINGTON STATE GAMBLING COMMISSION FEE SCHEDULE – COMMERCIAL STIMULANT / PROFIT-SEEKING ORGANIZATION

(1) Annual license and additional employer fees:

License Type	New Application Fee	Annual Renewal Fee	Additional or Change of Employer Fee
Card Room Employee License – Nonhouse- Banked (Class A)	\$200	\$95	\$65
Card Room Employee License – Class F And House-Banked (Class B)	\$275 (in-state) \$340 (out-of-state)	\$170	\$65
Charitable or Nonprofit Gambling Manager	\$200	\$95	\$95
Commercial Gambling Manager	\$200	\$95	\$95
Distributor Representative	\$275	\$170	\$65
Linked Bingo Prize Provider Representative	\$275	\$170	\$65
Manufacturer Representative	\$275	\$170	\$65
Gambling Service Supplier Representative	\$275	\$170	\$65
Major Sports Wagering Vendor Representative	\$275	\$170	\$65

(1) Annual license and additional employer fees:

	New Application	Annual Renewal	Additional or Change of Employer
License Type	Fee	Fee	Fee
Mid-Level Sports Wagering Vendor Representative	\$275	\$170	\$65
Ancillary Sports Wagering Vendor Representative	\$275	\$170	\$65

(2) Class B card room employees must pay the out-of-state application fee if over the last ten years the applicant lived outside of Washington for six non-consecutive months or more.

(3) Other service fees:

Transaction	Fee
Change of name	\$30
Card room employee emergency waiver request	\$65
Duplicate license	\$30

(4) Military personnel returning from service

If a license expires while an individual is on active military service, the individual may apply to have their license reissued at the renewal fee. The application must be received within six months after completing their active military service. The applicant must provide evidence of the completion date of active military service.

<u>NOTE</u>: All fees are subject to change. The Commission will notify licensees of amended fee amounts by notice of rule-making. Per RCW 9.46.070, other fees on this schedule, the Commission will assess applicants all actual investigative and inspection costs.

OTHER HELPFUL WACs:

WAC 230-05-104 Defining "base license fee." (1) "Base license fee" is the fee you pay us when you:

- (a) Apply for an organization license or permit; or
- (b) Renew your organization's license or annual permit.

(2) "Base license fee" is the minimum annual license fee a licensed organization or permit holder will pay for operating an authorized activity.

WAC 230-05-106 Defining "maximum annual license

fee." "Maximum annual license fee" is the most you will pay to operate an authorized activity for the license year, which includes the:

- (1) Base license fee; and
- (2) Quarterly license fees.

WAC 230-05-122 Calculating quarterly license fees. (1) The quarterly license fee is calculated based on the gross gambling receipts from the previous quarter as reported on your quarterly license report.

(2) Each license year, the quarterly license fees will be offset by the base license fee. (For example, if your base license fee is sixty-five dollars and your quarterly license fee is forty-five dollars for the first quarter, no additional amount is due for the first quarter. You would offset any future quarterly license fees by the remaining twenty dollars of your base license fee.) WAC 230-05-124 Quarterly license fees and license reports. All licensed organizations must submit quarterly license fees and license reports to us for each licensed gambling activity beginning with the first quarter of their license year. The quarterly license fee is due with the quarterly license report.

The quarterly license reports must be in the format we require and must:

(1)		Be received by us
	Cover the period:	no later than:
	January 1 through March 31	April 30
	April 1 through June 30	July 31
	July 1 through September 30	October 31
	October 1 through December 31	January 31

(2) Be received online at our administrative office or postmarked no later than the dates indicated in the table in subsection (1) of this section; and

(3) Be submitted even if there is no quarterly license fee payable to us; and

(4) Be accurate; and

(5) Be completed by the highest ranking executive officer or a designee. If someone other than the licensee or an employee prepares the report, the preparer must include his or her name and business telephone number on the report; and

(6) Be submitted for any period of time the license was valid even if there was no gambling activity or the gambling license was not renewed.