



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
 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 #: _____

