

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 / TDD: 360-486-3637

WEB SITE: www.wsgc.wa.gov

REPORT THE ADDITION OR REMOVAL OF GROUP 12 GAMES FROM PLAY **COMMERCIAL AMUSEMENT GAME (52 / 53)**

Licensed Business Name:						
Telephone Number:		Org #: -				
Mailing Address:						
City:	State:	: Zip:				
Report added and/or remove provide a copy of the game I	ed Group 12 amusement games per <u>WAC 230-13-075(2</u> lease agreement.	2). For the addition of games, please				
I I Added I i i I I	Premises Organization #: _ - - _ - - - - - - - - - - - -	Date Added/Removed: / / MM DD YYYY				
Removed		MM DD YYYY				
Added	Premises Organization #: _ - _ _ Premises Name:	Date Added/Removed:				
Removed		MM DD YYYY				
Added	Premises Organization #: - - - - -	Date Added/Removed: i / i / ii MM DD YYYY				
Removed		MM DD YYYY				
I I Added I I I I I	Premises Organization #: - - - Premises Name:	Date Added/Removed:				
Removed						
CATH OF ADDITION						

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 or the Washington State Legislature.

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