

ADD

REPLACE

WASHINGTON STATE GAMBLING COMMISSION AUTHORIZED SIGNATURES

Date _____ Org # _____

Name of Business _____ City _____

Licensing Contact Person _____ Phone # _____

Licensing Contact Person _____ Phone # _____

E-Mail Address _____

Fax Number _____

Signature Authority: I give signature authority to the below named employees. They are authorized to sign employee applications, to include new applications, renewals, transfers, and waiver requests.

Name of Owner /
Highest Ranking Officer (please print) _____

Signature _____

Authorized Employees

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____