

Punch Board/Pull-tab Service Business Permit

- ☐ Application
- ☐ Fees
- ☐ Personal / Criminal History Statement (BLS-700-301) for each Substantial Interest Holder*
- ☐ Positive ID for each Substantial Interest Holder*
- ☐ Fingerprint cards for each Substantial Interest Holder*
- ☐ For corporations include a copy of articles of incorporation and corporate disclosure
- ☐ For LLC's include a copy of your LLC agreement, formation, and LLC disclosure

Note: The punch board and pull-tab service business must apply for a gambling service supplier license if combined gross billings exceed thirty thousand dollars during the permit period.

*** WAC 230-03-045 Defining substantial interest holder.**

(1) "Substantial interest holder" means a person who has actual or potential influence over the management or operation of any organization, association, or other business entity.

(2) Evidence of substantial interest may include, but is not limited to:

(a) Directly or indirectly owning, operating, managing, or controlling an entity or any part of an entity; or

(b) Directly or indirectly profiting from an entity or assuming liability for debts or expenditures of the entity; or

(c) Being an officer or director or managing member of an entity; or

(d) Owning ten percent or more of any class of stock in a privately or closely held corporation; or

(e) Owning five percent or more of any class of stock in a publicly traded corporation; or

(f) Owning ten percent or more of the membership shares/units in a privately or closely held limited liability company; or

(g) Owning five percent or more of the membership shares/units in a publicly traded limited liability company; or

(h) Providing ten percent or more of cash, goods, or services for the start up of operations or the continuing operation of the business during any calendar year or fiscal year. To calculate ten percent of cash, goods, or services, take the operational expenses of the business over the past calendar or fiscal year, less depreciation and amortization expenses, and multiply that number by ten percent; or

(i) Receiving, directly or indirectly, a salary, commission, royalties, or other form of compensation based on the gambling receipts.

(3) Spouses of officers of charitable or nonprofit organizations and spouses of officers or board members of publicly traded entities or subsidiaries of publicly traded entities are not considered substantial interest holders, unless there is evidence to the contrary. If so, then an investigation will be conducted to determine if they qualify as a substantial interest holder.



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
IN-STATE TOLL-FREE: 1-800-345-2529 / WEB SITE: www.wsgc.wa.gov

BASE LICENSE FEE: \$ 2 5 0

PUNCH BOARD / PULL-TAB SERVICE BUSINESS PERMIT (27)

See Fee Schedule (GC5-055 FS).

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: E Z P U L L - T A B S C O R P O R A T I O N

Trade Name (DBA): E Z P U L L - T A B S

Mailing Address: 1 2 3 4 M A I N S T

City: L A C E Y State: W A Zip: 9 8 5 0 3

E-Mail Address: E Z P U L L - T A B S

@ H O T M A I L . C O M

Telephone: 3 6 0 - 5 5 5 - 1 2 3 4 Fax: 3 6 0 - 5 5 5 - 1 2 3 6

Cell: 3 6 0 - 5 5 5 - 1 2 3 5

City Limits: ☒ Inside ☐ Outside Uniform Bus. Identifying (UBI) No.: 6 0 2 5 5 5 5 5

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.

-STORE PULL-TABS REMOVED FROM PLAY

-COMPLETE PULL-TAB RECORDS

Business Office Use Only:

Code: 211- Date: Amt: \$ Val #:

DOCUMENTATION REQUIRED

Check and complete the section(s) that apply to your business.

- ☒ *Ownership / Organization Disclosure* (GC4-021)
- ☒ Articles of incorporation, limited liability corporation formation, partnership agreement, and other documents which set out the applicant's business structure (WAC 230-03-050(1)(g)).
- ☒ For each substantial interest holder, as defined in WAC 230-03-045 as owners, officers, and anyone who has actual or potential influence, provide each of the following:
- ☒ *Personal / Criminal History Statement* (BLS-700-301)
- ☒ Proof of Identity such as a copy of a valid driver's license, a state identification card, or a valid passport.
- ☒ Documents as noted on the *Additional Requirements for a Commercial Business* (GC5-030) chart.

** IMPORTANT REMINDERS **

- Be sure to answer each question or write N/A for not applicable.
- Be sure you have attached a copy of all required documents and descriptions.
- You must notify the Gambling Commission within 10 days of *any* changes that may alter *any* of the information provided on this application during the application period *and* throughout your permit period.
- Read WAC 230-03-020. This section discusses keeping your permit valid and active.
- The permit is valid for one year. Prior to its expiration, the Gambling Commission will send you a permit renewal notice. This notice must be completed and returned, or your permit will automatically lapse.

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/regulation-enforcement>) 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: | D | O | E | | | | | | | | | | | | | | | | | | | | | |

First Name: | J | O | H | N | | | | | | | | | | | | | | | | | | | | | |

Middle Name: | J | A | C | O | B | | | | | | | | | | | | | | | | | | | | | |

Signature: _____ Date: | 0 | 1 | / | 1 | 5 | / | 2 | 0 | 2 | 2 |
Sole Proprietor / Chief Executive Officer / LLC Manager / Partner / Designee MM / DD / YYYY

Application Prepared By:

Last Name: | D | O | E | | | | | | | | | | | | | | | | | | | | | |

First Name: | J | O | H | N | | | | | | | | | | | | | | | | | | | | | |

Middle Name: | J | A | C | O | B | | | | | | | | | | | | | | | | | | | | | |

Primary Phone: | 3 | 6 | 0 | - | 5 | 5 | 5 | - | 1 | 2 | 3 | 4 | Cell: | 3 | 6 | 0 | - | 5 | 5 | 5 | - | 1 | 2 | 3 | 5 |

E-Mail Address: | E | Z | P | U | L | L | - | T | A | B | S | | | | | | | | | | | | | | | | | | | | | |
@ | H | O | T | M | A | I | L | . | C | O | M | | | | | | | | | | | | | | | | | | | | | |

ADDITIONAL REQUIREMENTS FOR A COMMERCIAL BUSINESS

You must submit the following clean and legible documents for all substantial interest holders and their spouses.

A substantial interest holder is a person who has actual or potential influence over the management or operation of any organizations (WAC 230-03-045). Examples are:

- owning, operating, managing, or controlling an entity
- profiting from an entity
- assuming liability for debts or expenditures of the entity
- being an officer, director or managing member

Additional Documents Needed	Sole Proprietorship	Limited or General Partnership	LLC	Corporation
<i>A Personal/Criminal History Statement</i> (BLS-700-301).	✓	✓	✓	✓
A copy of valid identification (ex: driver's license, state ID, passport or alien registration).	✓	✓	✓	✓
Copies of any civil, criminal or administrative action.	✓	✓	✓	✓
<i>A Financial Statement</i> (GC4-320) for each individual and business (provided).	✓	✓	✓	✓
<i>A Source of Funds Statement</i> (GC4-321) for each individual and business along with documents proving where the financial sources came from. Examples are: <ul style="list-style-type: none"> • loan agreement • promissory note • purchase/sales agreement • closing documents • other sales documents • copies of your personal/business bank statements for the last 12 months • copies of your personal/business IRS tax statements 	✓	✓	✓	✓
If the funds were not from a federal or state recognized financial institution such as a relative or friend, then each person must complete a <i>Personal/Criminal History Statement</i> (BLS-700-301), a <i>Financial Statement</i> (GC4-320) and a <i>Source of Funds Statement</i> (GC4-321) with supporting documents.	✓	✓	✓	✓
<i>Authorization for Examination and Release of Information</i> (GC4-299)	✓	✓	✓	✓
Fingerprinting required if lived out-of-state for more than 6 months in the past 10 years (GC5-231, GC5-232, and GC5-029).	✓	✓	✓	✓
<i>Ownership Disclosure</i> (GC4-021).		✓	✓	✓
Partnership agreement listing each partner, managing partners and dissolution procedures.		✓		
LLC agreement listing managing member, units issued, purpose, duration, capital, distributions and member withdrawal procedures.			✓	
LLC Certificate of Formation with verification it has been recorded with the Secretary of State's Office.			✓	
Articles of Incorporation listing name, officers, stockholders, stock authorized to issue, and verification it has been recorded with the Secretary of State's Office.				✓
Meeting minutes showing issuance of stock and election of officers.				✓



STATE OF WASHINGTON
BUSINESS LICENSING SERVICE
PO Box 9034
Olympia, WA 98507-9034
Telephone: 1-800-451-7985

LICENSE NUMBER 00-99999

UBI NUMBER 999-999-999

Personal/Criminal History Statement

(For Liquor, Lottery, Gambling and Cigarette/Tobacco Wholesaler/Retailer Licenses)

Please type or print clearly in dark ink. Complete all spaces or print N/A in spaces that do not apply.

Type of License(s) you are applying for: (You must provide a copy of this form to each of the agencies you checked below.)

☐ LIQUOR ☐ LOTTERY ☒ GAMBLING ☐ CIGARETTE/TOBACCO Wholesaler/Retailer

BUSINESS NAME: (DBA or trade name)

EZ Pulltab

BUSINESS LOCATION ADDRESS: Street or Route

1234 Main St

City

Hawks Prairie

County

Thurston

State or Country

WA

Zip Code

99999

I AM A:

☒ SOLE PROPRIETOR ☐ CORPORATE OFFICER ☐ STOCKHOLDER ☐ FINANCIER ☐ LLC MEMBER/MGR ☐ SPOUSE

(Check all that apply) ☐ PARTNER

Title: _____ 10% or more

☐ MANAGER

☐ OTHER:

NAME: (Last, First, Middle)

Doe, Jane

Maiden

Smith

SOCIAL SECURITY NUMBER:

999-99-9999

HOME MAILING ADDRESS: (Street or PO Box)

1234 High St

City

Lacey

County

Thurston

State or Country:

WA

Zip Code:

98503

HOME PHONE:

360-555-5554

WORK/CELL PHONE:

360-555-5555

HOW LONG LIVING AT HOME ADDRESS ABOVE:

30

HEIGHT:

5'05"

WEIGHT:

130

EYE COLOR:

BRN

HAIR COLOR:

BRN

BIRTHDATE: (Month, Day and Year)

6/1/1956

SEX: ☐ MALE

☒ FEMALE

RACE:

Caucasian

DRIVER'S LICENSE NUMBER & STATE OF ISSUE:

WA DOE**J*123AB

ARE YOU A U.S. CITIZEN?

☒ YES ☐ NO

If NO, give alien registration/entry visa/work permit number(s):

PORT OF ENTRY:

DATE OF ENTRY: (Month, Day and Year)

SPOUSE'S NAME: (Last, First, Middle)

Doe, John

Maiden

DATE OF MARRIAGE: (Month, Day and Year)

1/1/1975

LICENSE HISTORY

List any business licenses that you have ever held, currently applied for, or have been denied/revoked/suspended in any state.

TYPE	LICENSE NUMBERS	BUSINESS NAME	STATE	LAST YEAR HELD
GAMBLING				
LIQUOR				
LOTTERY				
OTHER				

CRIMINAL HISTORY STATEMENT

Have you EVER: 1. Been arrested or cited? 3. Been convicted? 5. Been placed on probation? ☒ YES ☐ NO
2. Been charged with a crime? 4. Been Jailed? 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
6/1/1975	Speeding	Olympia	Thurston	WA	Paid Ticket 9/1/1975

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 Jane Doe

PRINT NAME:

Jane Doe

DATE SIGNED:

6/2/2014

PLACE SIGNED: (City, County and State)

Lacey, Thurston, WA

If applying for gambling license, elected chief executive officer or employer must also sign this form.

SIGNATURE:

X Jane Doe

PRINT NAME:

JaneDoe

DATE SIGNED:

6/2/2014

PLACE SIGNED: (City, County and State)

Lacey, Thurston, WA

Continue on to the backside of this form.

Personal/Criminal History Statement (Page 2)

LICENSE NUMBER _____

UBI NUMBER _____

Page 2 to be completed by applicants applying for Liquor, Gambling, Cigarette and Tobacco wholesaler/retailer Licenses.**ADDITIONAL PERSONAL HISTORY**

PLACE OF BIRTH: <i>City</i> Seattle	County King	State or Country WA	
OTHER NAMES USED:		PREVIOUS SOCIAL SECURITY NUMBER:	
PLACE OF MARRIAGE: <i>City</i> Olympia	County Thurston	State or Country WA	Zip Code 98504
MILITARY SERVICE: <i>(Branch and dates of service)</i>	COUNTRY OF MILITARY SERVICE:	TYPE OF DISCHARGE:	
E-MAIL ADDRESS: Something@notmail.com		FAX NUMBER: 360-555-4555	

EMPLOYMENT HISTORY

List employment, self-employment, military, unemployment and school attendance for the **last 10 consecutive years** (including foreign residences).
If more space is needed, attach additional sheets in the same format.

Dates From - To: 5/1990-Current	TITLE: Self employed	SUPERVISOR:		
EMPLOYER/SCHOOL: EZ Pulltab				
ADDRESS: <i>(Street or Route)</i> 1234 Main St	City Hawks Prairie	County Thurston	State or Country WA	Zip Code 99999
Dates From - To:	TITLE:	SUPERVISOR:		
EMPLOYER/SCHOOL:				
ADDRESS: <i>(Street or Route)</i>	City	County	State or Country	Zip Code
Dates From - To:	TITLE:	SUPERVISOR:		
EMPLOYER/SCHOOL:				
ADDRESS: <i>(Street or Route)</i>	City	County	State or Country	Zip Code

RESIDENCE INFORMATION

You must list all places of residence for the **last 10 consecutive years** (include foreign residences). List current residence first. **If more space is needed, attach additional sheets in same format.**

Dates From - To: 1/1984 to current	STREET ADDRESS: 1234 High St			
	CITY: Lacey	COUNTY: Thurston	STATE or COUNTRY: WA	ZIP CODE: 98503
Dates From - To:	STREET ADDRESS:			
	CITY:	COUNTY:	STATE or COUNTRY:	ZIP CODE:

APPLICANT: YOU MUST MAKE COPIES FOR EACH OF THE AGENCIES YOU HAVE CHECKED ON PAGE 1 OF THIS FORM**LIQUOR CONTROL BOARD**
PO BOX 43098
OLYMPIA WA 98504-3098**LOTTERY COMMISSION**
PO BOX 43027
OLYMPIA WA 98504-3027**GAMBLING COMMISSION**
PO BOX 42400
OLYMPIA WA 98504-2400**CIGARETTE/TOBACCO**
PO BOX 43098
OLYMPIA WA 98504-3098For assistance or to request this document in an alternate format, visit <http://business.wa.gov/BLS> or call 1-800-451-7985. Teletype (TTY) users may call 360-705-6718.



STATE OF WASHINGTON
BUSINESS LICENSING SERVICE
PO Box 9034
Olympia, WA 98507-9034
Telephone: 1-800-451-7985

LICENSE NUMBER 00-99999

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(For Liquor, Lottery, Gambling and Cigarette/Tobacco Wholesaler/Retailer Licenses)

Please type or print clearly in dark ink. Complete all spaces or print N/A in spaces that do not apply.

Type of License(s) you are applying for: (You must provide a copy of this form to each of the agencies you checked below.)

☐ LIQUOR ☐ LOTTERY ☒ GAMBLING ☐ CIGARETTE/TOBACCO Wholesaler/Retailer

BUSINESS NAME: (DBA or trade name)

EZ PULLTAB

BUSINESS LOCATION ADDRESS: Street or Route

1234 Main St

City

Hawks Prairie

County

Thurston

State or Country

WA

Zip Code

99999

I AM A:

☐ SOLE PROPRIETOR

☒ CORPORATE OFFICER

☐ STOCKHOLDER

☐ FINANCIER

☐ LLC MEMBER/MGR

☐ SPOUSE

(Check all that apply) ☐ PARTNER

Title: President

10% or more

☐ MANAGER

☐ OTHER:

NAME: (Last, First, Middle)

Doe, John

Maiden

SOCIAL SECURITY NUMBER:

999-99-9998

HOME MAILING ADDRESS: (Street or PO Box)

1234 High St

City

Lacey

County

Thurston

State or Country:

WA

Zip Code:

98503

HOME PHONE:

360-555-5554

WORK/CELL PHONE:

360-555-5555

HOW LONG LIVING AT HOME ADDRESS ABOVE:

30

HEIGHT:

6'02"

WEIGHT:

230

EYE COLOR:

BRN

HAIR COLOR:

BRN

BIRTHDATE: (Month, Day and Year)

6/1/1956

SEX: ☒ MALE

☐ FEMALE

RACE:

Caucasian

DRIVER'S LICENSE NUMBER & STATE OF ISSUE:

WA DOE**J*123AB

ARE YOU A U.S. CITIZEN?

☒ YES ☐ NO

If NO, give alien registration/entry visa/work permit number(s):

PORT OF ENTRY:

DATE OF ENTRY: (Month, Day and Year)

SPOUSE'S NAME: (Last, First, Middle)

Doe, Jane

Maiden

Smith

DATE OF MARRIAGE: (Month, Day and Year)

1/1/1975

LICENSE HISTORY

List any business licenses that you have ever held, currently applied for, or have been denied/revoked/suspended in any state.

TYPE	LICENSE NUMBERS	BUSINESS NAME	STATE	LAST YEAR HELD
GAMBLING				
LIQUOR				
LOTTERY				
OTHER				

CRIMINAL HISTORY STATEMENT

Have you EVER: 1. Been arrested or cited? 3. Been convicted? 5. Been placed on probation? ☒ YES ☐ NO
2. Been charged with a crime? 4. Been Jailed? 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
7/4/2013	Speeding	Olympia	Thurston	WA	Paid Ticket 9/1/2013

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 John Doe

PRINT NAME:

John Doe

DATE SIGNED:

6/2/2014

PLACE SIGNED: (City, County and State)

Lacey, Thurston, WA

If applying for gambling license, elected chief executive officer or employer must also sign this form.

SIGNATURE:

X John Doe

PRINT NAME:

John Doe

DATE SIGNED:

6/2/2014

PLACE SIGNED: (City, County and State)

Lacey, Thurston, WA

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LICENSE NUMBER _____

UBI NUMBER _____

Page 2 to be completed by applicants applying for Liquor, Gambling, Cigarette and Tobacco wholesaler/retailer Licenses.

ADDITIONAL PERSONAL HISTORY

PLACE OF BIRTH: <i>City</i> Seattle	County King	State or Country WA	
OTHER NAMES USED:		PREVIOUS SOCIAL SECURITY NUMBER:	
PLACE OF MARRIAGE: <i>City</i> Olympia	County Thurston	State or Country WA	Zip Code 98504
MILITARY SERVICE: <i>(Branch and dates of service)</i>	COUNTRY OF MILITARY SERVICE:	TYPE OF DISCHARGE:	
E-MAIL ADDRESS: Something@notmail.com		FAX NUMBER: 360-555-4555	

EMPLOYMENT HISTORY

List employment, self-employment, military, unemployment and school attendance for the **last 10 consecutive years** (including foreign residences). If more space is needed, attach additional sheets in the same format.

Dates From - To: 5/1990-Current	TITLE: Self employed	SUPERVISOR:		
EMPLOYER/SCHOOL: EZ Manufacturer, Inc.				
ADDRESS: <i>(Street or Route)</i> 1234 Main St	City Hawks Prairie	County Thurston	State or Country WA	Zip Code 99999
Dates From - To:	TITLE:	SUPERVISOR:		
EMPLOYER/SCHOOL:				
ADDRESS: <i>(Street or Route)</i>	City	County	State or Country	Zip Code
Dates From - To:	TITLE:	SUPERVISOR:		
EMPLOYER/SCHOOL:				
ADDRESS: <i>(Street or Route)</i>	City	County	State or Country	Zip Code

RESIDENCE INFORMATION

You must list all places of residence for the **last 10 consecutive years** (include foreign residences). List current residence first. If more space is needed, attach additional sheets in same format.

Dates From - To: 1/1984 to current	STREET ADDRESS: 1234 High St			
	CITY: Lacey	COUNTY: Thurston	STATE or COUNTRY: WA	ZIP CODE: 98503
Dates From - To:	STREET ADDRESS:			
	CITY:	COUNTY:	STATE or COUNTRY:	ZIP CODE:

APPLICANT: YOU MUST MAKE COPIES FOR EACH OF THE AGENCIES YOU HAVE CHECKED ON PAGE 1 OF THIS FORM

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