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

PRINT

RESET FORM

REQUEST FOR CONSENT TO CHANGE: Mark ☒ all that apply.

See fee schedules for appropriate fee:
GC5-055 FS for Nonprofit Organizations and GC5-055K FS for Commercial Businesses.

☐ **MANAGEMENT** – Complete 1 & 2	No Fee
☐ **MANAGER** – Complete 1 & 3	No Fee
☐ **NAME** – Complete 1 & 4	$ |___|___|___|
☐ **LOCATION OF PREMISES** – Complete 1 & 5 or 6	$ |___|___|___|
☐ **FRE / RGA DATE, TIME OR LOCATION** – Complete 1 & 7	$ |___|___|___|

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

☐ Nonprofit ☐ Commercial ☐ Individual License # |___|___|-|___|___|___|___|___|___|

1. **License Name (as issued):** |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

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

Current Mailing Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

City: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| State: |___|___| Zip: |___|___|___|___|___|

Telephone: |___|___|___|-|___|___|___|-|___|___|___|___|

E-Mail Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

@ |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

2. **<u>Change of Management</u>** (WAC 230-06-105) involving change of director or officer. **COMMERCIAL ONLY**

Outgoing Management: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

New Management (Proposed): |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Reasons for Change of Management: _____

_____

Effective Date: |___|___| / |___|___| / |___|___|___|___|

Supporting documents are required. Submit copies of dissolution agreements, amending documents that cite new terms and conditions, and / or meeting minutes covering the election of new officers. Include positive identification and Personal / Criminal History Statement (BLS-700-301) *for all new persons and spouses, unless already on file with the Gambling Commission.*

If individual(s) resided outside of state, fingerprints must be submitted with this application.

NOTE: Nonprofit licensees must submit changes with their renewal.

Business Office Use Only:

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

3. Change of Manager (WAC 230-06-105) Employee Only ☐ Nonprofit ☐ Commercial

Outgoing Manager:
Last Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

First Name: |___|___|___|___|___|___|___|___|___|___|___|___| Middle Name: |___|___|___|___|___|___|___|___|

New Manager
(Proposed): Last Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

First Name: |___|___|___|___|___|___|___|___|___|___|___|___| Middle Name: |___|___|___|___|___|___|___|___|

Date of Birth: |___|___| / |___|___| / |___|___|___|___|

Home Address (Street): |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

City: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| State: |___|___| Zip: |___|___|___|___|___|

Telephone:
Home: |___|___|___|-|___|___|___|-|___|___|___|___| Work: |___|___|___|-|___|___|___|-|___|___|___|___|

Cell: |___|___|___|-|___|___|___|-|___|___|___|___|

Type(s) of Gambling Activity Managed: _____

_____

Reasons for Change: _____

_____

Effective Date: |___|___| / |___|___| / |___|___|___|___|

Submit positive identification, Personal / Criminal History Statement (BLS-700-301), *and complete mandatory training as required by WAC 230-03-070, unless previously completed.*

4. Change of Name (WAC 230-06-095)

Please note that individuals changing their given name notify us *no later than 30 days* after the effective date of the change.

DBA / Legal Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

New Name
(Proposed): Last Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

First Name: |___|___|___|___|___|___|___|___|___|___|___|___| Middle Name: |___|___|___|___|___|___|___|___|

Reason for Name Change:_____

_____

Effective Date: |___|___| / |___|___| / |___|___|___|___|

Name changes are not effective until granted by the Commission. Copy of documents required for name change:

☐ Individual: Marriage certificate / license or divorce decree, court documents recording name change, and updated driver's license. Individual must sign this application.

☐ Nonprofit: Amendments to your Articles of Incorporation and Bylaws. Proof of name change registered with the IRS.

☐ Commercial:
- For change of business name, please submit verification of approval from Business Licensing Services (http://bls.dor.wa.gov/) and Liquor and Cannabis Board (https://lcb.wa.gov/).
- For change of your Limited Liability Company "LLC" or Corporation name, please submit amendments to your existing LLC agreement, LLC Formation, Articles of Incorporation, and corporate meeting minutes.

5. Bingo Licensee: One-Time Offsite Event (WAC 230-03-018)

Indicate Inclusive
Date of Event: From: |___|___| / |___|___| / |___|___|___|___| thru: |___|___| / |___|___| / |___|___|___|___|

Proposed Premises
Change – Street Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

City: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| State: |___|___| Zip: |___|___|___|___|___|

Inside City Limits? ☐ Yes ☐ No

Does the jurisdiction in which you will operate allow the gambling activities you offer? ☐ Yes ☐ No

Will you own the premises / location to be used for the licensed bingo activity? ☐ Yes ☐ No

If Yes, submit a copy of the purchase agreement. ***If No***, submit written lease agreement.

*As an attachment, submit the full name and current address of each person that has **any** interest in these premises or the building. This includes natural persons, corporations, partnerships or other associations, together with the name of each person's spouse, if any. Include all details of the interest held by any and all such persons.*

6. Change of Location (WAC 230-06-100) other than above. ☐ Nonprofit ☐ Commercial

Proposed Premises
Location – Street Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

City: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| State: |___|___| Zip: |___|___|___|___|___|

Inside City Limits? ☐ Yes ☐ No

Does the jurisdiction in which you will operate allow the gambling activities you offer? ☐ Yes ☐ No

Effective Date: |___|___| / |___|___| / |___|___|___|___|

Will you own the premises / location that you are relocating? ☐ Yes ☐ No

If Yes, submit a copy of the purchase agreement. ***If No***, submit written lease agreement.

*As an attachment, submit the full name and current address of each person that has **any** interest in these premises or the building. This includes natural persons, corporations, partnerships or other associations, together with the name of each person's spouse, if any. Include all details of the interest held by any and all such persons.*

NOTE: Change may not be made without written consent of the commission.

7. Fund-Raising Event (FRE) and Recreational Gaming Activity (RGA) – Change of Date, Time or Locations

Proposed New Activity Information:

a. Date of Activity:

FROM: Date: |___|___| / |___|___| / |___|___|___|___| (MM / DD / YYYY) Time: |___|___| : |___|___| ☐ am / ☐ pm (If Noon or Midnight, so state)

TO: Date: |___|___| / |___|___| / |___|___|___|___| (MM / DD / YYYY) Time: |___|___| : |___|___| ☐ am / ☐ pm (If Noon or Midnight, so state)

b. Name of Premises to be Used for Activity: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Owner of Premises: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Premises Street Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

City: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| State: |___|___| Zip: |___|___|___|___|___|

City Limits: ☐ Inside ☐ Outside

Does the jurisdiction in which you will operate allow the gambling activities you offer? ☐ Yes ☐ No

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

***NOTE:** If a name change (4) is for an individual, this must be signed by the individual.

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.

Print Full Legal Name:

Last Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

First Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Middle Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Signature: ____ Date: |___|___| / |___|___| / |___|___|___|___|

* Sole Proprietor / Chief Executive Officer / LLC Manager / Partner / Individual / Designee MM / DD / YYYY

Application Prepared By:

Last Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Last Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

First Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Primary Phone: |___|___|___|-|___|___|___|-|___|___|___|___| Cell: |___|___|___|-|___|___|___|-|___|___|___|___|

E-Mail Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

@ |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

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