	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 / WEBSITE: www.wsgc.wa.gov													
	EQUEST FOR CONSENT TO CHANGE: Mark ⊠ all that apply. se 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	\$1												
	LOCATION OF PREMISES – Complete 1 & 5 or 6	\$												
		· .	_	I										
	FRE / RGA DATE, TIME OR LOCATION – Complete 1 & 7	\$	_ii	I										
	In accordance with RCW 9.46.070(5), special investigative fees may be requested if costs exceed the basic fee provided with this application.													
_	· · · · ·	1												
	Nonprofit Commercial Individual License #	i	-ii	_i										
1.	License Name (as issued):	i	-ii	_i										
		1												
	Current Mailing Address:		-ii											
	City: State: Zip:	i	-ii											
	Telephone: - -													
	E-Mail Address:		-ii											
			-ii											
2.	Change of Management (WAC 230-06-105) involving change of director or officer. COMMERCI	AL ON	LY											
	Outgoing Management:			 										
	New Management (Proposed):	I		1 1										
	Reasons for Change of Management:		<u> </u>											
			<u> </u>											
	Supporting documents are required. Submit copies of dissolution agreements, amending documer and conditions, and / or meeting minutes covering the election of new officers. Include posit Personal / Criminal History Statement (BLS-700-301) for all new persons and spouses, unless a Gambling Commission.	tive idei	ntificatic	on and										
	If individual(s) resided outside of state, fingerprints must be submitted with this application.													
	NOTE: Nonprofit licensees must submit changes with their renewal.													
E	Business Office Use Only:													
C	Code: 211 Date: Amt: \$ Val #:													

3.	. Change of Manager (WAC 230-06-105) Employee Only	🗌 Nonprofit	Commercial											
	Outgoing Manager: Last Name:													
	First Name: Middle N	ame:												
	New Manager (Proposed): Last Name:													
	First Name: Middle N	ame:												
	Date of Birth: / / / /													
	Home Address (Street):													
	City: Stat	te: Zip:												
	Telephone: Home: - _ - Work:	; - ;;	I-I;;I											
	Cell: - - -													
	Type(s) of Gambling Activity Managed:													
	Reasons for Change:													
	Effective Date: / / Submit positive identification, Personal / Criminal History Statement (BLS-70 as required by WAC 230-03-070, unless previously completed.	0-301), and complete	mandatory training											
4.	- <u>Change of Name</u> (WAC 230-06-095)													
	Please note that individuals changing their given name notify us <i>no later the</i> change.	an 30 days after the e	ffective date of the											
	DBA / Legal Name:	I I I I I I												
	New Name (Proposed): Last Name:													
	First Name: Middle N	ame:	_											
	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.													
	<u>Nonprofit</u> : 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 Services (http://bls.dor.wa.gov/) and Liquor and Cannabis													
	For change of your Limited Liability Company "LLC" amendments to your existing LLC agreement, LLC For corporate meeting minutes.													

5.	<u>Bir</u>	ngo Licensee: One-Time Offsite Event (WAC 230-03-018)
		icate Inclusive Date of Event: From: / / thru: / /
		oposed Premises Change – Street Address:
	Cit	y: State: Zip:
	Ins	ide City Limits? 🗌 Yes 🗌 No
	Do	es the jurisdiction in which you will operate allow the gambling activities you offer?
	Wil	I you own the premises / location to be used for the licensed bingo activity?
		<i>If Yes,</i> submit a copy of the purchase agreement. <i>If No</i> , submit written lease agreement.
	the	an attachment, submit the full name and current address of each person that has any interest in these premises or building. This includes natural persons, corporations, partnerships or other associations, together with the name of ch person's spouse, if any. Include all details of the interest held by any and all such persons.
6.	Ch	ange of Location (WAC 230-06-100) other than above.
		oposed Premises ocation – Street Address:
	Cit	y: State: Zip:
	Ins	ide City Limits? 🗌 Yes 🗌 No
	Do	es the jurisdiction in which you will operate allow the gambling activities you offer?
	Eff	ective Date: / /
	Wil	I you own the premises / location that you are relocating?
		<i>If Yes</i> , submit a copy of the purchase agreement. <i>If No</i> , submit written lease agreement.
	the ead	an attachment, submit the full name and current address of each person that has any interest in these premises or building. This includes natural persons, corporations, partnerships or other associations, together with the name of ch person's spouse, if any. Include all details of the interest held by any and all such persons. ITE: Change may not be made without written consent of the commission.
7.	Fu	nd-Raising Event (FRE) and Recreational Gaming Activity (RGA) – Change of Date, Time or Locations
	Pro	pposed New Activity Information:
	a.	Date of Activity:
		FROM: Date: //// /// Time: / I am / pm MM / DD / YYYY If Noon or Midnight, so state
		TO: Date: //// /// Time: / am /pm MM / DD / YYYY 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?

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/regulationenforcement) 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:	 _	_					 		 							_	 	 							_
First Name:	 			 	 		 				 		I	 	_ 	 		 	 	 	 		I	I	_
Middle Name:		 _		 		 	 	 	 		 	 	 		_		 			 		 		 	_
Signature: Date: //////// * Sole Proprietor / Chief Executive Officer / LLC Manager / All Partners / Individual / Designee MM / DD / YYYY																									
Application P	repa	rec	l By	/:																					
Last Name:								I		I	 			 	 			 		 		 	 		
First Name:	 			 							 		 	 	 			 		 	 	 	I		
Middle Name:										 				 	 			 					 	I	
Primary Phone:				_ - _			- _			 			Ce	əll: _			-				_ -	 	I		_
E-Mail Address:				 				 	 					 	 				 		 				
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