



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 / WEB SITE: www.wsgc.wa.gov

NOTIFICATION OF LLC OWNERSHIP CHANGE

FEE: \$ _____

See the attached fee schedule (GC5-055K FS)

IN ACCORDANCE WITH WAC 230-06-107, THE GAMBLING COMMISSION MUST BE NOTIFIED OF LLC OWNERSHIP CHANGES WITHIN 30 DAYS OF THE TRANSACTION CLOSE.

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

Trade Name under which LLC is Licensed: _____

LLC Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

UBI#: _____

Primary Telephone: _____ FAX: _____

Cell Telephone Number (Optional): _____

Premises Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

1. List owners prior to ownership change and include percentage: (Attach additional sheets, if necessary.)

a. Last Name: _____

First Name: _____

Middle Name: _____

Title: _____

Number of Units Owned: _____ Percentage of LLC Ownership: _____%

b. Last Name: _____

First Name: _____

Middle Name: _____

Title: _____

Number of Units Owned: _____ Percentage of LLC Ownership: _____%

Business Office Use Only:

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

3. If not previously submitted, all persons (and their spouses) who have a substantial interest in the LLC, as defined by WAC 230-03-045, must complete the attached *Personal / Criminal History Statement* (BLS-700-301). Also, submit a new listing of all LLC members and spouses.

4. Submit a copy of the LLC agreement authorizing this LLC ownership change, and copies of all documents setting out this sale, or unit transfer. If the units were sold, the *Financial Statement* (GC4-320) and *Source of Funds Statement* (GC4-321) must be completed by the purchasers.

*** * * IMPORTANT * * ***

5. If you are a new substantial interest holder, as part of this application, you are required to provide positive proof of identity. To accomplish this requirement, submit along with this application, a copy of a valid driver's license, a state identification card, or a valid passport. Ensure photograph is identifiable. You may also be required to submit fingerprints; if so, fingerprint cards, with instructions, will be sent to you.

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject disclosure under to 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: _____

First Name: _____

Middle Name: _____

Signature: _____ Date: _____ / _____ / _____
Sole Proprietor / Chief Executive Officer / LLC Manager / All Partners / Designee MM / DD / YYYY