



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

OWNERSHIP / ORGANIZATION DISCLOSURE

Type of Legal Entity: Corporation LLC Partnership Other: _____

1. Name: _____
 (Corporate Name, LLC Name, or Partnership Name (General, LP, LLP))

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

UBI#: _____

Telephone: _____ FAX: _____

Cell: _____

E-Mail Address: _____

@ _____

2. Trade Name: _____

3. Total Shares / Stock of Corporation only: _____ Total Shares Issued: _____

4. Complete the following information for:

- Corporation: All Officers & Stockholders
- LLC: Managers & all LLC members
- Partnership: All partners

For organizations with multi-level ownership, submit an attachment showing the organization's complete ownership structure.

ALL substantial interest holders (owners, officers, shareholders, and partners) **MUST** be disclosed on this form or attached sheets (see WAC 230-03-045).

NOTE: Provide full legal name for an individual or name of legal entity. Add additional sheets (in the format shown) as required.

a. Last Name / Legal Entity: _____

First Name: _____

Middle Name: _____ Birthdate: ____/____/____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date Acquired: ____/____/____

LLC / Corporation: Percentage of Ownership: _____% Units / Shares Owned: _____

b. Last Name / Legal Entity: _____

First Name: _____

Middle Name: _____ Birthdate: ____/____/____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date Acquired: ____/____/____

LLC / Corporation: Percentage of Ownership: _____% Units / Shares Owned: _____

