



**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](http://www.wsgc.wa.gov)

## COMMERCIAL BUSINESS APPLICATION PACKET

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### THIS PACKET CONTAINS:

1. This summary sheet with general instructions and the *Additional Requirements for a Commercial Business* (GC5-030) form.
  2. The Commercial Business Application (GC4-025) with attachments and supporting forms including:
    - *Ownership / Organization Disclosure* (GC4-021)
    - *Authorization for Examination and Release of Information* (GC4-299)
    - *Personal / Criminal History Statement* (BLS-700-301)
    - *Financial Statement* (GC4-320)
    - *Source of Funds Statement* (GC4-321)
    - *Training Requirements for All Applicants* (GC5-017) letter
    - *Fee Schedule – Commercial Stimulant / Profit-Seeking Organization* (GC5-055K FS)
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### CHANGES MUST BE REPORTED

While your application is being processed, you must notify us of any changes within 10 days; such as:

- Organizational structure
  - Gambling related agreements
  - Source of Funds
  - Leases
  - Loans and asset contributions
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### IMPORTANT INSTRUCTIONS FOR ALL APPLICANTS – READ BEFORE PROCEEDING

1. All forms in this packet may be copied for your use. A copy of this application is also on our website.
2. Washington Administrative Code (WAC) citations are noted throughout this application. When cited, refer to Title 230 WAC, Gambling Commission, for clarification.
3. You must register with SecureAccess Washington (SAW) and add our service prior to licensure.
4. The base license fees for this application are listed on the attached fee schedule (GC5-055K FS). In addition to the base license fee(s), you will have to submit Quarterly License Reports (QLR) with Quarterly License Fees (QLF), if required, based on your Gross Gambling Receipts (GGR).
5. The Commission may assess additional amounts to cover inspections and investigations necessary for licensing. See Revised Code of Washington (RCW) 9.46.070(5). These costs will be determined, and are payable, during the financial investigation phase of the application process.
6. The Commission cannot act on your application if proper fees have not been paid.
7. It takes about 120 to 150 days to process an application.
8. Each license applicant is evaluated on an individual basis. Even if you were licensed before, do **NOT** answer any question with the words "on-file".
9. If you have any questions about this application – please call us at 1-800-345-2529 or 360-486-3440 to speak with a Licensing Specialist.

**NOTE:** You may be required to supply additional documentation based on information you previously supplied. See WAC 230-03-050.



3. Name: \_\_\_\_\_  
(Corporate Name, LLC Name, or Partnership Name (General, LP, LLP))

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

UBI#: \_\_\_\_\_ Unified Business Identifier

Telephone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ FAX: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Cell: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

E-Mail Address: \_\_\_\_\_  
@ \_\_\_\_\_

4. Is location  Inside  Outside the city limits?

5. Do you have any local, state, or federal tax liens?  Yes  No

6. Has the business / premises been previously licensed by the gambling commission?

Yes – Complete the information below  No

Trade Name /

DBA: \_\_\_\_\_

7. Were any gambling licenses / permits / authorizations or applications, either granted, revoked, suspended, denied, or withdrawn?  Yes  No

If yes, attach a letter explaining the circumstances include dates and locations.

8. Does the applicant, to include any **business** entity they are part of, intend to purchase the business or will they be starting a new business?

Purchasing the business:

a. Is the sale contingent upon receiving a gambling license?  Yes  No

b. Has the purchase been completed or finalized?  Yes  No

Start as a new business.

9. Does the applicant, to include any business entity they are part of, intend to purchase the **premises** where the gambling activity(ies) will be conducted?  Yes  No

a. Is the sale contingent upon receiving a gambling license?  Yes  No

b. Has the purchase been completed or finalized?  Yes  No

• If you purchased or are purchasing the premises and/or the business, provide copies of the purchasing sales agreement(s).

10. Are you leasing the premises?  Yes  No

• Provide copies of all premises and gambling equipment leases.

11. Have you or will you be contracting with licensed service suppliers to be involved in your gaming?

Yes  No

12. If your main office is located outside the state of Washington, you must have authority to do business in the state of Washington. If you do not, please see the Secretary of State's website at <https://www.sos.wa.gov>. Provide the name of the individual or business who will act as your in-state registered agents as required by WACs 230-03-050 and 230-03-052.

Agent's Last Name /

Business Name: \_\_\_\_\_

Agent's First Name: \_\_\_\_\_

Agent's Middle Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

13. Please provide the following:

- Any franchise agreements or other agreements, whether written or oral, between the applicant and distributors or manufacturers of equipment or between the applicant and any other person whose agreements relate to gambling activities or gambling equipment.
- All proposed financing, consulting, and management agreements.
- Articles of incorporation and initial meeting minutes, LLC formation and agreement, 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)
  - Financial Statement* (GC4-320)
  - Source of Funds Statement* (GC4-321)
- Documents as noted on the *Additional Requirements for a Commercial Business* (GC5-030) chart.

**PUNCH BOARD / PULL-TAB APPLICANTS ONLY.** Fill out the following 5 questions:

14. Type of business:

- Restaurant / Lounge     Tavern     Other (See Note below): |\_\_\_\_\_|

**NOTE:** Please review RCW 9.46.0217, WACs 230-03-170 and 230-03-175; only an established food or drink business may apply for a gambling license.

15. Did you purchase gambling games and / or equipment from the previous owner?

- Yes     No    If Yes, provide a list of the games or pull-tab machines including:
  - the name of the game
  - the name of the manufacturer
  - the manufacturer's Gambling Commission license number
  - the Gambling Commission stamp number on the games

Per WAC 230-06-110, gambling equipment can be transferred as part of the sale of a business as long as a condition of the sale is that the buyer receives a license before the sale is complete. See rule for recordkeeping requirements.

16. Do you plan to offer progressive pull-tab games as explained in WACs 230-14-155 and 230-14-165?

- Yes     No

17. Who is your activity manager? The General Manager and/or Punch Board and Pull-Tab manager will need to submit a *Personal / Criminal History Statement* (BLS-700-301) and a copy of a valid driver's license. Mandatory Training is required (see attached letter GC5-017).

Please provide full legal name. (Attach additional sheets using same format, as needed.)

Last Name: |\_\_\_\_\_|

First Name: |\_\_\_\_\_|

Middle Name: |\_\_\_\_\_|

18. Estimate, in percentages, the amount of gross sales generated by each business activity listed. Note that gross sales from gambling activities are excluded, whereas other activities, such as vending machine sales or video rental income would be included. See RCW 9.46.070, WACs 230-03-170 and 230-03-175.

Food and drinks consumed on the premises: |\_\_\_\_\_| %

Food / drinks "to go" |\_\_\_\_\_| %

Other Activities (Pool Table, Dart Boards, etc., - list all)

|\_\_\_\_\_|

|\_\_\_\_\_| %

**TOTAL** | 1 | 0 | 0 | %

**\*\* NOTE \*\***

In order to be licensed for gaming activities, your business must be primarily engaged in the selling of food and / or drink for on-premises consumption.

If the sale of food and drink for on-premises consumption does not exceed 50% of the **ALL** business activities listed, you probably do not qualify for a gambling license.

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### 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.

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### 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

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### Application Prepared By:

Last Name: |\_\_\_\_\_|

First Name: |\_\_\_\_\_|

Middle Name: |\_\_\_\_\_|

Primary Phone: |\_\_\_|\_|\_|-|\_\_\_|\_|\_|-|\_\_\_|\_|\_| Cell: |\_\_\_|\_|\_|-|\_\_\_|\_|\_|-|\_\_\_|\_|\_|

E-Mail Address: |\_\_\_\_\_|  
@ |\_\_\_\_\_|