



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

ADD / CHANGE EMPLOYER APPLICATION

(See WAC [230-05-175](#) for fee) **FEE: \$** _____ **.00**

New Employer

_____-_____

Organization Number (00-, 21-, 20-)

_____/_____/20

First Day of Work

Last Name

First Name

_____/_____/20

Expiration Date

_____-_____

Employee's License Number
(22-, 23-, 61-, 62-, 63-, 64-, 68-)

Last 4 digits
Employee's SSN

Employee's Signature (required):

Our costs will exceed the fee amount received for this application; therefore, no refund will be issued. This includes licensees that submit fees for a transfer and never worked at the new location. (WAC [230-05-136](#))

Change of address / phone / e-mail since last renewal – please complete the reverse side.

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.

SPECIAL INFORMATION

All changes in licensed employees' status must be reported by employers. (See WACs [230-03-330](#) and [230-06-083](#))

Employer's Signature (required):

Business Office Use Only:

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

CHANGE OF ADDRESS / PHONE NUMBERS / E-MAIL

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Number & Street Address

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