



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: 360-486-3630
 IN-STATE TOLL-FREE: 1-800-345-2529 / WEB SITE: www.wsgc.wa.gov

BASE LICENSE FEE: \$ _____
 See Fee Schedule (GC5-055 FS).

PUNCH BOARD / PULL-TAB SERVICE BUSINESS PERMIT (27)

REDUCE PROCESSING DELAYS

- Do you have the correct application? If your business activities are, or will, extend the limited service functions, and gross income ceiling discussed in WAC 230-03-020, you may be a *Service Supplier* and will need a *Commercial Business Application Packet* (GC4-025) along with the *Service Supplier Addendum* (GC4-025f). Also see WACs 230-03-210, 230-03-211, 230-03-212, 230-03-215, 230-03-220, and 230-03-225 for information about *Service Suppliers*.
- If more room is needed, use additional sheets of paper and attach them to this application. Be sure that any added and required documentation is securely attached.
- Sign and date the completed application (includes all required attachments, and has the full correct fee paid) and make your check payable to the **Washington State Gambling Commission**. An incomplete application may cause significant delays and could result in the administrative closure or denial of your application.

APPLICANT INFORMATION

Use Full Name, Corporate or Partnership

Applicant: _____

Trade Name (DBA): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____
 @ _____

Telephone: _____-_____-_____-_____-_____ Fax: _____-_____-_____-_____-_____

Cell: _____-_____-_____-_____-_____

City Limits: Inside Outside Uniform Bus. Identifying (UBI) No.: _____

Out-of-state office? Provide address and phone numbers on a separate sheet of paper.

SERVICE(S) PROVIDED

In the area below, provide a complete description of the direct service(s) you will provide your client(s). Use WACs 230-03-020 and 230-03-210 as a guide.

Business Office Use Only:

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

ADDITIONAL REQUIREMENTS FOR A COMMERCIAL BUSINESS

You must submit the following clean and legible documents for all substantial interest holders and their spouses.

A substantial interest holder is a person who has actual or potential influence over the management or operation of any organizations (WAC 230-03-045). Examples are:

- owning, operating, managing, or controlling an entity
- profiting from an entity
- assuming liability for debts or expenditures of the entity
- being an officer, director or managing member

Additional Documents Needed	Sole Proprietorship	Limited or General Partnership	LLC	Corporation
<i>A Personal/Criminal History Statement</i> (BLS-700-301).	✓	✓	✓	✓
A copy of valid identification (ex: driver's license, state ID, passport or alien registration).	✓	✓	✓	✓
Copies of any civil, criminal or administrative action.	✓	✓	✓	✓
<i>A Financial Statement</i> (GC4-320) for each individual and business (provided).	✓	✓	✓	✓
<i>A Source of Funds Statement</i> (GC4-321) for each individual and business along with documents proving where the financial sources came from. Examples are: <ul style="list-style-type: none"> • loan agreement • promissory note • purchase/sales agreement • closing documents • other sales documents • copies of your personal/business bank statements for the last 12 months • copies of your personal/business IRS tax statements 	✓	✓	✓	✓
If the funds were not from a federal or state recognized financial institution such as a relative or friend, then each person must complete a <i>Personal/Criminal History Statement</i> (BLS-700-301), a <i>Financial Statement</i> (GC4-320) and a <i>Source of Funds Statement</i> (GC4-321) with supporting documents.	✓	✓	✓	✓
<i>Authorization for Examination and Release of Information</i> (GC4-299)	✓	✓	✓	✓
Fingerprinting required if lived out-of-state for more than 6 months in the past 10 years (GC5-231, GC5-232, and GC5-029).	✓	✓	✓	✓
<i>Ownership Disclosure</i> (GC4-021).		✓	✓	✓
Partnership agreement listing each partner, managing partners and dissolution procedures.		✓		
LLC agreement listing managing member, units issued, purpose, duration, capital, distributions and member withdrawal procedures.			✓	
LLC Certificate of Formation with verification it has been recorded with the Secretary of State's Office.			✓	
Articles of Incorporation listing name, officers, stockholders, stock authorized to issue, and verification it has been recorded with the Secretary of State's Office.				✓
Meeting minutes showing issuance of stock and election of officers.				✓



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

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: _____

Washington State Gambling Commission

AUTHORIZATION FOR EXAMINATION AND RELEASE OF INFORMATION

NOTE: All individual substantial interest holders of the applicant / licensee, and their spouses, must complete this form. This form is **not** required to be completed for the business organization(s).

I, _____, do hereby authorize a review, full disclosure and release of any and all records concerning myself, or any organization of which I am an owner, officer, or have signature authority on accounts, to any duly authorized officer, agent, or employee of the Washington State Gambling Commission whether the records are of a public, private, or confidential nature with the following understandings:

1. The information reviewed, disclosed, or released may be used by the state of Washington to determine suitability for licensure / certification of:

_____ dba _____ and for any other lawful purpose.
2. I release the providers and users of the information collected pursuant to this authorization from liability under any state or federal privacy laws. I further release the state of Washington, its officers, agents, and employees from any liability that may be incurred as a result of the collections and use of the information.
3. If this authorization is not sufficient to obtain access to certain records, it is understood that I may be requested to execute some other appropriate authorization or release, and that any failure to do so may be taken into consideration by the Washington State Gambling Commission in its determination of suitability for licensure.
4. I understand that I may revoke this authorization in writing at *any* time and the Washington State Gambling Commission may take any such revocation of this authorization into consideration in its determination of suitability for licensure.
5. A photocopy of this authorization will have the same force and effect as the original.

Date

Applicant's Signature

Applicant's Name (Print)

NOTARY PUBLIC

State of _____

County of _____

Signed or attested before me on _____ by _____

Signature

Title

My commission expires _____



**STATE OF WASHINGTON
BUSINESS LICENSING SERVICE**

PO Box 9034
Olympia, WA 98507-9034
360-705-6741

LICENSE NUMBER _____

UBI NUMBER _____

Personal/Criminal History Statement

(For Liquor, Lottery, Gambling and Cigarette/Tobacco Wholesaler/Retailer Endorsements)

Please type or print clearly in dark ink. Complete all spaces or print N/A in spaces that do not apply.

Type of Endorsements(s) you are applying for: *(Provide a copy of this form to each agency. See page 2)* **LOTTERY** (complete page 1 only)

LIQUOR **GAMBLING** **CIGARETTE/TOBACCO Wholesaler/Retailer** **VAPOR PRODUCTS Delivery/Retailer/Sales**

BUSINESS NAME: <i>(DBA or trade name)</i>				
BUSINESS LOCATION ADDRESS: <i>Street or Route</i>	<i>City</i>	<i>County</i>	<i>State or Country</i>	<i>Zip Code</i>

I AM A: SOLE PROPRIETOR CORPORATE OFFICER STOCKHOLDER FINANCIER LLC MEMBER/MGR SPOUSE
(Check all that apply) PARTNER Title: _____ 10% or more MANAGER OTHER: _____

NAME: <i>(Last, First, Middle)</i>		<i>Maiden</i>	SOCIAL SECURITY NUMBER:	
HOME MAILING ADDRESS: <i>(Street or PO Box)</i>		<i>City</i>	<i>County</i>	
<i>State or Country:</i>	<i>Zip Code:</i>	HOME PHONE:	WORK/CELL PHONE:	
HOW LONG LIVING AT HOME ADDRESS ABOVE:	HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:
BIRTHDATE: <i>(Month, Day and Year)</i>	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE:	DRIVER'S LICENSE NUMBER & STATE OF ISSUE:	
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, give alien registration/entry visa/work permit number(s):		PORT OF ENTRY:	DATE OF ENTRY: <i>(Month, Day and Year)</i>
SPOUSE'S NAME: <i>(Last, First, Middle)</i>		<i>Maiden</i>	DATE OF MARRIAGE: <i>(Month, Day and Year)</i>	

LICENSE HISTORY

List any business licenses that you have ever held, currently applied for, or have been denied/revoked/suspended in any state.

TYPE	LICENSE NUMBERS	BUSINESS NAME	STATE	LAST YEAR HELD
GAMBLING				
LIQUOR				
LOTTERY				
OTHER				

CRIMINAL HISTORY STATEMENT

Have you EVER: 1. Been arrested or cited? 3. Been convicted? 5. Been placed on probation? **YES** **NO**
 2. Been charged with a crime? 4. Been Jailed? 6. Forfeited bail or paid a fine over \$25 (Include traffic fines)?

You must answer "YES" if any of the above have occurred, **even if charges were dismissed, deferred or changed**. Explain each charge fully below and attach additional sheets as needed. False or incomplete information may result in denial, suspension or revocation of a license. **You must include events that occurred while you were a juvenile.**

OFFENSE DATE	OFFENSE	CITY	COUNTY	STATE	DISPOSITION AND DATE

CERTIFICATION

I certify under penalty of perjury that all answers and statements on page 1 and 2 are true, correct and complete. I understand that untruthful or misleading answers are cause for denial of a license and/or revocation of any license granted. **I hereby authorize investigation of my criminal history, financial records and other sources as necessary for licensing.**

SIGNATURE: **X**

PRINT NAME:	DATE SIGNED:	PLACE SIGNED: <i>(City, County and State)</i>
-------------	--------------	---

If applying for gambling license, elected chief executive officer or employer must also sign this form.

SIGNATURE: **X**

PRINT NAME:	DATE SIGNED:	PLACE SIGNED: <i>(City, County and State)</i>
-------------	--------------	---

Continue on to the backside of this form.

Personal/Criminal History Statement (Page 2)

LICENSE NUMBER _____

UBI NUMBER _____

ADDITIONAL PERSONAL HISTORY

PLACE OF BIRTH: <i>City</i>	County	State or Country		
OTHER NAMES USED:		PREVIOUS SOCIAL SECURITY NUMBER:		
PLACE OF MARRIAGE: <i>City</i>	County	State or Country	Zip Code	
MILITARY SERVICE: <i>(Branch and dates of service)</i>	COUNTRY OF MILITARY SERVICE:		TYPE OF DISCHARGE:	
E-MAIL ADDRESS:		FAX NUMBER:		

EMPLOYMENT HISTORY

List employment, self-employment, military, unemployment and school attendance for the **last 10 consecutive years** (including foreign residences). **If more space is needed, attach additional sheets in the same format.**

Dates From - To:	TITLE:	SUPERVISOR:		
EMPLOYER/SCHOOL:				
ADDRESS: <i>(Street or Route)</i>	City	County	State or Country	Zip Code
Dates From - To:	TITLE:	SUPERVISOR:		
EMPLOYER/SCHOOL:				
ADDRESS: <i>(Street or Route)</i>	City	County	State or Country	Zip Code
Dates From - To:	TITLE:	SUPERVISOR:		
EMPLOYER/SCHOOL:				
ADDRESS: <i>(Street or Route)</i>	City	County	State or Country	Zip Code

RESIDENCE INFORMATION

You must list all places of residence for the **last 10 consecutive years** (include foreign residences). List current residence first. **If more space is needed, attach additional sheets in same format.**

Dates From - To:	STREET ADDRESS:			
	CITY:	COUNTY:	STATE or COUNTRY:	ZIP CODE:
Dates From - To:	STREET ADDRESS:			
	CITY:	COUNTY:	STATE or COUNTRY:	ZIP CODE:

APPLICANT: YOU MUST MAKE COPIES FOR EACH OF THE AGENCIES YOU HAVE CHECKED ON PAGE 1 OF THIS FORM

LIQUOR CONTROL BOARD
PO BOX 43098
OLYMPIA WA 98504-3098

LOTTERY COMMISSION
PO BOX 43027
OLYMPIA WA 98504-3027

GAMBLING COMMISSION
PO BOX 42400
OLYMPIA WA 98504-2400

CIGARETTE/TOBACCO
PO BOX 43094
OLYMPIA WA 98504-3098

WASHINGTON STATE GAMBLING COMMISSION
FEE SCHEDULE – COMMERCIAL STIMULANT / PROFIT-SEEKING ORGANIZATION

Per WAC 230-05-124, all licensed organizations must submit quarterly license fees and license reports to us for each licensed gambling activity beginning with the first quarter of their license year. The quarterly license fee is due with the quarterly license report.

WAC 230-05-165 Commercial stimulant organization fees. All commercial stimulant organizations must pay the following fees:

(1) Annual licenses:

License Type	Base License Fee	Gross Gambling Receipts Rate	Maximum Annual License Fee
Card Games - Nonhouse-Banked	\$65	1.462%	\$20,000
Card Games - House-Banked	\$10,000	1.462%	\$40,000
Punch Boards / Pull-Tabs	\$700	1.430%	\$13,000

(2) Change fees:

Change of:	Fee
Name	\$100
Location	\$100
Business Classification (Same Owners)	\$100
Corporate Stock / Limited Liability Company Shares / Units	\$100
License Transfers	\$100

(3) Other fees:

Transaction	Fee
Duplicate License	\$50

WAC 230-05-170 Fees for other businesses. All other business organizations must pay the following fees:

(1) Annual licenses or permits:

License Type	Base License Fee	Gross Gambling Receipts Rate	Maximum Annual License Fee
Agricultural Fair Bingo (Annual Permit)	\$200	-	-
Call Centers for Enhanced Raffles	\$4,800	-	-
Commercial Amusement Games	\$500 plus \$65 per approved location	1.130%	\$11,000
Distributor	\$700	1.430%	\$7,000
Fund-Raising Event Distributor	\$280	1.430%	\$1,000
Linked Bingo Prize Providers	\$1,500	.046%	\$20,000
Manufacturer	\$1,500	1.430%	\$25,000
Manufacturer's Special Sales Permit	\$250	-	-
Punch Board/Pull-Tab Service Business Permit	\$250	-	-
Gambling Service Supplier	\$300	1.430%	\$7,000

License Type	Base License Fee	Gross Gambling Receipts Rate	Maximum Annual License Fee
Major Sports Wagering Vendor	\$65,000		
Mid-Level Sports Wagering Vendor	\$10,000		
Ancillary Sports Wagering Vendor	\$5,000		

(2) Events or permits:

License or Permit Type	Base License Fee	Gross Gambling Receipts Rate	Maximum Annual License Fee
Recreational Gaming Activity	\$65	-	-
Special Property Bingo	\$30	-	-

(3) Change fees:

Change of:	Fee
Name	\$100
Location	\$100
Business Classification (Same Owners)	\$100
Corporate Stock / Limited Liability Company Shares / Units	\$100
License Transfers	\$100

(4) Other fees:

Transaction	Fee
Add a New Amusement Game Location	\$65
Defective Punch Board / Pull-Tab Cost Recovery Fees	Up to \$100
Duplicate License	\$50
Pre- and Post-Licensing Investigations	Cost reimbursement
Review, Inspection, and/or Evaluation of Gambling Equipment, Supplies, Services, Games, Schemes, or Group 12 Amusement Games	Deposit and cost reimbursement

WAC 230-05-175 Individuals license fees. Individuals must pay the following fees:

(1) Annual license and additional employer fees:

License Type	New Application Fee	Annual Renewal Fee	Additional or Change of Employer Fee
Call Center for Enhanced Raffle Representative	\$275	\$170	-
Card Room Employee License – Nonhouse-Banked (Class A)	\$200	\$95	\$65
Card Room Employee License – Class F And House-Banked (Class B)	\$275 (in-state) \$340 (out-of-state)	\$170	\$65

**WASHINGTON STATE GAMBLING COMMISSION
FEE SCHEDULE – COMMERCIAL STIMULANT / PROFIT-SEEKING ORGANIZATION**

License Type	New Application Fee	Annual Renewal Fee	Additional or Change of Employer Fee
Charitable or Nonprofit Gambling Manager	\$200	\$95	\$95
Commercial Gambling Manager	\$200	\$95	\$95
Distributor Representative	\$275	\$170	\$65
Linked Bingo Prize Provider Representative	\$275	\$170	\$65
Manufacturer Representative	\$275	\$170	\$65
Gambling Service Supplier Representative	\$275	\$170	\$65
Major Sports Wagering Vendor Representative	\$275	\$170	\$65
Mid-Level Sports Wagering Vendor Representative	\$275	\$170	\$65
Ancillary Sports Wagering Vendor Representative	\$275	\$170	\$65

(2) **Class B card room employees** must pay the out-of-state application fee if over the last ten years the applicant lived outside of Washington for six non-consecutive months or more.

(3) Other service fees:

Transaction	Fee
Change of name	\$30
Card room employee emergency waiver request	\$65
Duplicate license	\$30

(4) Military personnel returning from service

If a license expires while an individual is on active military service, the individual may apply to have their license reissued at the renewal fee. The application must be received within six months after completing their active military service. The applicant must provide evidence of the completion date of active military service.

NOTE: All fees are subject to change. The Commission will notify licensees of amended fee amounts by notice of rule-making. Per RCW 9.46.070, other fees on this schedule, the Commission will assess applicants all actual investigative and inspection costs.

OTHER HELPFUL WACs:

WAC 230-05-104 Defining "base license fee." (1) "Base license fee" is the fee you pay us when you:
 (a) Apply for an organization license or permit; or
 (b) Renew your organization's license or annual permit.
 (2) "Base license fee" is the minimum annual license fee a licensed organization or permit holder will pay for operating an authorized activity.

WAC 230-05-106 Defining "maximum annual license fee." "Maximum annual license fee" is the most you will pay to operate an authorized activity for the license year, which includes the:
 (1) Base license fee; and
 (2) Quarterly license fees.

WAC 230-05-122 Calculating quarterly license fees. (1) The quarterly license fee is calculated based on the gross gambling receipts from the previous quarter as reported on your quarterly license report.
 (2) Each license year, the quarterly license fees will be offset by the base license fee. (For example, if your base license fee is sixty-five dollars and your quarterly license fee is forty-five dollars for the first quarter, no additional amount is due for the first quarter. You would offset any future quarterly license fees by the remaining twenty dollars of your base license fee.)

WAC 230-05-124 Quarterly license fees and license reports. All licensed organizations must submit quarterly license fees and license reports to us for each licensed gambling activity beginning with the first quarter of their license year. The quarterly license fee is due with the quarterly license report.

The quarterly license reports must be in the format we require and must:

(1)	Cover the period:	Be received by us no later than:
	January 1 through March 31	April 30
	April 1 through June 30	July 31
	July 1 through September 30	October 31
	October 1 through December 31	January 31

- (2) Be received online at our administrative office or postmarked no later than the dates indicated in the table in subsection (1) of this section; and
 (3) Be submitted even if there is no quarterly license fee payable to us; and
 (4) Be accurate; and
 (5) Be completed by the highest ranking executive officer or a designee. If someone other than the licensee or an employee prepares the report, the preparer must include his or her name and business telephone number on the report; and
 (6) Be submitted for any period of time the license was valid even if there was no gambling activity or the gambling license was not renewed.