



**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  
TOLL-FREE: 1-800-345-2529 / TDD: 360-486-3637  
WEB SITE: [www.wsgc.wa.gov](http://www.wsgc.wa.gov)

For Year  
Ending:

\_\_\_/\_\_\_/\_\_\_

## APPLICATION AND INFORMATION FORM – UPGRADE – CHANGE OF LICENSE CLASS

This application is only used by organizations and / or businesses who are currently licensed by the Gambling Commission and have exceeded their assigned license classification or desire to upgrade their current license classification.

**REVIEW ALL INSTRUCTIONS AND THE ATTACHED [FEE SCHEDULE](#) BEFORE COMPLETING THIS FORM.**

Licensed activity to upgrade: (Complete after calculating proper fee on Page 2.)

- |   |                  |               |
|---|------------------|---------------|
| <input type="checkbox"/> Amusement Games (03 / 53) .....                | New Class: _____ | Fee: \$ _____ |
| <input type="checkbox"/> Bingo (01 / 11) .....                          | New Class: _____ | Fee: \$ _____ |
| <input type="checkbox"/> Combination License (08) .....                 | New Class: _____ | Fee: \$ _____ |
| <input type="checkbox"/> Punch Board / Pull-Tab License (04 / 05) ..... | New Class: _____ | Fee: \$ _____ |
| <input type="checkbox"/> Raffle (02) .....                              | New Class: _____ | Fee: \$ _____ |
| <input type="checkbox"/> Distributor License (21 / 28) .....            | New Class: _____ | Fee: \$ _____ |
| <input type="checkbox"/> Manufacturer License (20) .....                | New Class: _____ | Fee: \$ _____ |
| <input type="checkbox"/> Card Rooms (60 / 65 / 67) .....                | New Class: _____ | Fee: \$ _____ |

**NOTE:** All refunds of application / license fees will be issued to the applicant.

1. Applicant: \_\_\_\_\_  
Organization / Business Name
2. Mailing Address of Applicant: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Premises Address (Street Address): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. E-mail Address (If available): \_\_\_\_\_
5. ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Business Telephone Fax Telephone Premises Telephone
6. For Nonprofit Organizations: If you are upgrading your Punch Board / Pull-Tab license to a Class "C" or above, you will need a Licensed Gambling Manager to oversee your Punch Board / Pull-Tab activities. Call the main office to request application [Charitable / Nonprofit Gambling Manager](#) (GC4-117).
7. For Card Rooms ONLY: Submit, as an attachment, a floor plan of the premises and indicate the area specifically designated for the playing of cards and the number of tables to be used.
8. For Class "E" and above Raffle license holders or Class "E" and above Charitable / Nonprofit Amusement Game licensees ONLY: The elected president, treasurer, chairman of the board, and gambling activity manager(s) must submit a [Personal / Criminal History Statement](#) (BLS-700-301). If upgrading to a Class "D" or above Bingo license, you must **ALSO** submit a copy of your use & occupancy permit, fire inspection report, and nonprofit gambling manager applications to license your bingo manager(s).

---

## YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject 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. The Commission responds to public document requests through a Public Disclosure Request process. In the event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in [RCW 42.56.540](#).

---

### OATH OF APPLICATION DECLARATION / SIGNATURE OF APPLICATION (SOLE PROPRIETOR, LLC MANAGER, PARTNER, OR CHIEF EXECUTIVE OFFICER)

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 denial of my initial application or revocation of any gambling license(s) currently held.** I understand that I must notify the Gambling Commission if any information required on this application or on my Personal / Criminal History Statement changes or becomes inaccurate in any way. I understand that I must also notify the Gambling Commission should any criminal or civil actions be filed against me during the application or license period. (See WACs [230-03-055](#), [230-06-080](#), [230-06-085](#) and [230-06-090](#).) I understand that if I fail to make such notification it may be grounds for denial, suspension or revocation of my application or license(s). [See [RCW 9.46.075\(7\)](#) and [WAC 230-03-085\(7\)](#).] I understand that if I voluntarily withdraw or if the Commission administratively closes my application, the remainder of my fee, minus processing and investigative costs, will be refunded.

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](#) or the [Washington State Legislature](#).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Partner: \_\_\_\_\_ Partner: \_\_\_\_\_

Partner: \_\_\_\_\_ Partner: \_\_\_\_\_

**NOTE: The principal owner, president, or each partner must sign.**

---

### \* \* \* SPECIAL INSTRUCTIONS \* \* \*

Per [WAC 230-06-130](#), a licensee has the responsibility to remain within an assigned license class or upgrade to the correct volume of activity. To accomplish the upgrade, complete this form and submit it with proper fee, plus a **change of classification fee**. See below for an example, and a calculation area.

---

#### EXAMPLE

Example Amounts used are  
from fees effective 7/1/08

Basic Fee for Upgraded Bingo Class "E"	\$ 1,732.00
Fee Originally Submitted for Bingo Class "D"	- 1,026.00
Difference	\$ 706.00
Change of Classification Fee	+ 27.00
TOTAL FEE TO BE SUBMITTED:	<u>\$ 732.00</u>

---

#### FOR APPLICANTS USE

Basic Fee for Upgraded Class	\$ _____
Original Fee	- _____
Difference	\$ _____
Change of Classification Fee	+ 27.00
TOTAL FEE TO BE SUBMITTED:	<u>\$ _____</u>