

Customer # _____

WA State UBI _____

Declaration of Intent to Conduct Gambling Activities

Gambling activity actual Starting date: _____

Legal name: _____
Sole Proprietor Partnership Corporation Other

Trade name (dba): _____

Business address: Mailing _____
(Do not use PO Box or PMB)

address: Business phone _____

number: _____ Email address: _____

Owner; partners; officers or directors (if a corporation); manager; supervisor; and operator of the business.

Name	Title	Residence address	Phone number	Birth date

Gambling designated contact: Name _____ Phone number _____

Email address _____

Gambling activities to be conducted (check applicable):

Bingo Raffles Amusement Games

Fund Raising Event Punchboard/Pull -Tabs

Location if Temporary Event _____

**A COPY OF WASHINGTON STATE
GAMBLING LICENSE MUST BE
SUBMITTED WITH THIS FORM**

As applicant, I _____
certify or declare under penalty of perjury under the laws of the State of
Washington that the foregoing is true.

X _____
Signature Phone # Date