



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: _____

(Do not use PO Box or PMB)

Mailing 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