



Master License Service
 Department of Licensing
 PO Box 9034
 Olympia, WA 98507-9034
 (360) 664-1400
 www.dol.wa.gov

UBI number
Liquor/Lottery license number <i>Office Use Only</i>

For Validation Only

01P-400-925-0003

Change In Corporate Officers and/or Stock Ownership

Type of license held/fee			Amount due
<i>List fee amount next to each license you hold and enter total fees due.</i>			
Liquor	\$75	Change in more than 10% of stock or election of new officers.	\$
Lottery	\$25	Change in 10% stock or more <i>(no fee for corporate officer change).</i>	\$
Gambling	\$59	Change in stock of 10% to 50% <i>(no fee for corporate officer change).</i> Note: Contact the Gambling Commission if change is greater than 50%.	\$
Make check payable to the WASHINGTON STATE TREASURER.			
Total Amount Due			\$

Note: Corporate officer changes should also be filed with the Washington Secretary of State.

A Corporate information

Corporate name <i>as registered with the Washington Secretary of State</i>				UBI number	
Corporation mailing address <i>Street or route</i>		City	State	Zip code	Telephone number ()
Contact name <i>Last, first, middle</i>				Contact telephone number ()	

B Corporate officers At the completion of this corporate change, the officers will be as follows:

President	Name <i>Last, first, middle</i>		Birthdate <i>mm/dd/yy</i>		Social security number		% owned	
	Home address <i>Street or route</i>		City	State	Zip code	Telephone number ()		
	Name of spouse <i>Last, first, middle</i>							
Vice president	Name <i>Last, first, middle</i>		Birthdate <i>mm/dd/yy</i>		Social security number		% owned	
	Home address <i>Street or route</i>		City	State	Zip code	Telephone number ()		
	Name of spouse <i>Last, first, middle</i>							
Secretary	Name <i>Last, first, middle</i>		Birthdate <i>mm/dd/yy</i>		Social security number		% owned	
	Home address <i>Street or route</i>		City	State	Zip code	Telephone number ()		
	Name of spouse <i>Last, first, middle</i>							
Treasurer	Name <i>Last, first, middle</i>		Birthdate <i>mm/dd/yy</i>		Social security number		% owned	
	Home address <i>Street or route</i>		City	State	Zip code	Telephone number ()		
	Name of spouse <i>Last, first, middle</i>							

If necessary, attach additional sheets using the same format as shown above.

Please continue on to the next page. Your signature is required on page 2.

C Stock ownership

Total stock authorized	Number of shares issued	Par value per share
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D Stockholders and stock certificates Please complete all of the following, starting with Certificate #1. If more space is needed, attach additional sheets in the same format.

Name of stockholder <i>Last, first, middle</i>		Social security number	Birthdate <i>mm/dd/yy</i>
Home address <i>Street or route, city, state, zip code</i>		Name of spouse <i>Last, first, middle</i>	
Number of shares owned	% owned	Date(s) issues <i>Enter "pending" if not yet issued</i>	
Name of stockholder <i>Last, first, middle</i>		Social security number	Birthdate <i>mm/dd/yy</i>
Home address <i>Street or route, city, state, zip code</i>		Name of spouse <i>Last, first, middle</i>	
Number of shares owned	% owned	Date(s) issues <i>Enter "pending" if not yet issued</i>	
Name of stockholder <i>Last, first, middle</i>		Social security number	Birthdate <i>mm/dd/yy</i>
Home address <i>Street or route, city, state, zip code</i>		Name of spouse <i>Last, first, middle</i>	
Number of shares owned	% owned	Date(s) issues <i>Enter "pending" if not yet issued</i>	
Name of stockholder <i>Last, first, middle</i>		Social security number	Birthdate <i>mm/dd/yy</i>
Home address <i>Street or route, city, state, zip code</i>		Name of spouse <i>Last, first, middle</i>	
Number of shares owned	% owned	Date(s) issues <i>Enter "pending" if not yet issued</i>	
Name of stockholder <i>Last, first, middle</i>		Social security number	Birthdate <i>mm/dd/yy</i>
Home address <i>Street or route, city, state, zip code</i>		Name of spouse <i>Last, first, middle</i>	
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Number of shares owned	% owned	Date(s) issues <i>Enter "pending" if not yet issued</i>	

**Please note: Additional forms or documents may be required by the individual agency.
Liquor Control Board: (360) 664-1600 • Lottery: (360) 753-2155 • Gambling: (360) 438-7654 ext. 300**

E Certification

Under penalty of perjury, I hereby certify there have been no changes in officers or stockholders that have not been reported, and that each officer and stockholder is the real party in interest with respect to his/her position and is not acting directly or indirectly as agent, employee or representative of any other person not reported. The undersigned certifies on behalf of the corporation that it is understood that a misrepresentation of fact is cause for rejection of this application or revocation of any license issued.

FOR GAMBLING ONLY: Elected Chief Executive must sign below.

Print name of person signing below	Title
Signature X	Date signed