

**CITY OF SPOKANE
STATEMENT OF
INTENT TO CONDUCT
GAMBLING**



**TAXES & LICENSES
CITY OF SPOKANE
808 W SPOKANE FALLS BLVD
SPOKANE WA 99201-3336
QUESTIONS? 509/625-6074**

BUSINESS NAME: _____ BUSINESS ADDR: _____ MAILING ADDR: _____ CITY: _____ ST _____ ZIP _____ PHONE: _____	DATE: _____ BUSN LIC ACCT #: _____ CITY BUSN LICENSE #: _____ UBI #: _____ BUSN TYPE: (CORP, LLC, ETC) _____
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It is my intent to conduct Gambling Activities as identified below at the times and locations indicated. Notification is hereby given as required under City of Spokane Ordinance C 22453. I will file a Municipal Gambling Tax Report post event. **Please attach a copy of your Washington State Gambling License.**

Type of Gambling Activity	WSGC License #	Dates Gambling Will Be Conducted	Locations Where Gambling Will Be Conducted
Pull tabs			
Card Rooms			
Bingo			
Raffles			
Amusement Games			
Fund Raising			

NAME (S), ADDRESSES AND DATE OF BIRTH FOR OWNER OF BUSINESS OR CORPORATION OFFICERS.

NAME: _____ TITLE: _____ SS#: _____ ADDR: _____ CITY: _____ ST: _____ ZIP: _____ PH: _____ BIRTH DATE: _____	NAME: _____ TITLE: _____ SS#: _____ ADDR: _____ CITY: _____ ST: _____ ZIP: _____ PH: _____ BIRTH DATE: _____
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I hereby swear and affirm the information given is correct to the best of my knowledge and belief.

SIGNATURE _____ TITLE _____

PRINTED NAME _____ DATE _____