



NOTICE OF INTENTION TO CONDUCT NON-PROHIBITED GAMBLING ACTIVITIES

Kirkland Municipal Code Chapter 7.48 • Revised Code Of Washington 9.46.030

NOTE: A COPY OF YOUR CURRENT STATE GAMBLING COMMISSION LICENSE MUST BE ATTACHED TO THIS FORM.

PLEASE PRINT OR TYPE

1. Licensee Name _____
2. Location _____
3. Telephone _____ Fax _____
4. Owner/Operator _____
5. Home Address _____
6. Home Telephone _____
7. Indicate Gambling Activities to be Conducted:

| | |
|-------------------|--------------------------|
| _____ Punchboards | _____ Bingo |
| _____ Pull Tabs | _____ Raffle |
| _____ Card Rooms | _____ Amusement Games |
| | _____ Fund Raising Event |
8. Date Gambling Activities Commence _____
9. Proposed Schedule _____

NOTE: A GAMBLING TAX RETURN MUST BE FILED WITH THE CITY OF KIRKLAND UPON THE SAME DATE THAT THE PERIODIC FINANCIAL REPORT IS REQUIRED TO BE FILED WITH THE WASHINGTON STATE GAMBLING COMMISSION.

10. Signature of Applicant: _____ Date: _____
11. Washington State Gambling Commission License Number _____

RETURN COMPLETED FORM TO:

CITY OF KIRKLAND
Tax Section
123 Fifth Avenue
Kirkland, WA 98033
VOICE 425.587.3116
TTY 425.587.3111
FAX 425.587.3110