WASHINGTON STATE GAMBLING COMMISSION
LOCATION: 4565 7th Avenue SE, Lacey WA 98503
MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400
TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631
TOLL-FREE: 1-800-345-2529 / TDD: 360-486-3637
WEB SITE: www.wsgc.wa.gov

LINKED BINGO PRIZE PROVIDER (07)

This Packet Contains:

1. A pamphlet entitled *Gambling License Certification Program*.
2. General Instructions.
3. The basic application (GC4-007) with attachments:
   - *Disclosure of Corporate Officers / Stockholder* (GC4-017);
   - *Disclosure of LLC Members / Managers* (GC4-017b);
   - *Disclosure of Partnership* (GC4-017c);
   - Two (2) *Gaming Representative* applications (GC4-002);
   - *License Class Structure Information* (GC5-144);
   - *Personal / Criminal History Statement* (BLS-700-301);
   - *Financial Statement* (GC4-320);
   - *Source of Funds Statement* (GC4-321);
   - Selected Washington Administrative Codes pertaining to licensing Linked Bingo Prize Providers.

   FEEL FREE TO DUPLICATE ANY AND ALL FORMS WITHIN THIS PACKET.

General Instructions

1. Before completing this application, please **STOP AND READ** the enclosed pamphlet entitled *Gambling License Certification Program* and the condensed rules. You will find them very helpful and informative.
2. We ask that you type or print with black ink and please answer ALL questions. Use N/A if not applicable.
3. All applicants and substantial interest holders will be required to provide positive proof of identity. See Item (7)(b) of the application for details.
4. Fingerprint cards are required from some applicants. Should fingerprint cards be required, the cards will be sent to you with appropriate instructions.
5. This application must be signed and dated by the appropriate individual(s). The basic application (GC4-007) requires an original signature in ink.
6. When complete, the application and addendums should be rechecked. This check may help to avoid delays during the processing of the application, or worse, the administrative closure, or denial of your application.
7. Mail or deliver the completed application and fee to the above address. **PLEASE NOTE:** You may fax application documentation to expedite processing, but clear copies must be submitted as faxed documentation may be illegible.
8. If you need assistance in completing this application - please call one of the phone numbers shown above.

ATTENTION APPLICANT

You may significantly reduce the time it takes to process your application by:

- **Following the above instructions;**
- **Answering all questions on this application; and**
- **Submitting all additional requested documentation / information as soon as possible.**

We highly recommend that you submit your application in person so that we may conduct a complete prelicensing interview. This may save you a great deal of time and possible expense.

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LINKED BINGO PRIZE PROVIDER (07) — FEE $4,414.00

A Linked Bingo Prize Provider is any person or business that sells exclusively to Washington State bingo licensees, the means to link bingo prizes. These businesses provide licensees with equipment, linked bingo prize management, and distribute equipment exclusively for bingo games that are played to win the linked bingo prize(s). If you intend to sell other gambling equipment and supplies, in addition to linked bingo items, you are a *distributor* and need form GC4-033.

Special Note: In addition to the basic license fee, the commission may require additional payments to recover background and other investigative costs. Payment of these fees will be required in advance, and their payment is a condition which must be met to continue processing your application. See WAC 230-04-240.

(1) Applicant: _____
Use Full Name, Partnership, or Corporate Name

(a) Business Mailing Address: _____

_____
City State Zip County

(_____)_____-_____ (_____)_____-_____ (_____)_____-_____
Telephone Fax Number Cell Phone (Optional)

(b) Premises Address (Street Address): _____

_____
City State Zip County

(_____)_____-_____ (_____)_____-_____ (_____)_____-_____
Telephone Fax Number Cell Phone (Optional)

(c) Business Trade Name: _____

(d) The business is located **(mark ☒ one):** ☐ Inside ☐ Outside of the city limit.

(2) TYPE OF BUSINESS: (Mark ☒ applicable block and complete the entire section)
Attach additional sheets, if necessary.

☐ **Sole Proprietor:**

Owner's Name: _____ _____ _____
Last, First, Middle Birthdate Social Security No.

Spouse: _____ _____ _____
Last, First, Middle Birthdate Social Security No.

☐ **Partnership:** (See attached form GC4-017c.)

☐ **LLC Member / Manager:** (See attached form GC4-017b.)

☐ **Corporation**: (Complete attached form GC4-017.)

(3) IF YOUR MAIN OFFICE IS LOCATED OUTSIDE THE STATE OF WASHINGTON, provide the name of the individual who will act as your in-state resident agent as required by WAC 230-12-300. MUST BE A NATURAL PERSON.

Agent's Full Name:_____ _____ _____
Last, First, Middle — Birthdate — Social Security No.

Home Address: _____

_____
City — County — Zip

Office Address: _____

_____
City — County — Zip

(_____)_____-_____ (_____)_____-_____ (_____)_____- _____
Telephone — Fax Number — Cell Phone (Optional)

(4) ARE YOU NOW, OR HAVE YOU EVER BEEN, LICENSED IN OTHER JURISDICTIONS?
(Other jurisdictions include other countries, provinces, states and tribal nations.)

☐ No ☐ Yes **If Yes**, complete the following:

Jurisdiction: _____ Dates: From _____To _____

Applied or Licensed For: _____

Jurisdiction: _____ Dates: From _____To _____

Applied or Licensed For: _____

Jurisdiction: _____ Dates: From _____To _____

Applied or Licensed For: _____

Jurisdiction: _____ Dates: From _____To _____

(Attach additional sheets if necessary.)

(5) WERE ANY LICENSES / PERMITS / AUTHORIZATIONS GRANTED, REVOKED, SUSPENDED, DENIED, OR WITHDRAWN?

☐ No ☐ Yes **If Yes**, attach a letter explaining the circumstances include dates and locations.

(6) LIST EACH EMPLOYEE YOU HAVE ENGAGED AS A LINKED BINGO PRIZE PROVIDER'S REPRESENTATIVE TO SELL YOUR PRODUCT:

(a) Full Name:_____ _____ _____
Last, First, Middle — Birthdate — Social Security No.

Address: _____

_____ (_____)_____- _____
City — State — Zip — County — Telephone Number

(a) Full Name:_____ _____ _____
Last, First, Middle — Birthdate — Social Security No.

Address: _____

_____ (_____)_____- _____
City — State — Zip — County — Telephone Number

NOTE: The law requires ALL linked bingo prize provider representatives to be licensed. This packet contains two (2) application packets (GC4-002). Call us if you have any questions regarding this licensing requirement.

(7) CHECK EACH AREA FOR WHICH MATERIAL HAS BEEN SUBMITTED. (*If an area does not apply to your business, mark it N/A.*)

☐ (a) If applicant is a corporation - submit signed and dated copies of articles of incorporation, minutes of corporate meetings showing the election of officers, and issuance of stock. Include a copy of your stock register.

COMPLETE, IN FULL, the attached *Disclosure of Corporate Officers / Stockholders* (GC4-017).

Out-of-state corporations, as well as LLCs, must be registered in Washington State (see *Disclosure of LLC Members / Managers* (GC4-017b)).

☐ (b) Complete and submit the following forms and personal identity materials if you are a ***sole owner*** and ***spouse***; a ***partner*** and ***spouse of a partner***; if a corporation: all ***corporate officers, members of the board, owners of 5%, 10%, or more (see WAC 230-02-300) of any class of stock, and the spouses of these individuals***. *(Feel free to duplicate any and all forms in this packet.)*

- *Personal / Criminal History Statement* (BLS-700-301)
- *Financial Statement* (GC4-320)
- *Source of Funds Statement* (GC4-321)
- Fingerprint Cards (FD-258) (If instructed to do so.)
- A Copy of One of the Following Official Documents:
  - Valid Driver's License;
  - Military Identification Card;
  - Valid Passport; or an
  - Alien Registration Card.
- Photograph: Submit a current, full facial view photograph (no smaller than 1" x 1", nor larger than 3" x 5"). Write your name and social security number on the back of the photograph.

NOTE: If you are a Limited Liability Company (LLC), complete, in full, the attached *Disclosure of LLC Members / Managers* (GC4-017b).

NOTE: If you are a Partnership, complete, in full, the attached *Disclosure of Partnership* (GC4-017c).

☐ (c) Signed and dated copies of partnership agreements or limited liability agreement as well as the limited liability formation as filed with the Secretary of State's office. If verbal, submit a statement outlining terms, parties involved, and date formed.

☐ (d) Signed and dated copies of leases or similar agreements, and all assignments and / or amendments, regarding the premises used for your business.

☐ (e) Does the applicant have any financial interest in any other gambling related business? In this question, the applicant includes a sole proprietor and their spouse, all partners and their spouses, and any corporate officers, owners and their spouses.

☐ No ☐ Yes **If Yes**, using the following format, provide all the information asked for, including full details of the financial interests. Use separate sheets of paper if required.

Name of person who has the interest: _____

Relationship of such person to applicant, or applicant's business: _____

_____

Name of Business: _____

Address: _____

_____
City State Zip County

Telephone: (_____)_____-_____ Fax: (_____)_____- _____

Details of interest held: _____

_____

_____

_____

(7) CHECK EACH AREA FOR WHICH MATERIAL HAS BEEN SUBMITTED. (Continued)

☐ (f) Provide a list of all gaming equipment and / or supplies that are, or may be manufactured for use in (or will be housed within) Washington State. (Include brand names of each type of gaming item that is or may be sold.)

☐ (g) WAC 230-04-126 requires that all linked bingo prize providers obtain a bond to cover all linked bingo prize jackpots, and provide the Gambling Commission with evidence of obtaining that bond. Attach such evidence.

☐ (h) List the full name and current address of each person (including individuals, corporations, partnerships, LLCs, or other associations), together with each person's spouse, if any, that has any interest in any part of the premises, including the building(s), to be used for the manufacturing of gambling equipment and paraphernalia and fully set forth **ALL** details of the interest of each such person.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

*** * * STOP * * ***

Have you answered each question? Have you enclosed all supporting documents / information? Remember, an incomplete application may cause significant delays and could result in administrative closure or denial of your application. You should also be aware that WAC 230-04-126 (licensing of Linked Bingo Prize Providers) requires that each applicant be able to demonstrate the ability to comply with all restrictions and quality control requirements imposed by Washington State regulations. The licensing process may include an on-site review of the applicant's manufacturing, processing, and equipment warehousing locations to ensure the applicant's ability to comply with all regulatory requirements.

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.56) and other Washington laws. The Commission may disclose to the public or discuss at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.56.540.

DECLARATION / SIGNATURE OF SOLE PROPRIETOR OR SPOUSE, EACH PARTNER, OR CHIEF EXECUTIVE OFFICER:

READ VERY CAREFULLY

OATH OF APPLICANT

I declare under penalty of perjury, under the laws of the state of Washington, that all information provided in this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for denial of an initial application or revocation of any gambling licenses currently held. Further, I have read WAC 230-04-126 and acknowledge that all records relating the ownership and operation of the business shall be made available to commission staff and that commission staff may conduct an on-site review of my manufacturing facility(ies) to assure my capability of complying with the requirements of RCW 9.46 and WAC 230. I further understand that should any information provided on the application change or become obsolete and/or if any criminal or civil actions are filed against me, I must inform the commission. See WACs 230-04-022, 230-04-126, 230-12-305, and 230-12-310.

X_____

X_____

X_____

APPLICATION PREPARED BY:

_____ _____ _____
Name Title Date

_____
Address City State Zip

(_____)_____-_____ (_____)_____-_____ (_____)_____- _____
Telephone Fax Number Cell Phone (Optional)

ATTENTION APPLICANT

IMPORTANT REMINDER

YOU CAN EXPEDITE THE PROCESSING OF YOUR APPLICATION BY:

(1) Ensuring that all personal and criminal history forms are completed in full, and submitted with this application;
(2) Please take some time to ensure that you have properly completed your source of funds form. This form is very essential in determining where you obtained the funding for your business; and
(3) If your source of funds is derived from some place other than a financial institution, such as a friend, a relative, another business, or other source, be sure to complete personal, criminal, and financial statement forms for those individuals and/or sources as well.

SPECIAL NOTE:

Our rules require that each applicant make available, for our review and evaluation, all financial records of all substantial interest holders. See WAC 230-02-300. ***Failure to produce these records will be cause for denial or administrative closure of your application.***

Should you have specific questions involving personal and criminal history, and financial or source of funds information / documentation, you may contact the Financial Investigations Unit at 1-800-345-2529 or (360) 486-3440 for assistance.