



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

**FULL SEASON ITINERARY
 FOR LICENSE TO OPERATE AMUSEMENT GAMES AT SPECIAL LOCATIONS**

Licensed Business Name: _____
 Telephone Number: _____
 Mailing Address: _____

 City State Zip

ITINERARY

Activity

Inclusive Dates

• Sponsor of Event
 (See [RCW 9.46.0331\(2\)](#)): _____ **From:** _____/_____/_____
 Location or Event Name: _____ **To:** _____/_____/_____
 Location Street Address: _____
 City: _____

• Sponsor of Event
 (See [RCW 9.46.0331\(2\)](#)): _____ **From:** _____/_____/_____
 Location or Event Name: _____ **To:** _____/_____/_____
 Location Street Address: _____
 City: _____

**THIS STATEMENT MUST BE SIGNED BY THE PRINCIPAL OWNER OR
 HIGHEST RANKING OFFICER OF LICENSEE ORGANIZATION**

I hereby certify that the provisions of [WAC 230-13-150](#) have been fully met with respect to authorized locations and written permission from the appropriate person(s) as required in subsection (3) of [WAC 230-13-155](#) has been obtained.

I further certify that proper notification has been given to each local police jurisdiction as required by [WAC 230-13-070](#) and all games being operated meet requirements of commission rules including [WACs 230-13-005 thru 230-13-065](#).

NOTE: Any additional games or modification of the games authorized in [WACs 230-13-005 thru 230-13-065](#) must be submitted to the commission in writing. The director may temporarily approve any additional games or modification of the games subject to final approval by the commission. Attach detailed description of any modified or additional games as required in [WACs 230-13-005 thru 230-13-065](#).

_____/_____/_____
 Signature of Owner or Highest Ranking Officer Date

Approved, except for those areas lined out in red.

_____/_____/_____
 Signature of Approving Authority Date

If any questions, please contact: _____

Full season itinerary for amusement games for the year: _____

Page _____ of _____ Pages (Continued on Reverse Side)

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Approved, except for those areas lined out in red, and only with a current valid license.