



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

SERVICE SUPPLIER (26) APPLICATION PACKET

THIS PACKET CONTAINS:

1. This summary sheet with general instructions.
2. A pamphlet entitled “*Gambling License Certification Program*” ([GC5-139](#)).
3. The *Service Supplier* (GC4-026) application with attachments and supporting forms including:
 - Appendix A – Sole Proprietorship Requirements ([GC5-003](#));
 - Appendix B – Limited and General Partnership Requirements ([GC5-004](#));
 - ▶ *Disclosure of Partnership* ([GC4-017c](#));
 - Appendix C – Limited Liabilities Company “LLC” Requirements ([GC5-005](#));
 - ▶ *Disclosure of LLC Members / Managers* ([GC4-017b](#));
 - Appendix D – Corporation Requirements ([GC5-006](#));
 - ▶ *Disclosure of Corporate Officers / Stockholders* ([GC4-017](#));
 - Authorization for Examination and Release of Information ([GC4-299](#));
 - *Gaming Representative* ([GC4-002](#)) application;
 - ▶ *Orientation Information – Distributors, Service Suppliers, and their Representatives* ([GC5-011](#));
 - Training Requirements for All Applicants Letter ([GC5-017](#));
 - Affidavit for Completion of Training ([GC4-250](#))
 - License Class Structure Information ([GC5-144](#));
 - Personal / Criminal History Statement ([BLS-700-301](#));
 - Financial Statement ([GC4-320](#));
 - Source of Funds Statement ([GC4-321](#));
 - Fee Schedule – Commercial Stimulant / Profit-Seeking Organization ([GC5-055K FS](#));
 - A Dear Applicant letter regarding submission of fingerprints ([GC5-231](#));
 - A letter to Local law Enforcement Agency regarding fingerprints ([GC5-232](#));
 - A sample of a completed fingerprint card ([GC5-236](#));
 - Fingerprinting Policy ([GC5-237](#)); and
 - A blank *Fingerprint Card* ([FD-258](#)).

IMPORTANT INSTRUCTIONS FOR ALL APPLICANTS – READ BEFORE PROCEEDING

1. All forms in this packet may be copied for your use. A copy of this application is also on our web site.
2. Washington Administrative Code (WAC) citations are noted throughout this application. When cited, refer to Title 230 WAC, Gambling Commission (<http://apps.leg.wa.gov/WAC/>), for clarification.
3. Read the enclosed licensing pamphlet and other information provided.
4. If you choose to voluntarily withdraw your application or if the Commission administratively closes your application, the balance of any fees and additional amounts paid, less all-applicable commission processing and investigative costs, will be refunded with the fees on page 1 of the application.
5. Each license applicant is evaluated on an individual basis. Even if you were licensed before, do **NOT** answer any question with the words "on-file".
6. This application must be signed and dated by the appropriate individual(s). Where a signature is required, the Commission requires an original signature in ink. Please sign inside the signature blocks provided.
7. An application is considered complete when the basic application form and attachments have been completed in every respect, all requested documents have been attached, and the application is submitted with the proper fee to the Gambling Commission's office located in Lacey, Washington. Mail or deliver your completed application and fee(s) to the Washington State Gambling Commission at the address on the front page. See WACs [230-03-035](#) and [230-03-040](#).
8. Keep a photocopy of your completed application, including all documentation, in case we need to contact you to confirm information from your application and the supporting documents you submitted.
9. The Commission cannot act on your application if proper fees have not been paid. **PLEASE NOTE:** Once the application and fees have been received, additional documentation can be sent via fax or email.
10. If you need assistance in completing this application – please call one of the telephone numbers listed on Page 1 and ask for a Customer Service Specialist for new applications.

NOTE: You may be required to supply additional documentation based on information you previously submitted. See WACs [230-03-050](#) and [230-03-055](#).

CHANGES MUST BE REPORTED

During the application process if any changes occur that affect your answers / statements on this application, you must notify us. For example, notify us if there is a change in your articles of incorporation or by-laws, or any documents that affect your organizational structure, or any leases, rentals, consignments, or franchises, or other agreements relating to gambling activities or altering your distributing business, whether written or oral, and all cash or asset contributions, draws from lines of credit, and loans, from other than recognized financial institutions, which individually or collectively exceed a total of \$10,000.00 during the calendar year: Provided, that cash or asset contributions do not include donations to licensed charitable or nonprofit organizations.

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, other state or federal agencies, 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](#).

10. ARE YOU NOW OR HAVE YOU EVER BEEN LICENSED IN OTHER JURISDICTIONS?

(Other jurisdictions include other countries, provinces, states and tribal nations.)

(Attach additional sheets using same format, as needed)

No Yes **IF YES**, Complete the following:

• Jurisdiction: _____ | Dates: From: _____/_____/_____

Applied or Licensed for: _____ | To: _____/_____/_____

11. WERE ANY GAMBLING LICENSES / PERMITS / AUTHORIZATIONS OR APPLICATIONS, REVOKED, SUSPENDED, DENIED, OR WITHDRAWN?

No Yes **IF YES**, attach a letter explaining the circumstances include dates and locations.

12. CHECK EACH APPLICABLE AREA AND SUBMIT INFORMATION AS INDICATED.

a. 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; LLC members & their spouses; and any corporate officers, directors, 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

Telephone: _____ | _____ | _____
Office Telephone Number Home Telephone Number

_____ | _____ | _____
Fax Number Cell Phone Number

Details of Interest Held: _____

b. Did you sign a contract for the assembly of components for gambling equipment with a licensed manufacturer?
 No Yes **IF YES**, list all gaming equipment / paraphernalia that are related to that licensed manufacturer.

c. Copies of all contractual obligations between the applicant and any other licensee of the commission. (If verbal, provide details.)

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 [WACs 230-03-210 to 230-03-225 and 230-03-280](#) (Licensing of Service Suppliers) 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 offices and warehousing locations to ensure the applicant's ability to comply with all regulatory requirements.

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 230-03-045](#). **Failure to produce these records will be cause for denial or administrative closure of your application, minus the processing costs.**

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 for assistance at the number listed on page 1.

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

READ VERY CAREFULLY

OATH OF APPLICATION

I declare under penalty of perjury, under the laws of the State of Washington, that all information provided on 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 my initial application or revocation of any gambling license(s) currently held.** I understand that I must notify the Gambling Commission if any information required on this application or on my Personal / Criminal History Statement changes or becomes inaccurate in any way. I understand that I must also notify the Gambling Commission should any criminal or civil actions be filed against me during the application or license period. (See WACs [230-03-055](#), [230-06-080](#), [230-06-085](#) and [230-06-090](#).) I understand that if I fail to make such notification it may be grounds for denial, suspension or revocation of my application or license(s). [See [RCW 9.46.075\(7\)](#) and [WAC 230-03-085\(7\)](#).] I understand that if I voluntarily withdraw or if the Commission administratively closes my application, the remainder of my fee, minus processing and investigative costs, will be refunded.

I understand that I am responsible to know and comply with all rules and laws, [RCW 9.46](#) and [WAC 230](#), which can be found on the Internet websites of the [Washington State Gambling Commission](#) or the [Washington State Legislature](#).

X _____ X _____

X _____ X _____

X _____ X _____

APPLICATION PREPARED BY:

Last Name: | _____ |

First Name: | _____ | MI: | _____ |

Business Name: | _____ |

Mailing Address: | _____ |

City: | _____ | State: | _____ | Zip: | _____ |

E-Mail Address: | _____ |

@ | _____ |

Telephone: | _____ | - | _____ | - | _____ | | _____ | - | _____ | - | _____ |
Primary Telephone Number Message Telephone Number

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