



**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".
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);
  - Two *Gaming Representative* (GC4-002) applications;
    - ▶ *Orientation Information – Distributors, Service Suppliers, and their Representatives* (GC5-011)
    - ▶ *Condensed Rules for Representatives of Manufacturers, Distributors, Service Suppliers and Linked Bingo Prize Providers* (GC4-002 Rules)
  - Training Requirements for All Applicants Letter (GC5-017);
  - Mandatory Training Letter (GC5-158)
  - Affidavit for Training Completion (GC4-243)
  - 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 requirements (GC4-026 Rules);
  - 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).

**THIS FORM WILL BE READ BY A VERY SENSITIVE SCANNING DEVICE**

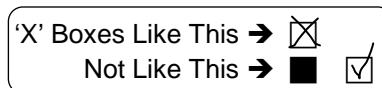
Please use the following examples to fill out this form:

**Print with a black ballpoint pen and press firmly, or use a typewriter.**

- For optimum accuracy, please print in capital letters and avoid contact with the edge of the box. The following will serve as an example:



- Please 'X' the boxes. Do NOT shade-in or use '✓'.



- When asked for additional lists or comments, the information must be neatly printed or typewritten on sheets of white 8 ½ X 11 inch paper.
- When asked for legal or business documents, the copies must be clean and legible and marked so the document can be identified to the question being asked.

**INSTRUCTIONS ON REVERSE SIDE**

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## 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 the enclosed rules (administrative codes) for clarification.
3. Read through the rules, 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 your completed application to: Washington State Gambling Commission, P. O. Box 42400, Olympia, WA 98504-2400. 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. You may fax documentation for this application to expedite the process, but clear copies must be submitted because faxed documentation may be illegible, and original signatures are required.
10. If you need assistance in completing this application – please call one of the telephone numbers listed on Page 1 and ask for a Licensing Technician 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.

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## 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.

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## 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.



**GENERAL INFORMATION** (Continued)

1. b. Premises Address (Street Address): \_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
\_\_\_\_\_  
County

Telephone: \_\_\_\_\_  
Primary Telephone Number Message Telephone Number  
\_\_\_\_\_ Fax Telephone Number \_\_\_\_\_  
Cell Telephone Number (Optional)

c. City Limits (Mark  One): Inside  Outside

d. State of Washington Dept. of Revenue Number: \_\_\_\_\_ Unified Business Identifier

e. Have you ever been licensed or previously applied for a service supplier license in the state of Washington?  
 No  Yes **IF YES**, list previous trade name: \_\_\_\_\_  
\_\_\_\_\_

**2. WHAT BUSINESS TYPE is this?**

- Sole Proprietorship (Complete Appendix A, GC5-003)
- Partnership (Complete Appendix B, GC5-004)
- LLC (Complete Appendix C, GC5-005)
- Corporation (Complete Appendix D, GC5-006)

**3. For all premises leased and / or purchased that are occupied by your business, including warehouse locations. Submit copies of leases and / or purchase closing documentation for each.**

**4. List the address of each office, warehouse, or outlet of your services supplying business. Attach an additional sheet of paper if you have more than two locations.**

a. Street Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
\_\_\_\_\_  
County Telephone Number  
\_\_\_\_\_ Fax Telephone Number \_\_\_\_\_  
Cell Telephone Number (Optional)

E-Mail Address: \_\_\_\_\_  
@\_\_\_\_\_

b. Street Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
\_\_\_\_\_  
County Telephone Number  
\_\_\_\_\_ Fax Telephone Number \_\_\_\_\_  
Cell Telephone Number (Optional)

E-Mail Address: \_\_\_\_\_  
@\_\_\_\_\_

## SERVICES CONTRACTS

5. In the area below, mark  the appropriate box that best describes the type of gambling service(s) you will be providing. Use WAC 230-03-210 and 230-03-025 as a reference.

- |   |  |
|---|--|
| <input type="checkbox"/> Pull-Tab counting, storage and specialized record keeping<br><input type="checkbox"/> Consulting / advisory services;<br>Type: _____<br><input type="checkbox"/> Dealer School<br><input type="checkbox"/> New Game (Intellectual Property / Code) | <input type="checkbox"/> Gambling related management services;<br>Type: _____<br><input type="checkbox"/> Assembly of components<br><input type="checkbox"/> Financing for purchasing or leases<br><input type="checkbox"/> Other; describe: _____ |
|---|--|

6. If you are applying for a service supplier license because you have developed a new game, then you must provide a written statement with your application addressing all of the following:

- a. Who will manufacture the layouts?
- b. Who will distribute the layouts?
- c. Who will market the game in Washington?
- d. Who will be receiving royalties or leases for the game?

7. Make a copy of all your signed and dated service providing contracts and attach them to this application. If using a verbal agreement, submit a statement outlining the terms, parties involved, and the date formed. Any agreements with Native American or tribal entities must have evidence of tribal authority or authorization. The number of contracts attached should equal the number listed in the Fee Section (page 1).

8. a. **IF YOUR MAIN OFFICE IS LOCATED OUTSIDE THE STATE OF WASHINGTON**, you must have authority to do business in the state of Washington. If you do not, please call the Secretary of State's office at 360-753-7120 or see their web site at [www.secstate.wa.gov](http://www.secstate.wa.gov).

b. Provide the name of the individual (**MUST BE A PERSON, NOT A BUSINESS**) who will act as your in-state resident agent as required by WACs 230-03-050 and 230-03-052.

Agent's Full Name: Last: |\_\_\_\_\_|

First: |\_\_\_\_\_| Middle: |\_\_\_\_\_|

Social Security Number: |\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_|

Home Address: |\_\_\_\_\_|

|\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_|  
 City County Zip

Office Address: |\_\_\_\_\_|

|\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_|  
 City County Zip

Telephone: |\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_| |\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_|  
 Office Telephone Number Home Telephone Number

|\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_| |\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_|  
 Fax Telephone Number Cell Telephone Number (Optional)

E-mail address: |\_\_\_\_\_|

@|\_\_\_\_\_|

**9. LIST EACH EMPLOYEE YOU HAVE ENGAGED AS A SERVICE SUPPLIER REPRESENTATIVE FOR THE SERVICES YOU ARE PROVIDING:** (See attached WAC 230-03-310 for the definition of Service Supplier Representative.) (Attach additional sheets using same format, as needed)

a. Full Name: Last: \_\_\_\_\_  
 First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City County Zip  
 Telephone: \_\_\_\_\_  
 Office Telephone Number Home Telephone Number  
 \_\_\_\_\_  
 Fax Telephone Number Cell Telephone Number (Optional)

b. Full Name: Last: \_\_\_\_\_  
 First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City County Zip  
 Telephone: \_\_\_\_\_  
 Office Telephone Number Home Telephone Number  
 \_\_\_\_\_  
 Fax Telephone Number Cell Telephone Number (Optional)

**\*\* IMPORTANT \*\*** Two *Gaming Representative* (GC4-002) applications are attached for your Service Supplier Representatives. Feel free to make additional copies of those applications should you need more. If additional fingerprint cards are needed, please contact our office

**\*\* NOTE \*\*** Some of your employees and / or sales representatives may need to be licensed as service supplier representatives and some may not. Refer to WAC 230-03-310. Also, see WACs 230-03-300 to 230-03-340 regarding a manager or supervisor whose duties and responsibilities may include the supervision of selling, supplying or promoting of products.

**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: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Jurisdiction: \_\_\_\_\_ Dates: From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Applied or Licensed for: \_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Jurisdiction: \_\_\_\_\_ Dates: From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Applied or Licensed for: \_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- 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

County: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Office Telephone Number Home Telephone Number

\_\_\_\_\_ Fax Telephone Number Cell Telephone Number (Optional)

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 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 WACs 230-03-185 to 230-03-200 and acknowledge that all records relating the ownership and operation of the business shall be made available to commission staff and that commission staff will 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 agree to notify the Washington State Gambling Commission should any information required on this application and / or on my Personal / Criminal History Statement change or become inaccurate in any way. I understand that if I fail to make such notification, it may constitute grounds for denial, suspension or revocation of my license. 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 230-03-050, 230-03-055, 230-03-185 to 230-03-200, 230-06-080, 230-06-085, and 230-06-090.

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)