



**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

**DISTRIBUTOR OF AUTHORIZED GAMBLING PARAPHERNALIA AND SUPPLIES**

**THIS PACKET CONTAINS:**

1. This summary sheet with general instructions.
2. A pamphlet entitled “*Gambling License Certification Program*”.
3. The *Distributor of Authorized Gambling Paraphernalia and Supplies* (GC4-033) 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);
  - 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;
  - Mandatory Training Letter (GC5-158);
  - Training Requirements for All Applicants (GC5-017);
  - Affidavit for Training Completion (GC4-243);
  - 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 best results, please print in capital letters and avoid contact with the lines. The following will serve as an example:

A	B	C	D	E	F	G	H	I	J	K	L	M	1	2	3	4	5	6	7	8	9	0
N	O	P	Q	R	S	T	U	V	W	X	Y	Z										

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

‘X’ Boxes Like This →	<input checked="" type="checkbox"/>
Not Like This →	<input type="checkbox"/> <input checked="" type="checkbox"/>

- 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. An application shall be considered delivered to the Commission when actually deposited in the United States mail properly addressed to the Commission. 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 supplied. 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.



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**DISTRIBUTOR OF AUTHORIZED GAMBLING PARAPHERNALIA AND SUPPLIES**

MARK  APPLICABLE LICENSE TYPE. ([See attached fee schedule for proper fee.](#))

Distributor (21) Class:  Fee: \$   
[See Section 6 of the attached fee schedule \(GC5-055K FS\)](#)

Fund-Raising Event Equipment Distributor (28) Class:  Fee: \$   
[See Section 7 of the attached fee schedule \(GC5-055K FS\)](#)

**Total Fee Submitted:** \$

**SPECIAL NOTE:** In addition to the basic license fee, the commission will 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 #4 of instructions. See RCW 9.46.070(5).

**GENERAL INFORMATION**

1. Business Trade Name:   
 DBA

Applicant:   
 Use Full Name: Sole Proprietorship (Last, First, MI), Partnership, LLC, or Corporate Name

A. Business Mailing Address:   
 City  State  Zip

Telephone: -- Primary Telephone Number -- Message Telephone Number  
-- Fax Telephone Number -- Cell Telephone Number (Optional)

E-Mail Address:   
 @

B. Premises Address (Street Address):   
 City  State  Zip

Telephone: -- Primary Telephone Number -- Message Telephone Number  
-- Fax Telephone Number -- Cell Telephone Number (Optional)

C. City Limits:  Inside  Outside (Mark  One)

D. State of Washington Dept. of Revenue Number:  Unified Business Identifier

<b>Business Office Use Only:</b>			
Code: 211- <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	Amt: \$ <input type="text"/>	Val #: <input type="text"/>
Code: 211- <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	Amt: \$ <input type="text"/>	Val #: <input type="text"/>

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**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)
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**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.**

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**4. LIST EACH OFFICE, WAREHOUSE, OR OUTLET WHERE YOU WILL DISTRIBUTE, STORE, OR SELL YOUR AUTHORIZED GAMING PARAPHERNALIA AND SUPPLIES.**

A. Premise Name: |\_\_\_\_\_

Street Address: |\_\_\_\_\_

|\_\_\_\_\_ |\_\_\_\_\_ |\_\_\_\_\_ |  
City State Zip

|\_\_\_\_\_ |\_\_\_\_\_ |\_\_\_\_\_ |  
County Telephone Number

B. Premise Name: |\_\_\_\_\_

Street Address: |\_\_\_\_\_

|\_\_\_\_\_ |\_\_\_\_\_ |\_\_\_\_\_ |  
City State Zip

|\_\_\_\_\_ |\_\_\_\_\_ |\_\_\_\_\_ |  
County Telephone Number

C. Premise Name: |\_\_\_\_\_

Street Address: |\_\_\_\_\_

|\_\_\_\_\_ |\_\_\_\_\_ |\_\_\_\_\_ |  
City State Zip

|\_\_\_\_\_ |\_\_\_\_\_ |\_\_\_\_\_ |  
County Telephone Number

D. Premise Name: |\_\_\_\_\_

Street Address: |\_\_\_\_\_

|\_\_\_\_\_ |\_\_\_\_\_ |\_\_\_\_\_ |  
City State Zip

|\_\_\_\_\_ |\_\_\_\_\_ |\_\_\_\_\_ |  
County Telephone Number

5. **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). 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 WAC 230-03-052.

Agent's Full Name:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

\_\_\_\_\_ Fax Telephone Number \_\_\_\_\_ Cell Telephone Number \_\_\_\_\_

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

6. **LIST EACH EMPLOYEE YOU HAVE ENGAGED AS A DISTRIBUTOR'S REPRESENTATIVE TO SELL OR SERVICE YOUR PRODUCT IN WASHINGTON:** (See attached WAC 230-03-305 for the definition of Distributor Representative.) (Attach additional sheets using same format, as needed)

A. Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

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

B. Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

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

**NOTE:** The law requires ALL distributor 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. 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: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**8. 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.

**9. MARK  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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. MARK  EACH APPLICABLE AREA AND SUBMIT INFORMATION AS INDICATED. (Continued)

- B. On a separate sheet of paper, list all gaming equipment / paraphernalia that are distributed by your business. (Be sure to include the brand name(s) under which each type of authorized gambling equipment, paraphernalia and supplies are sold.)

**NOTE:** You are only allowed to distribute authorized gambling paraphernalia and supplies from a manufacturer licensed with the Washington State Gambling Commission.

- 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 WAC 230-03-040 (Licensing of Distributors) 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 230-03-050. ***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.**

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**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 WAC 230-03-025 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 230-03-025, 230-03-050, 230-03-055, 230-06-080, and 230-06-085.

X \_\_\_\_\_ X \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_

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**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)