



## 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](http://www.wsgc.wa.gov)

### MANUFACTURER OF GAMBLING EQUIPMENT / PARAPHERNALIA SPECIAL SALES PERMIT

#### GENERAL INFORMATION

A special sales permit may be issued when demand for a particular type of equipment, scheme, or paraphernalia is anticipated to be below the level of economic feasibility of obtaining a license. Refer to [WAC 230-03-025](#), Applying for a manufacturer's Special Sales Permit.

Electronic or mechanical gambling equipment must be reviewed to verify compliance with [Chapter 9.46 RCW](#) and [Title 230 WAC](#) prior to the sale, lease or operation of the equipment in the state. You must submit a [New or Upgraded Electronic or Mechanical Equipment / Software](#) (GC4-318) and respective fees for this review. (WAC [230-05-005](#) and [230-06-050](#))

#### **\*\*\* ATTENTION ALL APPLICANTS \*\*\***

**The director of the Gambling Commission has the authority to determine whether or not a manufacturer may be issued a special sales permit. At any time during the process, the director may require that an applicant submit an application as a Gambling Equipment Manufacturer or a Class III Services Supplier. If so, the commission staff will advise the applicant as soon as a determination has been made.**

**CAUTION: If we find you do not qualify for any reason for this permit, your basic fee is not refundable.**

#### APPLICATION INSTRUCTIONS

1. Please read [Title 230 WAC](#) for applicability and specific requirements.
2. Please type or print with black ink.
3. Answer **ALL** questions. Please place **N/A** if a particular requirement is not applicable. You may copy any of the forms in the application packet.
4. Ensure that the application is signed and dated by the appropriate individual(s).
5. When completed, this application and its attachments should be rechecked. A complete application will expedite your processing time. An incomplete application will cause delays, which may cause the administrative closure or denial of your application.
6. If you are a corporation, include a copy of articles of incorporation. If you are an LLC, include a copy of your LLC agreement and formation. Complete [Ownership Disclosure](#) (GC4-021)
7. For each person who owns an interest or has any type of substantial interest in the business is required to complete the attached [Personal / Criminal History Statement](#) (BLS-700-301).
8. The [New or Upgraded Electronic or Mechanical Equipment / Software](#) (GC4-318) application with attachments ([GC4-303a](#), [GC4-303b](#), and [GC4-303c](#)) has been included for your convenience.
9. Mail or deliver the completed application and fee(s) to the above address. PLEASE NOTE: You may fax application documentation to expedite processing, if originals are also mailed.
10. If you have any questions or need assistance in completing this application – please call us.
11. 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.



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**MANUFACTURER OF GAMBLING EQUIPMENT / PARAPHERNALIA  
 SPECIAL SALES PERMIT ([WAC 230-03-025](#))**

**BASIC FEE: \$224**  
 (Non-Refundable)

**\*\*\* PERMITS WILL BE ISSUED FOR A PERIOD OF ONE (1) YEAR FROM THE DATE OF APPROVAL \*\*\***

**GENERAL INFORMATION**

1. **Applicant:** \_\_\_\_\_  
 Use Full Name, Partnership, or Corporate Name

a. Business Mailing Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip County  
 ( ) - ( ) - ( ) -  
 Telephone Fax Cell

Email Address (If Available): \_\_\_\_\_

b. Premises Address (Street Address): \_\_\_\_\_

\_\_\_\_\_ City State Zip County

City Limits:  Inside  Outside (Check One) Telephone Number: ( ) -

c. Business Trade Name: \_\_\_\_\_

2. **Type of Business Structure** (Check Applicable Block)

Sole Proprietor  Partnership\*  Corporation\*  LLC\*

\* Complete the [Ownership Disclosure](#) (GC4-021)

3. **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:

a. **Name of Regulatory Agency:** \_\_\_\_\_

Jurisdiction: \_\_\_\_\_ Date Issued: \_\_\_\_\_ to \_\_\_\_\_

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

\_\_\_\_\_ City State Zip County

Contact Person: \_\_\_\_\_

( ) - ( ) - ( ) -  
 Telephone Fax Cell

Email Address (if Available): \_\_\_\_\_

Type of License: \_\_\_\_\_ License Number: \_\_\_\_\_

**Business Office Use Only:**

Code: 211-|\_|\_| Date: |\_|\_|/|\_|\_|/|\_|\_|\_|\_| Amt: \$|\_|\_|;|\_|\_|\_|\_|.00 Val #: \_\_\_\_\_

**3. Are you now or have you ever been licensed in other jurisdictions? (Continued)**

b. **Name of Regulatory Agency:** \_\_\_\_\_

Jurisdiction: \_\_\_\_\_ Date Issued: \_\_\_\_\_ to \_\_\_\_\_

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

\_\_\_\_\_ City State Zip County

Contact Person: \_\_\_\_\_

(\_\_\_\_\_) - \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_  
Telephone Fax Cell

Email Address (if Available): \_\_\_\_\_

Type of License: \_\_\_\_\_ License Number: \_\_\_\_\_

If necessary, use additional sheet using the same format.

**4. List owners, corporate officers, or LLC members:**

a. **Name:** \_\_\_\_\_

Title: \_\_\_\_\_

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

\_\_\_\_\_ City State Zip County

(\_\_\_\_\_) - \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_  
Telephone Fax Cell

Email Address (if Available): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

b. **Name:** \_\_\_\_\_

Title: \_\_\_\_\_

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

\_\_\_\_\_ City State Zip County

(\_\_\_\_\_) - \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_  
Telephone Fax Cell

Email Address (if Available): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

If necessary, use additional sheet using the same format.

**5. Have any of the business owners or, if a corporation, officers, director, or any holder of more than five percent (5%) of the voting stock, ever had a license, permit, or other authorization to participate in gambling activities revoked, suspended, denied, or withdrawn with prejudice?**

No  Yes **If Yes**, attach a letter of explanation that includes dates and locations.

**6. List the licensed / state-certified distributor(s) you have engaged to sell your product(s) within the state of Washington:**

a. Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone Number

\_\_\_\_\_ City State Zip County

b. Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone Number

\_\_\_\_\_ City State Zip County

**7. Provide a list of all gaming equipment and / or supplies that are manufactured by your business. (Be sure to include the brand name(s) under which each type of gambling equipment or paraphernalia is sold.)**

**8. Complete the areas below regarding the scope of your anticipated product sales or service(s) within the state of Washington:**

<u>Name of Item</u>	<u>Quantity</u>	<u>Dollar Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**General Explanation / Services:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTE:** If needed – use a separate sheet of paper for additional items.

**8. Estimated Period of Sales / Services (Complete As Applicable):**

One-Time Sale / Service      From: \_\_\_\_/\_\_\_\_/\_\_\_\_      To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month    Day    Year      Month    Day    Year

On-Going Sales / Services      From: \_\_\_\_/\_\_\_\_/\_\_\_\_      To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month    Day    Year      Month    Day    Year

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

#### 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](#).

Signature	Date

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### APPLICATION PREPARED BY:

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

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

(\_\_\_\_\_) - (\_\_\_\_\_) - (\_\_\_\_\_) -  
Telephone Fax Cell