



**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

## **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, Licensing of Manufacturers – Exception – 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 *Game Endorsement Information Form for New or Upgraded Electronic or Mechanical Devices and Equipment* (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 the enclosed commission rules 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 and corporate disclose. If you are an LLC, include a copy of your LLC agreement, formation, and LLC Disclosure.
7. For each person who owns an interest or has any type of substantial interest in the business is required to complete a *Personal / Criminal History Statement* (BLS-700-301) (see attached).
8. The *Game Endorsement Information Form for New or Upgraded Electronic or Mechanical Devices and Equipment* (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: \$211**  
 (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  Other: \_\_\_\_\_

**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

