Manufacturer of Gambling Equipment/Paraphernalia Special Sales Permit

- ❒ Application
- ❒ Fees
- ❒ Personal / Criminal History Statement (BLS-700-301) for each Substantial Interest Holder*
- ❒ Positive ID for each Substantial Interest Holder*
- ❒ Fingerprint cards for each Substantial Interest Holder*
- ❒ For corporations include a copy of articles of incorporation and corporate disclosure
- ❒ For LLC's include a copy of your LLC agreement, formation, and LLC disclosure
- ❒ The Game Endorsement Information Form for New or Upgraded Electronic or Mechanical Devises and Equipment (GC4-318) application with attachments (GC4-303a, GC4-303b, and GC4-303c)
- ❒ Contracts with Distributors/Tribes
- ❒ List of Gambling Equipment
- ❒ Name of Distributor selling the equipment

* WAC 230-03-045 **Defining substantial interest holder**.

(1) "Substantial interest holder" means a person who has actual or potential influence over the management or operation of any organization, association, or other business entity.

(2) Evidence of substantial interest may include, but is not limited to:

(a) Directly or indirectly owning, operating, managing, or controlling an entity or any part of an entity; or

(b) Directly or indirectly profiting from an entity or assuming liability for debts or expenditures of the entity; or

(c) Being an officer or director or managing member of an entity; or

(d) Owning ten percent or more of any class of stock in a privately or closely held corporation; or

(e) Owning five percent or more of any class of stock in a publicly traded corporation; or

(f) Owning ten percent or more of the membership shares/units in a privately or closely held limited liability company; or

(g) Owning five percent or more of the membership shares/units in a publicly traded limited liability company; or

(h) Providing ten percent or more of cash, goods, or services for the start up of operations or the continuing operation of the business during any calendar year or fiscal year. To calculate ten percent of cash, goods, or services, take the operational expenses of the business over the past calendar or fiscal year, less depreciation and amortization expenses, and multiply that number by ten percent; or

(i) Receiving, directly or indirectly, a salary, commission, royalties, or other form of compensation based on the gambling receipts.

(3) Spouses of officers of charitable or nonprofit organizations and spouses of officers or board members of publicly traded entities or subsidiaries of publicly traded entities are not considered substantial interest holders, unless there is evidence to the contrary. If so, then an investigation will be conducted to determine if they qualify as a substantial interest holder.

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 (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:** EZ MANUFACTURER, INC
   Use Full Name, Partnership, or Corporate Name

   a. Business Mailing Address: 1234 MAIN ST

   HAWKS PRAIRIE (City) WA (State) 9999 (Zip) THURSTON (County)

   (360____)555____- 9998 (Telephone) (360____)555____- 9999 (Fax) (360____)555____- 9998 (Cell)

   Email Address (If Available): SOMETHING@NOTMAIL.COM

   b. Premises Address (Street Address): SAME

   City State Zip County

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

   c. Business Trade Name: EZ MANUFACTURER

2. **Type of Business Structure** (Check Applicable Block)
   ☐ Sole Proprietor ☐ Partnership X 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 #: _____

Our Mission: Protect the Public by Ensuring that Gambling is Legal and Honest

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:** JOHN DOE

Title: PRESIDENT

Address: 1234 MAIN ST

HAWKS PRAIRIE WA 9999 THURSTON
City State Zip County

(360)555- 9999 (360)555 - 9998 (360)555 - 9999
Telephone Fax Cell

Email Address (if Available): SOMETHING@NOTMAIL.COM

Date of Birth: 1/1/1946 Social Security Number: 999-99-9999

b. **Name:** JANE DOE

Title: TREASURER

Address: 1234 MAIN ST

HAWKS PRAIRIE WA 9999 THURSTON
City State Zip County

(360)555- 9999 (360)555 - 9998 ((360)555- 9999
Telephone Fax Cell

Email Address (if Available): SOMETHING@NOTMAIL.COM

Date of Birth: 1/2/1946 Social Security Number: 999-99-9998

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: HWY DISTRIBUTORS

Address: 2222 HIGH ST (360)555- 1234 Telephone Number

LACEY (City) WA (State) 99998 (Zip) THURSTON (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:**

Name of Item	Quantity	Dollar Value
POKER TABLE	2	$ 5000.00
		$
		$
		$
		$

General Explanation / Services:

Will manufacturer poker tables and sell them to licensed house banked card rooms.

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: 05/01/2014 (Month Day Year) To: 12/31/2014 (Month Day Year)

☐ On-Going Sales / Services From: ____/____/____ (Month Day Year) To: ____/____/____ (Month Day Year)

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 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.

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 administrative closure or denial of my initial application or revocation of any gambling license(s) currently held**. I agree to 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 if I fail to make such notification that failure may constitute grounds for denial, suspension or revocation of my application or license(s). I agree to notify the Gambling Commission should any criminal or civil actions be filed against me during the application or licensure period. I understand that if I voluntarily withdraw or if the Commission administratively closes my application, the remainder of my fee, minus the Commission's processing and investigative costs, will be refunded. (See WACs 230-03-050, 230-03-055, 230-06-080, 230-06-085, and 230-06-090.)

John Doe — Signature — 05/01/2014 — Date

Signature — Date

Signature — Date

Signature — Date

APPLICATION PREPARED BY:

Name: MARY JANE DOE (Name)

Title: SECRETARY — Date: 05/01/2014

Address: 1234 MAIN ST

HAWKS PRAIRIE (City) — WA (State) — 9999 (Zip)

(360)555_-9999 (Telephone) — (360)555_-9998 (Fax) — (360)555_-9999 (Cell)

7. List of gaming equipment:

- EZ Poker table

STATE OF WASHINGTON
BUSINESS LICENSING SERVICE
PO Box 9034
Olympia, WA 98507-9034
Telephone: 1-800-451-7985

LICENSE NUMBER 00-99999

UBI NUMBER 999-999-999

Personal/Criminal History Statement

(For Liquor, Lottery, Gambling and Cigarette/Tobacco Wholesaler/Retailer Licenses)

Please type or print clearly in dark ink. Complete all spaces or print N/A in spaces that do not apply.

Type of License(s) you are applying for: *(You must provide a copy of this form to each of the agencies you checked below.)*

☐ **LIQUOR** ☐ **LOTTERY** ☑ **GAMBLING** ☐ **CIGARETTE/TOBACCO Wholesaler/Retailer**

BUSINESS NAME: *(DBA or trade name)*				
EZ Manufacturer, Inc.				
BUSINESS LOCATION ADDRESS: *Street or Route*	*City*	*County*	*State or Country*	*Zip Code*
1234 Main St	Hawks Prairie	Thurston	*WA*	99999

I AM A: *(Check all that apply)* ☐ SOLE PROPRIETOR ☑ CORPORATE OFFICER ☐ STOCKHOLDER ☐ FINANCIER ☐ LLC MEMBER/MGR ☐ SPOUSE ☐ PARTNER Title: President 10% or more ☐ MANAGER ☐ OTHER:

NAME: *(Last, First, Middle)*			*Maiden*	SOCIAL SECURITY NUMBER:
Doe, John				999-99-9998
HOME MAILING ADDRESS: *(Street or PO Box)*			*City*	*County*
1234 High St			Lacey	Thurston
State or Country:	*Zip Code:*		HOME PHONE:	WORK/CELL PHONE:
WA	98503		360-555-5554	360-555-5555
HOW LONG LIVING AT HOME ADDRESS ABOVE:	HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:
30	6'02"	230	BRN	BRN
BIRTHDATE: *(Month, Day and Year)*	SEX: ☑ MALE ☐ FEMALE	RACE:	DRIVER'S LICENSE NUMBER & STATE OF ISSUE:	
6/1/1956		Caucasian	WA DOE**J*123AB	
ARE YOU A U.S. CITIZEN? ☑ YES ☐ NO	If NO, give alien registration/entry visa/work permit number(s):		PORT OF ENTRY:	DATE OF ENTRY: *(Month, Day and Year)*
SPOUSE'S NAME: *(Last, First, Middle)*			*Maiden*	DATE OF MARRIAGE: *(Month, Day and Year)*
Doe, Jane			Smith	1/1/1975

LICENSE HISTORY

List any business licenses that you have ever held, currently applied for, or have been denied/revoked/suspended in any state.

TYPE	LICENSE NUMBERS	BUSINESS NAME	STATE	LAST YEAR HELD
GAMBLING				
LIQUOR				
LOTTERY				
OTHER				

CRIMINAL HISTORY STATEMENT

Have you EVER:
1. Been arrested or cited?
2. Been charged with a crime?
3. Been convicted?
4. Been Jailed?
5. Been placed on probation?
6. Forfeited bail or paid a fine over $25 (Include traffic fines)?

☑ YES ☐ NO

You must answer "YES" if any of the above have occurred, **even if charges were dismissed, deferred or changed.** Explain each charge fully below and attach additional sheets as needed. False or incomplete information may result in denial, suspension or revocation of a license. **You must include events that occurred while you were a juvenile.**

OFFENSE DATE	OFFENSE	CITY	COUNTY	STATE	DISPOSITION AND DATE
7/4/2013	Speeding	Olympia	Thurston	*WA*	Paid Ticket 9/1/2013

CERTIFICATION

I certify under penalty of perjury that all answers and statements on page 1 and 2 are true, correct and complete. I understand that untruthful or misleading answers are cause for denial of a license and/or revocation of any license granted. **I hereby authorize investigation of my criminal history, financial records and other sources as necessary for licensing.**

SIGNATURE:		
X John Doe		
PRINT NAME:	DATE SIGNED:	PLACE SIGNED: *(City, County and State)*
John Doe	6/2/2014	Lacey, Thurston, WA

If applying for gambling license, elected chief executive officer or employer must also sign this form.

SIGNATURE:		
X John Doe		
PRINT NAME:	DATE SIGNED:	PLACE SIGNED: *(City, County and State)*
John Doe	6/2/2014	Lacey, Thurston, WA

Continue on to the backside of this form.

Personal/Criminal History Statement (Page 2)

LICENSE NUMBER _____

UBI NUMBER _____

Page 2 to be completed by applicants applying for Liquor, Gambling, Cigarette and Tobacco wholesaler/retailer Licenses.

ADDITIONAL PERSONAL HISTORY

PLACE OF BIRTH: *City*	County	*State or Country*	
Seattle	King	WA	
OTHER NAMES USED:		PREVIOUS SOCIAL SECURITY NUMBER:	
PLACE OF MARRIAGE: *City*	*County*	*State or Country*	*Zip Code*
Olympia	Thurston	WA	98504
MILITARY SERVICE: *(Branch and dates of service)*	COUNTRY OF MILITARY SERVICE:	TYPE OF DISCHARGE:	
E-MAIL ADDRESS:	FAX NUMBER:		
Something@notmail.com	360-555-4555		

EMPLOYMENT HISTORY

List employment, self-employment, military, unemployment and school attendance for the **last 10 consecutive years** (including foreign residences). **If more space is needed, attach additional sheets in the same format.**

Dates From - To:	TITLE:	SUPERVISOR:		
5/1990-Current	Self employed			
EMPLOYER/SCHOOL:				
EZ Manufacturer, Inc.				
ADDRESS: *(Street or Route)*	*City*	*County*	*State or Country*	*Zip Code*
1234 Main St	Hawks Prairie	Thurston	WA	99999
Dates From - To:	TITLE:	SUPERVISOR:		
EMPLOYER/SCHOOL:				
ADDRESS: *(Street or Route)*	*City*	*County*	*State or Country*	*Zip Code*
Dates From - To:	TITLE:	SUPERVISOR:		
EMPLOYER/SCHOOL:				
ADDRESS: *(Street or Route)*	*City*	*County*	*State or Country*	*Zip Code*

RESIDENCE INFORMATION

You must list all places of residence for the **last 10 consecutive years** (include foreign residences). List current residence first. **If more space is needed, attach additional sheets in same format.**

Dates From - To:	STREET ADDRESS:			
1/1984 to current	1234 High St			
	CITY:	COUNTY:	STATE or COUNTRY:	ZIP CODE:
	Lacey	Thurston	WA	98503
Dates From - To:	STREET ADDRESS:			
	CITY:	COUNTY:	STATE or COUNTRY:	ZIP CODE:

APPLICANT: YOU MUST MAKE COPIES FOR EACH OF THE AGENCIES YOU HAVE CHECKED ON PAGE 1 OF THIS FORM

LIQUOR CONTROL BOARD
PO BOX 43098
OLYMPIA WA 98504-3098

LOTTERY COMMISSION
PO BOX 43027
OLYMPIA WA 98504-3027

GAMBLING COMMISSION
PO BOX 42400
OLYMPIA WA 98504-2400

CIGARETTE/TOBACCO
PO BOX 43098
OLYMPIA WA 98504-3098

For assistance or to request this document in an alternate format, visit http://business.wa.gov/BLS or call 1-800-451-7985. Teletype (TTY) users may call 360-705-6718.

STATE OF WASHINGTON
BUSINESS LICENSING SERVICE
PO Box 9034
Olympia, WA 98507-9034
Telephone: 1-800-451-7985

LICENSE NUMBER 00-99999

UBI NUMBER 999-999-999

Personal/Criminal History Statement

(For Liquor, Lottery, Gambling and Cigarette/Tobacco Wholesaler/Retailer Licenses)

Please type or print clearly in dark ink. Complete all spaces or print N/A in spaces that do not apply.

Type of License(s) you are applying for: *(You must provide a copy of this form to each of the agencies you checked below.)*

☐ **LIQUOR** ☐ **LOTTERY** ☑ **GAMBLING** ☐ **CIGARETTE/TOBACCO Wholesaler/Retailer**

BUSINESS NAME: *(DBA or trade name)*				
EZ Manufacturer, Inc.				
BUSINESS LOCATION ADDRESS: *Street or Route*	*City*	*County*	*State or Country*	*Zip Code*
1234 Main St	Hawks Prairie	Thurston	*WA*	99999

I AM A: *(Check all that apply)* ☐ SOLE PROPRIETOR ☑ CORPORATE OFFICER ☐ STOCKHOLDER ☐ FINANCIER ☐ LLC MEMBER/MGR ☐ SPOUSE ☐ PARTNER Title: Treasurer 10% or more ☐ MANAGER ☐ OTHER:

NAME: *(Last, First, Middle)*			*Maiden*	SOCIAL SECURITY NUMBER:
Doe, Jane			Smith	999-99-9999
HOME MAILING ADDRESS: *(Street or PO Box)*			*City*	*County*
1234 High St			Lacey	Thurston
State or Country:	*Zip Code:*		HOME PHONE:	WORK/CELL PHONE:
WA	98503		360-555-5554	360-555-5555
HOW LONG LIVING AT HOME ADDRESS ABOVE:	HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:
30	5'05"	130	BRN	BRN
BIRTHDATE: *(Month, Day and Year)*	SEX: ☐ MALE ☑ FEMALE	RACE:	DRIVER'S LICENSE NUMBER & STATE OF ISSUE:	
1/2/1946		Caucasian	WA DOE**J*123AB	
ARE YOU A U.S. CITIZEN? ☑ YES ☐ NO	If NO, give alien registration/entry visa/work permit number(s):		PORT OF ENTRY:	DATE OF ENTRY: *(Month, Day and Year)*
SPOUSE'S NAME: *(Last, First, Middle)*			*Maiden*	DATE OF MARRIAGE: *(Month, Day and Year)*
Doe, John				1/1/1975

LICENSE HISTORY

List any business licenses that you have ever held, currently applied for, or have been denied/revoked/suspended in any state.

TYPE	LICENSE NUMBERS	BUSINESS NAME	STATE	LAST YEAR HELD
GAMBLING				
LIQUOR				
LOTTERY				
OTHER				

CRIMINAL HISTORY STATEMENT

Have you EVER:
1. Been arrested or cited?
2. Been charged with a crime?
3. Been convicted?
4. Been Jailed?
5. Been placed on probation?
6. Forfeited bail or paid a fine over $25 (Include traffic fines)?

☑ YES ☐ NO

You must answer "YES" if any of the above have occurred, **even if charges were dismissed, deferred or changed.** Explain each charge fully below and attach additional sheets as needed. False or incomplete information may result in denial, suspension or revocation of a license. **You must include events that occurred while you were a juvenile.**

OFFENSE DATE	OFFENSE	CITY	COUNTY	STATE	DISPOSITION AND DATE
7/4/2013	Speeding	Olympia	Thurston	*WA*	Paid Ticket 9/1/2013

CERTIFICATION

I certify under penalty of perjury that all answers and statements on page 1 and 2 are true, correct and complete. I understand that untruthful or misleading answers are cause for denial of a license and/or revocation of any license granted. **I hereby authorize investigation of my criminal history, financial records and other sources as necessary for licensing.**

SIGNATURE:		
X Jane Doe		
PRINT NAME:	DATE SIGNED:	PLACE SIGNED: *(City, County and State)*
Jane Doe	6/2/2014	Lacey, Thurston, WA

If applying for gambling license, elected chief executive officer or employer must also sign this form.

SIGNATURE:		
X John Doe		
PRINT NAME:	DATE SIGNED:	PLACE SIGNED: *(City, County and State)*
John Doe	6/2/2014	Lacey, Thurston, WA

Continue on to the backside of this form.

Personal/Criminal History Statement (Page 2)

LICENSE NUMBER _____

UBI NUMBER _____

Page 2 to be completed by applicants applying for Liquor, Gambling, Cigarette and Tobacco wholesaler/retailer Licenses.

ADDITIONAL PERSONAL HISTORY

PLACE OF BIRTH: *City*	County	*State or Country*	
Seattle	King	WA	
OTHER NAMES USED:		PREVIOUS SOCIAL SECURITY NUMBER:	
PLACE OF MARRIAGE: *City*	*County*	*State or Country*	*Zip Code*
Olympia	Thurston	WA	98504
MILITARY SERVICE: *(Branch and dates of service)*	COUNTRY OF MILITARY SERVICE:	TYPE OF DISCHARGE:	
E-MAIL ADDRESS:	FAX NUMBER:		
Something@notmail.com	360-555-4555		

EMPLOYMENT HISTORY

List employment, self-employment, military, unemployment and school attendance for the **last 10 consecutive years** (including foreign residences). **If more space is needed, attach additional sheets in the same format.**

Dates From - To:	TITLE:	SUPERVISOR:		
5/1990-Current	Treasurer	John Doe		
EMPLOYER/SCHOOL:				
EZ Manufacturer, Inc.				
ADDRESS: *(Street or Route)*	*City*	*County*	*State or Country*	*Zip Code*
1234 Main St	Hawks Prairie	Thurston	WA	99999
Dates From - To:	TITLE:	SUPERVISOR:		
EMPLOYER/SCHOOL:				
ADDRESS: *(Street or Route)*	*City*	*County*	*State or Country*	*Zip Code*
Dates From - To:	TITLE:	SUPERVISOR:		
EMPLOYER/SCHOOL:				
ADDRESS: *(Street or Route)*	*City*	*County*	*State or Country*	*Zip Code*

RESIDENCE INFORMATION

You must list all places of residence for the **last 10 consecutive years** (include foreign residences). List current residence first. **If more space is needed, attach additional sheets in same format.**

Dates From - To:	STREET ADDRESS:			
1/1984 to current	1234 High St			
	CITY:	COUNTY:	STATE or COUNTRY:	ZIP CODE:
	Lacey	Thurston	WA	98503
Dates From - To:	STREET ADDRESS:			
	CITY:	COUNTY:	STATE or COUNTRY:	ZIP CODE:

APPLICANT: YOU MUST MAKE COPIES FOR EACH OF THE AGENCIES YOU HAVE CHECKED ON PAGE 1 OF THIS FORM

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OLYMPIA WA 98504-3098

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PO BOX 42400
OLYMPIA WA 98504-2400

CIGARETTE/TOBACCO
PO BOX 43098
OLYMPIA WA 98504-3098

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