



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 / WEB SITE: www.wsgc.wa.gov

MANUFACTURER OF GAMBLING EQUIPMENT / PARAPHERNALIA SPECIAL SALES PERMIT PACKET

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. (WACs 230-05-142 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 / Organization 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. New or Upgraded Electronic or Mechanical Equipment / Software (GC4-318) application with attachments (*Attachment A: Persons Who Will Receive Some Portion of any Marketing Revenues* (GC4-303a), *Attachment B: Location(s) Where the Game / Equipment is Manufactured* (GC4-303b), and *Attachment C: Location(s) Where the Game / Equipment is Stored* (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)****BASE**

LICENSE FEE: \$ _____
See Fee Schedule (GC5-055K FS)

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

APPLICANT INFORMATION

1. Applicant: _____
Use Full Name, Corporate or Partnership

Trade Name (DBA): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____
@ _____

Telephone: _____ Fax: _____

Cell: _____

City Limits: ☐ Inside ☐ Outside Uniform Bus. Identifying (UBI) No.: _____

2. Type of Business Structure (Check Applicable Block)

☐ Sole Proprietor ☐ Partnership* ☐ Corporation* ☐ LLC*

* Complete the *Ownership / Organization 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: _____

Contact Person: _____

Telephone: _____ Fax: _____

Cell: _____

E-Mail Address: _____

@ _____

Type of License: _____

License Number: _____

Business Office Use Only:

Code: 211- _____ Date: _____ Amt: \$ _____ Val #: _____

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

[illegible]

If necessary, use additional sheet using the same format.

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

[illegible]

b. Last Name: _____
First Name: _____
Middle Name: _____ Birthdate: ____/____/_____
Maiden / Alias Name: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____-_____-_____ Fax: _____-_____-_____
Cell: _____-_____-_____
E-Mail Address: _____@_____

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. Last Name: _____
First Name: _____
Middle Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____

b. Last Name: _____
First Name: _____
Middle Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____

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
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

General Explanation / Services: _____

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

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

☐ One-Time Sale / Service:

From: _____
MM / DD / YYYY

to: _____
MM / DD / YYYY

☐ On-Going Sales / Services:

From: _____
MM / DD / YYYY

to: _____
MM / DD / YYYY

From the moment we receive your application, it becomes a public document subject to disclosure under 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.

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 suspension or revocation of any gambling license(s) currently held, or denial of any future applications for a new license.**

Full Legal Name and signature of Highest-Ranking Individual or Designee:

Signature: _____ Date: |_|_| / |_|_| / |_|_|_|_|
Sole Proprietor / Chief Executive Officer / LLC Manager / All Partners / Designee MM / DD / YYYY

[illegible]



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OWNERSHIP / ORGANIZATION DISCLOSURE

Type of Legal Entity: ☐ Corporation ☐ LLC ☐ Partnership ☐ Other: _____

1. Name: _____
(Corporate Name, LLC Name, or Partnership Name (General, LP, LLP))

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

UBI#: _____

Telephone: _____ FAX: _____

Cell: _____

E-Mail Address: _____
@ _____

2. Trade Name: _____

3. Total Shares / Stock of Corporation only: _____ Total Shares Issued: _____

4. Complete the following information for:

- Corporation: All Officers & Stockholders
- LLC: Managers & all LLC members
- Partnership: All partners

For organizations with multi-level ownership, submit an attachment showing the organization's complete ownership structure.

ALL substantial interest holders (owners, officers, shareholders, and partners) **MUST** be disclosed on this form or attached sheets (see WAC 230-03-045).

NOTE: Provide full legal name for an individual or name of legal entity. Add additional sheets (in the format shown) as required.

a. Last Name / Legal Entity: _____

First Name: _____

Middle Name: _____ Birthdate: _____ / _____ / _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date Acquired: _____ / _____ / _____

LLC / Corporation: Percentage of Ownership: _____% Units / Shares Owned: _____

b. Last Name / Legal Entity: _____

First Name: _____

Middle Name: _____ Birthdate: _____ / _____ / _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date Acquired: _____ / _____ / _____

LLC / Corporation: Percentage of Ownership: _____% Units / Shares Owned: _____

c. Last Name / Legal Entity: _____
First Name: _____
Middle Name: _____ Birthdate: ____/____/____
Title: _____
Mailing Address: _____
City: _____ State: ____ Zip: _____
Date Acquired: ____/____/____
LLC / Corporation: Percentage of Ownership: _____% Units / Shares Owned: _____

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

OATH OF APPLICANT

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 suspension or revocation of any gambling license(s) currently held, or denial of any future applications for a new license.**

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 (<https://www.wsgc.wa.gov/regulation-enforcement>) or the Washington State Legislature (<http://leg.wa.gov/>). In the event I am the Designee, I also acknowledge that the Highest-Ranking Individual is also responsible to know and comply with all previously referenced rules and laws.

Print Full Legal Name:

Last Name: | | | | | | | | | | | | | | | | | | | | | |

First Name: | | | | | | | | | | | | | | | | | | | | | |

Middle Name: | | | | | | | | | | | | | | | | | | | | | |

Signature: _____ Date: |_|_|_|_| / |_|_|_|_| / |_|_|_|_|
Sole Proprietor / Chief Executive Officer / LLC Manager / All Partners / Designee MM / DD / YYYY

Application Prepared By:

[illegible]



STATE OF WASHINGTON
BUSINESS LICENSING SERVICE

PO Box 9034
Olympia, WA 98507-9034
360-705-6741

LICENSE NUMBER _____

UBI NUMBER _____

Personal/Criminal History Statement

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

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

Type of Endorsement(s) you are applying for: (Provide a copy of this form to each agency. See page 2) ☐ LOTTERY (complete page 1 only)

☐ LIQUOR ☐ GAMBLING ☐ CIGARETTE/TOBACCO Wholesaler/Retailer ☐ VAPOR PRODUCTS Delivery/Retailer/Sales

BUSINESS NAME: (DBA or trade name)				
BUSINESS LOCATION ADDRESS: Street or Route	City	County	State or Country	Zip Code

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

NAME: (Last, First, Middle)		Maiden	SOCIAL SECURITY NUMBER:	
HOME MAILING ADDRESS: (Street or PO Box)		City	County	
State or Country:	Zip Code:	HOME PHONE:	WORK/CELL PHONE:	
HOW LONG LIVING AT HOME ADDRESS ABOVE:	HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:
BIRTHDATE: (Month, Day and Year)	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE:	DRIVER'S LICENSE NUMBER & STATE OF ISSUE:	
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> 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)	

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? 3. Been convicted? 5. Been placed on probation? ☐ YES ☐ NO
2. Been charged with a crime? 4. Been Jailed? 6. Forfeited bail or paid a fine over \$25 (Include traffic fines)?

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

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		
PRINT NAME:	DATE SIGNED:	PLACE SIGNED: (City, County and State)
If applying for gambling license, elected chief executive officer or employer must also sign this form.		
SIGNATURE: X		
PRINT NAME:	DATE SIGNED:	PLACE SIGNED: (City, County and State)

Continue on to the backside of this form.

Personal/Criminal History Statement (Page 2)

LICENSE NUMBER _____

UBI NUMBER _____

ADDITIONAL PERSONAL HISTORY

PLACE OF BIRTH: <i>City</i>	County	State or Country		
OTHER NAMES USED:		PREVIOUS SOCIAL SECURITY NUMBER:		
PLACE OF MARRIAGE: <i>City</i>	County	State or Country	Zip Code	
MILITARY SERVICE: <i>(Branch and dates of service)</i>	COUNTRY OF MILITARY SERVICE:	TYPE OF DISCHARGE:		
E-MAIL ADDRESS:		FAX NUMBER:		

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:			
EMPLOYER/SCHOOL:					
ADDRESS: <i>(Street or Route)</i>	City	County	State or Country	Zip Code	
Dates From - To:	TITLE:	SUPERVISOR:			
EMPLOYER/SCHOOL:					
ADDRESS: <i>(Street or Route)</i>	City	County	State or Country	Zip Code	
Dates From - To:	TITLE:	SUPERVISOR:			
EMPLOYER/SCHOOL:					
ADDRESS: <i>(Street or Route)</i>	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:			
	CITY:	COUNTY:	STATE or COUNTRY:	ZIP CODE:
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 43094
OLYMPIA WA 98504-3098



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NEW OR UPGRADED ELECTRONIC OR MECHANICAL EQUIPMENT / SOFTWARE

DEPOSIT REQUIRED \$2,000

INSTRUCTIONS

- You must be licensed and all electronic or mechanical equipment (including software) must be reviewed and approved by the Gambling Commission before being sold, rented or otherwise supplied to licensed gambling operators or Class III gaming facilities in Washington State. This does not apply to electronic raffle equipment when submitted to us in compliance with WAC 230-11-305.
- Please submit one form and checklist, if applicable, for the equipment or software version to be reviewed.
- The application deposit for the review of each submission is \$2,000.00. You must pay this application deposit before we perform the review. The commission may assess additional amounts to cover inspection, testing, and investigative costs as allowed by law. These costs, which may be higher than the application deposit, will be determined by our staff and are required to be paid prior to the completion of the review. (Washington Administrative Code (WAC) 230-06-050)
- Make check payable to the Washington State Gambling Commission.
- If you are submitting an upgrade, you may omit information previously submitted using this form. In doing so, you are certifying that the information previously provided has not changed.
- Group 12 Amusement Games should be delivered at the time of application submission.
- Electronic raffle system manufacturers must submit a letter from an Independent Testing Lab (ITL) indicating the electronic raffle system has been tested by an ITL and found to be compliant with GLI-31 and all rules and laws related to electronic raffles. Specifically, WAC's 230-11-305, 230-11-310, 230-06-050 and 230-06-035. The electronic raffle systems will be tested for approval at home game authorized location.
- Do not send other gambling equipment with this application. We will contact you regarding delivery instructions.
- The equipment submitted for review must be identical or substantially similar to what will be marketed, distributed, and deployed. If the equipment is not sufficient for testing and review, we may require additional equipment or information.
- We may require technical support staff to install, configure, and support the equipment / software, if needed.
- If your application is incomplete or we request additional information, you must provide us with the required items within 30 days of notification or we may administratively close your application. If you submit a Group 12 Amusement Game, you must provide the requested items within 14 days.
- The rules that are applicable to this review can be found on our website (<https://app.leg.wa.gov/WAC/default.aspx?cite=230>). Specifically, WACs 230-03-200, 230-05-142, 230-06-035, 230-06-050, 230-11-305, 230-11-310, and 230-13-010.

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to disclosure under 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.



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NEW OR UPGRADED ELECTRONIC OR MECHANICAL EQUIPMENT / SOFTWARE
DEPOSIT REQUIRED \$2,000

FOR SYSTEMS WITH MULTIPLE GAMES, USE ONE INFORMATIONAL FORM FOR EACH GAME:
Attachment A: Persons Who Will Receive Some Portion of Any Marketing Revenues (GC4-303a)

Please provide the official name of the equipment / software you wish to have approved:

Equipment / software: _____
Be sure to include version numbers of systems and software.

Complete the submission checklist for the type of equipment / software.

- | | |
|---|--|
| <input type="checkbox"/> Electronic Bingo Card Dauber (GC4-326) | <input type="checkbox"/> Display (GC4-330) |
| <input type="checkbox"/> Shuffler (GC4-327) | <input type="checkbox"/> Electronic Raffle System * |
| <input type="checkbox"/> Table Games Progressive System (GC4-328) | <input type="checkbox"/> New Authorized Home Game Location – |
| <input type="checkbox"/> Group 12 Amusement Game (GC4-329) | Approved Electronic Raffle System * |

* Electronic Raffle Systems / New Authorized Home Game Location – Approved Electronic Raffle Systems: No submission checklist is required at the time of application. However, upon receipt of the application and fees, we will send a list of testing items and questions related to the submission.

- Indicate which market you plan to solicit your gambling equipment: (Mark all that apply)
☐ Tribal ☐ Commercial ☐ Nonprofit
☐ Other: _____
- Name of Company: _____
- Are you already licensed with Washington State Gambling Commission?
☐ Yes License Number: _____ – _____
☐ No You must be licensed prior to marketing and distributing the equipment if the equipment is approved.
- Who owns the rights to the equipment / software?
Last Name: _____
First Name: _____
Middle Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____-_____-_____
Is this equipment / software identified by any other name(s)?
☐ Yes ☐ No **If YES, what is / are the other name(s)?**

Agency Use Only:

Code: 211-72 Date: _____ Amt: \$ _____ Val #: _____

- ☐
- Yes
- ☐
- No
- ☐
- N/A

[illegible]

- ☐
- Yes
- ☐
- No
- ☐
- N/A

[illegible]

- ☐
- Yes
- ☐
- No
- ☐
- N/A

[illegible]

- ☐ Yes ☐ No ☐ N/A

[illegible]

- ☐
- Yes
- ☐
- No
- ☐
- N/A

[illegible]

- a. ☐ I invented it. Enclose a copy of your patent, copyright, and trademark documents.
- b. ☐ I have the written, legal rights to market this equipment or software.
- **Enclose a copy** of the contract that allows you to market this equipment or software.
- **Enclose a copy** of the contract from the inventor allowing this equipment or software to be marketed.
- c. Are you currently seeking a patent / copyright / trademark?
- ☐ Yes, **enclose copies** of all documents associated with the patent / copyright / trademark applications(s).
- ☐ No.

- ☐ Yes ☐ No **If YES**, provide names and addresses of those parties, companies, or concerns.
- ☐ Enclosed ☐ N/A

☐ Yes ☐ No **If YES**, describe the nature of the action on a separate sheet of paper.
☐ Enclosed ☐ N/A

☐ Yes ☐ No **If YES**, provide a list of all locations on a separate sheet of paper.
☐ Enclosed ☐ N/A

☐ Yes ☐ No **If YES**, provide a list of those in-state locations on a separate sheet of paper.
☐ Enclosed ☐ N/A

17. Provide the following information for your equipment:

- ☐ A copy of detailed technical materials / diagrams associated with the equipment / software, and all of the operational procedures / manuals, including relevant hardware and / or software manuals;
- ☐ If equipment / software is an upgrade to currently approved equipment / software, document changes made to currently approved equipment / software, what components are affected by the change / upgrade;
- ☐ Any and all PINs, passwords or login information pertaining to the equipment / software;
- ☐ A copy of any independent lab report(s) associated with the equipment or software;
- ☐ A copy of all mathematical analysis and laboratory approvals as appropriate;
- ☐ A statement of the applicant's and the developer's intent as to patents / copyrights / trademarks;
- ☐ A list of contacts with whom the Gambling Commission may discuss this submission. Include a name, address, telephone number and e-mail address (if available).
- ☐ For electronic raffle systems, include a certification letter from an independent testing lab indicating compliance with GLI-31 and the rules and laws of Washington State for electronic raffles.

INFORMATION REGARDING THE PERSON COMPLETING THIS FORM:[illegible]

Applicant: _____

Total Number of Persons: | | |

Feel free to duplicate this page to include all parties who will benefit / share in the proceeds.

➤ Person # | | |

[illegible]

First Name: | | | | | | | | | | | | | | | | | | | | | |

Middle Name: | | | | | | | | | | | | | | | | | | | | | |

Birthdate: | | | / | | | / | | | |

- Spouse:

Last Name: | | | | | | | | | | | | | | | | | | | | | |

First Name: | | | | | | | | | | | | | | | | | | | | | |

Middle Name: | | | | | | | | | | | | | | | | | | | | | |

Birthdate: | | | / | | | / | | | |

➤ Person # | : |

Last Name: | | | | | | | | | | | | | | | | | | | | | |

First Name: | | | | | | | | | | | | | | | | | | | | | |

Middle Name: | | | | | | | | | | | | | | | | | | | | | |

Birthdate: | | / | | / | | | |

- Spouse:

Last Name: | | | | | | | | | | | | | | | | | | | | | |

First Name: | | | | | | | | | | | | | | | | | | | | | |

Middle Name: | | | | | | | | | | | | | | | | | | | | | |

Birthdate: | | | / | | | / | | | |

**INFORMATIONAL ATTACHMENT B
FOR NEW ELECTRONIC GAMES
AND NEW PROPRIETARY GAMES / EQUIPMENT**

Applicant: _____

LOCATION(S) WHERE THE GAME / EQUIPMENT IS MANUFACTURED

Total Number of Locations: _____

***Feel free to duplicate this page to include all names and locations
where the game / equipment is manufactured.***

➤ Location # _____

Name: _____

Use Full Name, Corporate or Partnership Name

Business

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone:

Primary: _____ Message: _____

• Trade Name: _____

Premise Address: _____

Street Address

City: _____ State: _____ Zip: _____

Telephone:

Primary: _____ Message: _____

E-Mail Address: _____

@ _____

➤ Location # _____

Name: _____

Use Full Name, Corporate or Partnership Name

Business

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone:

Primary: _____ Message: _____

• Trade Name: _____

Premise Address: _____

Street Address

City: _____ State: _____ Zip: _____

Telephone:

Primary: _____ Message: _____

E-Mail Address: _____

@ _____

**INFORMATIONAL ATTACHMENT C
FOR NEW ELECTRONIC GAMES
AND NEW PROPRIETARY GAMES / EQUIPMENT**

Applicant: _____

LOCATION(S) WHERE THE GAME / EQUIPMENT IS STORED

Total Number of Locations: _____

***Feel free to duplicate this page to include all names and
locations where the game / equipment is stored.***

➤ Location # _____

Name: _____

Use Full Name, Corporate or Partnership Name

Business

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone:

Primary: _____-_____-_____- Message: _____-_____-_____-

• Trade Name: _____

Premise Address: _____

Street Address

City: _____ State: _____ Zip: _____

Telephone:

Primary: _____-_____-_____- Message: _____-_____-_____-

E-Mail Address: _____

@ _____

➤ Location # _____

Name: _____

Use Full Name, Corporate or Partnership Name

Business

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone:

Primary: _____-_____-_____- Message: _____-_____-_____-

• Trade Name: _____

Premise Address: _____

Street Address

City: _____ State: _____ Zip: _____

Telephone:

Primary: _____-_____-_____- Message: _____-_____-_____-

E-Mail Address: _____

@ _____

WASHINGTON STATE GAMBLING COMMISSION
FEE SCHEDULE – COMMERCIAL STIMULANT / PROFIT-SEEKING ORGANIZATION

Per WAC 230-05-124, all licensed organizations must submit quarterly license fees and license reports to us for each licensed gambling activity beginning with the first quarter of their license year. The quarterly license fee is due with the quarterly license report.

WAC 230-05-165 Commercial stimulant organization fees. All commercial stimulant organizations must pay the following fees:

(1) Annual licenses:

License Type	Base License Fee	Gross Gambling Receipts Rate	Maximum Annual License Fee
Card Games - Nonhouse-Banked	\$70	1.550%	\$32,000
Card Games - House-Banked	\$11,000	1.550%	\$64,000
Punch Boards / Pull-Tabs	\$770	1.516%	\$20,800

(2) Change fees:

Change of:	Fee
Name	\$110
Location	\$110
Business Classification (Same Owners)	\$110
Corporate Stock / Limited Liability Company Shares / Units	\$110, and cost reimbursement for investigating the transaction and qualification of each substantial interest holder
License Transfers	\$110

(3) Other fees:

Transaction	Fee
Duplicate License	\$55

WAC 230-05-170 Fees for other businesses. All other business organizations must pay the following fees:

(1) Annual licenses or permits:

License Type	Base License Fee	Gross Gambling Receipts Rate	Maximum Annual License Fee
Agricultural Fair Bingo (Annual Permit)	\$220	-	-
Call Centers for Enhanced Raffles	\$5,280	-	-
Commercial Amusement Games	\$550 plus \$70 per approved location	1.198%	\$17,600
Distributor	\$770	1.516%	\$11,200
Fund-Raising Event Distributor	\$310	1.516%	\$1,600
Linked Bingo Prize Providers	\$1,650	.048%	\$32,000
Manufacturer	\$1,650	1.516%	\$40,000
Manufacturer's Special Sales Permit	\$275	-	-
Punch Board/Pull-Tab Service Business Permit	\$275	-	-

License Type	Base License Fee	Gross Gambling Receipts Rate	Maximum Annual License Fee
Gambling Service Supplier	\$330	1.516%	\$11,200
Major Sports Wagering Vendor	\$30,000		
Mid-Level Sports Wagering Vendor	\$5,000		
Ancillary Sports Wagering Vendor	\$2,000		

(2) Events or permits:

License or Permit Type	Base License Fee	Gross Gambling Receipts Rate	Maximum Annual License Fee
Recreational Gaming Activity	\$70	-	-
Special Property Bingo	\$35	-	-

(3) Change fees:

Change of:	Fee
Name	\$110
Location	\$110
Business Classification (Same Owners)	\$110
Corporate Stock / Limited Liability Company Shares / Units	\$110, and cost reimbursement for investigating the transaction and qualification of each substantial interest holder
License Transfers	\$110

(4) Other fees:

Transaction	Fee
Add a New Amusement Game Location	\$70
Defective Punch Board / Pull-Tab Cost Recovery Fees	Up to \$110
Duplicate License	\$55
Pre- and Post-Licensing Investigations	Cost reimbursement
Review, Inspection, and/or Evaluation of Gambling Equipment, Supplies, Services, Games, Schemes, or Group 12 Amusement Games	Deposit and cost reimbursement

WAC 230-05-175 Individuals license fees. Individuals must pay the following fees:

(1) Annual license and additional employer fees:

License Type	New Application Fee	Annual Renewal Fee	Additional or Change of Employer Fee
Call Center for Enhanced Raffle Representative	\$275	\$170	-

WASHINGTON STATE GAMBLING COMMISSION
FEE SCHEDULE – COMMERCIAL STIMULANT / PROFIT-SEEKING ORGANIZATION

(1) Annual license and additional employer fees:

License Type	New Application Fee	Annual Renewal Fee	Additional or Change of Employer Fee
Card Room Employee License – Nonhouse-Banked (Class A)	\$200	\$95	\$65
Card Room Employee License – Class F And House-Banked (Class B)	\$275 (in-state) \$340 (out-of-state)	\$170	\$65
Charitable or Nonprofit Gambling Manager	\$200	\$95	\$95
Commercial Gambling Manager	\$200	\$95	\$95
Distributor Representative	\$275	\$170	\$65
Linked Bingo Prize Provider Representative	\$275	\$170	\$65
Manufacturer Representative	\$275	\$170	\$65
Gambling Service Supplier Representative	\$275	\$170	\$65
Major Sports Wagering Vendor Representative	\$275	\$170	\$65

(1) Annual license and additional employer fees:

License Type	New Application Fee	Annual Renewal Fee	Additional or Change of Employer Fee
Mid-Level Sports Wagering Vendor Representative	\$275	\$170	\$65
Ancillary Sports Wagering Vendor Representative	\$275	\$170	\$65

(2) Class B card room employees must pay the out-of-state application fee if over the last ten years the applicant lived outside of Washington for six non-consecutive months or more.

(3) Other service fees:

Transaction	Fee
Change of name	\$30
Card room employee emergency waiver request	\$65
Duplicate license	\$30

(4) Military personnel returning from service

If a license expires while an individual is on active military service, the individual may apply to have their license reissued at the renewal fee. The application must be received within six months after completing their active military service. The applicant must provide evidence of the completion date of active military service.

NOTE: All fees are subject to change. The Commission will notify licensees of amended fee amounts by notice of rule-making. Per RCW 9.46.070, other fees on this schedule, the Commission will assess applicants all actual investigative and inspection costs.

OTHER HELPFUL WACs:

WAC 230-05-104 Defining "base license fee." (1) "Base license fee" is the fee you pay us when you:

- (a) Apply for an organization license or permit; or
- (b) Renew your organization's license or annual permit.

(2) "Base license fee" is the minimum annual license fee a licensed organization or permit holder will pay for operating an authorized activity.

WAC 230-05-106 Defining "maximum annual license fee." "Maximum annual license fee" is the most you will pay to operate an authorized activity for the license year, which includes the:

- (1) Base license fee; and
- (2) Quarterly license fees.

WAC 230-05-122 Calculating quarterly license fees. (1)

The quarterly license fee is calculated based on the gross gambling receipts from the previous quarter as reported on your quarterly license report.

(2) Each license year, the quarterly license fees will be offset by the base license fee. (For example, if your base license fee is sixty-five dollars and your quarterly license fee is forty-five dollars for the first quarter, no additional amount is due for the first quarter. You would offset any future quarterly license fees by the remaining twenty dollars of your base license fee.)

WAC 230-05-124 Quarterly license fees and license reports.

All licensed organizations must submit quarterly license fees and license reports to us for each licensed gambling activity beginning with the first quarter of their license year. The quarterly license fee is due with the quarterly license report.

The quarterly license reports must be in the format we require and must:

Cover the period:	Be received by us no later than:
January 1 through March 31	April 30
April 1 through June 30	July 31
July 1 through September 30	October 31
October 1 through December 31	January 31

(2) Be received online at our administrative office or postmarked no later than the dates indicated in the table in subsection (1) of this section; and

(3) Be submitted even if there is no quarterly license fee payable to us; and

(4) Be accurate; and

(5) Be completed by the highest ranking executive officer or a designee. If someone other than the licensee or an employee prepares the report, the preparer must include his or her name and business telephone number on the report; and

(6) Be submitted for any period of time the license was valid even if there was no gambling activity or the gambling license was not renewed.