Manufacturer of Gambling Equipment/Paraphernalia Special Sales Permit

- □ Application
- □ Fees
- Personal / Criminal History Statement (BLS-700-301) for each Substantial Interest Holder*
- D 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 IN-STATE 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 230-05-005 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 / 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).
- 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.



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 IN-STATE TOLL-FREE: 1-800-345-2529 / WEB SITE: www.wsgc.wa.gov

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

BASE LICENSE FEE: \$ | 2 | 5 | 0 | 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: E Z I M A N U F A C T U R E R I I N C I I N C I I I N C I I I I N C I I I I
	Trade Name (DBA): E Z M A N U F A C T U R E R
	Mailing Address: 1 2 3 M A I N S T
	City: L A C E Y State: W A Zip: 9 8 5 0 3
	E-Mail Address: E Z M A N U F A C T U R I N G
	Telephone: 3 6 0 5 5 5 1 2 3 4 Fax: 3 6 0 5 5 5 1 2 3 5
	Cell: 3 6 0 5 5 5 1 2 3 6
	City Limits: 🔀 Inside 🗌 Outside Uniform Bus. Identifying (UBI) No.: 6 0 2 5 5 5 5 5 5 5 5 5
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.) X No Yes If Yes, Complete the following:
	a. Name of Regulatory Agency:
	Jurisdiction: <
	Date Issued:
	Address:
	City: State: Zip:
	Contact Person:
	Telephone: / - / - / / Fax: / - / / - / / / / / / / / /
	E-Mail Address:
	Type of License:
	License Number: -
В	Business Office Use Only:
С	ode: 211 Date: Amt: \$ Val #:

3.	Are	e 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:
		Contact Person:
		Telephone: _ _ _ _ _ _ _ _ _ _ Fax: _ _ _ _ _ _ _ _ _ _ _
		Cell: - - -
		E-Mail Address:
		Type of License:
		License Number: - -
	lf n	ecessary, use additional sheet using the same format.
4.	Lis	t owners, corporate officers, or LLC members:
	a.	Last Name: D O E
		First Name: J O H N
		Middle Name: J A C O B
		Address: 1 2 3 M A I N S T
		City: L A C E Y I I I I I State: W A Zip: 9 8 5 0 3
		Telephone: 3 6 0 5 5 5 1 2 3 4 Fax: 3 6 0 5 5 5 1 2 3 5
		Cell: 3 6 0 - 5 5 5 - 1 2 3 6
		E-Mail Address: J J D O E
		Birthdate: 0 1 / 0 1 / 1 9 6 0
	b.	Last Name:
		First Name:
		Middle Name: \ \ \ \ \ \ \ \ \
		Title:
		Address:
		City: State: Zip:
		Telephone:
		Cell:
		E-Mail Address:
		Birthdate: // // //
	lf n	ecessary, use additional sheet using the same format.

5.	(5%	ve any of the business owners or, if a corporation, officers, director, or any holder of more than five perce b) of the voting stock, ever had a license, permit, or other authorization to participate in gambling activities revol pended, denied, or withdrawn with prejudice?	
	XI	No Yes If Yes, attach a letter of explanation that includes dates and locations.	
6.		t the licensed / state-certified distributor(s) you have engaged to sell your product(s) within the state shington:	e of
	a.	Last Name: <u>E Z Z D Z I S T R I B U T O R S Z Z I Z Z I Z Z Z Z</u>	
		First Name:	
		Middle Name:	
		Address: 1515151 M A I N S T I I I I I I I I I I I I I I I I I I	
		City: O L Y M P I A State: W A Zip: 9 8 5 0	4
		Telephone: 3 6 0 - 5 5 5 5 5 5 5 5 5	
	b.	Last Name:	
		First Name:	
		Middle Name:	
		Address:	
		City: State: Zip:	
		Telephone:	
7.		vide a list of all gaming equipment and / or supplies that are manufactured by your business. (Be sur lude the brand name(s) under which each type of gambling equipment or paraphernalia is sold.)	e to
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GC4-234	(Rev.	6/19)
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From: |____| / |___| / |____ MM / DD / YYYY

____I I |

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.

OATH OF HIGHEST-RANKING INDIVIDUAL ONLY

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/).

Full Legal Name and signature of Highest-Ranking Individual:

Last Name: D O E										
First Name: J O H N										
Middle Name: <u>JACOBI</u>										
Signature: John Doe Date: 0 3 / 1 5 / 2 0 2 <th2< th=""></th2<>										
APPLICATION PREPARED	APPLICATION PREPARED BY:									
Last Name: D O E										
First Name: J O H N										
Middle Name: J A C O B A A C O B A A A A A A A A A A A A A A A A A A										
Primary Phone: 3 6 0 5 5 5 1 2 3 4 Cell:	<u> 3 6 0 5 5 5 1 2 3 6 </u>									
E-Mail Address: J J D O E										
@ H . O . T . M . A . I . L C . O . M										

STATE OF WASHINGTON BUSINESS LICENSING SERVICE PO Box 9034 Olympia, WA 98507-9034

LICENSE NUMBER 00-99999

UBI NUMBER 999-999-999

Telephone: 1-800-451-7985 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. (You must provide a copy of this form to each of the agencies you checked below.) Type of License(s) you are applying for:

LIQUOR LOTTERY □ CIGARETTE/TOBACCO Wholesaler/Retailer

BUSINESS NAME: (DBA or trade name) F7 Manufacturer, Inc.

	, mo.						
BUSINESS LOCATION 1234 Main St	ADDRESS: Street	or Route	city Hawks Prairie	9	County Thurston	State or Country	Zip Code 99999
I AM A:	SOLE PROPRIE	TOR CORPORATE	OFFICER STO	CKHOLDER	FINANCIER [LLC MEMBER/MGR	
(Check all that apply)	PARTNER	Title: Presiden	t 10%	or more	MANAGER [OTHER:	
NAME: (Last, First, Middle) Doe, John				Maiden		SOCIAL SECURITY NUMBER: 999-99-9998	
HOME MAILING ADD	RESS: (Street or PC) Box)		^{City} Lacey		County Thurston	
State or Country:		Zip Code:		HOME PHONE:		WORK/CELL PHONE:	
WA		98503		360-555-55	554	360-555-555	55
HOW LONG LIVING AT HO	ME ADDRESS ABOVE:	HEIGHT:	WEIGHT:	EYE COLOR:		HAIR COLOR:	
30		6'02"	230	BRN		BRN	
BIRTHDATE: (Month, L 6/1/1956	Day and Year)	SEX: 🖌 MALE	RACE: Caucasian	DRIVER'S LICENS	SE NUMBER & STATE (123AB	OF ISSUE:	
ARE YOU A U.S. CITIZEN? If NO, give alien registration/entry visa/work permit n ✓ YES □ NO			rk permit number(s):	PORT OF ENTRY:		DATE OF ENTRY: (M	lonth, Day and Year)
SPOUSE'S NAME: (La	st, First, Middle)			Maiden		DATE OF MARRIAGE	E: (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				
				1

CRIMINAL HISTORY STATEMENT

Have you EVER:

1. Been arrested or cited? 2. Been charged with a crime? 3. Been convicted? 5. Been placed on probation?

4. Been Jailed?

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							

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. GNATURE

John Doe		DATE SIGNED: 6/2/2014	PLACE SIGNED: (City, County and State) Lacey, Thurston, WA
	SIGNATURE:		
If applying for gambling license, elected chief ex- ecutive officer or employer	× John Doe	1	
license, elected chief ex-	X John Dol PRINT/NAME:	DATE SIGNED:	PLACE SIGNED: (City, County and State)

BLS-700-301 PERS/CRIM HISTORY (10/03/13) PAGE 1 OF 2

Continue on to the backside of this form.

Z

Personal/Criminal History Statement (Page 2)

LICENSE NUMBER

UBI NUMBER

Page 2 to be com	pleted by applicar	its app	lying for Liquor, C	Gambling,	Cigarette and T	lobacco w	holesaler/retailer	· Licenses.
			ADDITIONA	L PERSON	IAL HISTORY			
PLACE OF BIRTH: CI	ity		County		St	tate or Countr	v	
Seattle	.5.0		King W.		WA			
OTHER NAMES USE	D:			PREVIOUS SOCIAL SECURITY NUMBER:				
PLACE OF MARRIAG	E: City		County			Sta	ate or Country	Zip Code
Olympia		1	Thurston			WA	4	98504
MILITARY SERVICE: (Branch and dates of service) COUNTRY OF MILITAR				SERVICE:		TYP	E OF DISCHARGE:	
E-MAIL ADDRESS: Something@no	tmail.com			FAX NUM 360-55				
			EMPLO	OYMENT H	ISTORY			
	self-employment, milit needed, attach addit				ce for the last 10	consecuti	ve years (including	g foreign residence
Dates From - To: 5/1990-Current		ITLE: elf emp	bloyed		SU	PERVISOR:		
EMPLOYER/SCHOO	L:							
ADDRESS: (Street or 1234 Main St	Route)		<i>City</i> Hawks Prair	rie		unty Irston	State or Country WA	Zip Code 99999
Dates From - To:	Т	ITLE:			SU	PERVISOR:		
EMPLOYER/SCHOOI	L:							
ADDRESS: (Street or	Route)		City		Cou	unty	State or Country	Zip Code
Dates From - To:	Т	TLE:			SUI	JPERVISOR:		
EMPLOYER/SCHOOL	3							
ADDRESS: (Street or	Route)		City		Cou	unty	State or Country	Zip Code
			RESIDE	NCE INFO	RMATION			
ou must list all pace is needed,	places of residence attach additional sh	for the eets in	last 10 consecutiv same format.	ve years (i <u>r</u>	nclude foreign re	esidences).	List current reside	ence first. If more
	STREET ADDRESS:							
4/4004 to ourseat	1234 High St						1	
	CITY:			COUN			STATE or COUNT	
	Lacey			Inur	Thurston		WA	98503
Dates From - To:	STREET ADDRESS:							

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

COUNTY:

LIQUOR CONTROL BOARD PO BOX 43098 OLYMPIA WA 98504-3098

CITY:

LOTTERY COMMISSION PO BOX 43027 OLYMPIA WA 98504-3027 GAMBLING COMMISSION PO BOX 42400 OLYMPIA WA 98504-2400

AGE 1 OF THIS FORM CIGARETTE/TOBACCO PO BOX 43098 OLYMPIA WA 98504-3098

STATE or COUNTRY: ZIP CODE:

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. BLS-700-301 PERS/CRIM HISTORY (10/03/13) PAGE 2 OF 2

STATE OF WASHINGTON BUSINESS LICENSING SERVICE PO Box 9034 Olympia, WA 98507-9034

LICENSE NUMBER 00-99999

UBI NUMBER 999-999-999

Telephone: 1-800-451-7985 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** CIGARETTE/TOBACCO Wholesaler/Retailer

BUSINESS NAME: (DBA or trade name) CZ Man . fa at.

ΕZ	Iviani	utactu	rer,	Inc.
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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 I	try Zip Code 99999	
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 II		
1234 High St Lacey Thurston State or Country: Zip Code: HOME PHONE: WORK/CELL II	SOCIAL SECURITY NUMBER: 999-99-9999	
WA 98503 360-555-5554 360-555-	240NE: 5555	
HOW LONG LIVING AT HOME ADDRESS ABOVE: HEIGHT: WEIGHT: EYE COLOR: HAIR COLOR: 30 5'05" 130 BRN BRN	HAIR COLOR: BRN	
BIRTHDATE: (Month, Day and Year) SEX: ☐ MALE RACE: DRIVER'S LICENSE NUMBER & STATE OF ISSUE: 1/2/1946 IF FEMALE Caucasian WA DOE**J*123AB		
ARE YOU A U.S. CITIZEN? If NO, give alien registration/entry visa/work permit number(s): PORT OF ENTRY: DATE OF ENT	RY: (Month, Day and Year)	
SPOUSE'S NAME: (Last, First, Middle) Maiden DATE OF MAF Doe, John 1/1/1975	RIAGE: (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				
1				

CRIMINAL HISTORY STATEMENT

Have you EVER:

1. Been arrested or cited? 2. Been charged with a crime? 5. Been placed on probation?

3. Been convicted? 4. Been Jailed?

6. Forfeited bail or paid a fine over \$25 (Include traffic fines)?

YES D NO

You must answer "YES" if any of the above have occurred, even if charges were dismissed, deferred or changed. Explain eac	ch charge fully below and at-
tach additional sheets as needed. False or incomplete information may result in denial, suspension or revocation of a license. You	u 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.

Jane Doe		DATE SIGNED: 6/2/2014	PLACE SIGNED: (City, County and State) Lacey, Thurston, WA	
If applying for gambling license, elected chief ex-	SIGNATURE:			
	X VOVUL DOC			
ecutive officer or employer must also sign this form.	PRINT NAME:	DATE SIGNED:	PLACE SIGNED: (City, County and State)	

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Continue on to the backside of this form.



Personal/Criminal History Statement (Page 2)

LICENSE NUMBER

UBI NUMBER

		ADDITIO	NAL PERSO	ONAL HISTO	RY				
PLACE OF BIRTH: City Seattle		County King		an a	State or Country WA				
OTHER NAMES USED:				PREVIOUS	SOCIAL SECU	JRITY NUMBER:			
PLACE OF MARRIAGE: City County Olympia Thurston					State or Country	Zip Code 98504			
MILITARY SERVICE: (Branch and	dates of service)	COUNTRY OF MILITARY SERV		TYPE		TYPE OF DISCHARGE:	OF DISCHARGE:		
E-MAIL ADDRESS: Something@notmail.com			100000000	FAX NUMBER: 360-555-4555					
		EMI	LOYMENT	HISTORY					
ist employment, self-employ f more space is needed, at				ance for the las	st 10 <u>conse</u>	cutive years (includ	ng foreign reside		
Dates From - To: 5/1990-Current	TITLE: Treas				SUPERVISOR: John Doe				
EMPLOYER/SCHOOL: EZ Manufacturer, Inc.			+						
ADDRESS: (Street or Route) City 1234 Main St Hawks Pra		rairie	<i>County</i> Thurston		State or Coun WA	try Zip Code 99999			
Dates From - To:	TITLE:			2	SUPERVIS	OR:			
EMPLOYER/SCHOOL:									
ADDRESS: (Street or Route) City				County	State or Coun	try Zip Code			
Dates From - To:	: From - To: TITLE:				SUPERVISOR:				
EMPLOYER/SCHOOL:									
ADDRESS: (Street or Route) City				County	State or Coun	try Zip Code			
		DECI		ORMATION					

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

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LOTTERY COMMISSION PO BOX 43027 OLYMPIA WA 98504-3027 GAMBLING COMMISSION PO BOX 42400 OLYMPIA WA 98504-2400

APPLICANT: YOU MUST MAKE COPIES FOR EACH OF THE AGENCIES YOU HAVE CHECKED ON PAGE 1 OF THIS FORM CIGARETTE/TOBACCO PO BOX 43098 OLYMPIA WA 98504-3098

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