



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

SERVICE SUPPLIER (26) ADDENDUM

1. Applicant's Name: _____
2. In the area below, mark the appropriate box that best describes the type of gambling service(s) you will be providing. Use WAC 230-03-210 as a reference.
- | | |
|---|--|
| <input type="checkbox"/> Pull-Tab counting, storage and specialized record keeping | <input type="checkbox"/> New Game (Intellectual Property / Code) – Complete the <i>Game Endorsement Form for New Proprietary Games</i> (GC4-303) |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Gambling related management services:
Type: _____ |
| <input type="checkbox"/> Dealer School – NOTE: A Dealer School cannot be issued a Service Supplier license without being certified by the Workforce Training and Education Coordinating Board | <input type="checkbox"/> Assembly of components |
| | <input type="checkbox"/> Financing for purchasing or leases |
- Other – describe: _____
3. Answer each item below and provide the information as requested.
- Did you sign a contract for the assembly of components for gambling equipment with a licensed manufacturer?
 Yes No If Yes, list all gaming equipment / paraphernalia that are related to that licensed manufacturer.
- Copies of all contractual obligations between the applicant and any other licensee of the commission. (If verbal, provide details.)
- If you are applying for a service supplier license because you have developed a new game, then you must provide a written statement with your application addressing all of the following:
- a. Who will manufacture the layouts?
 - b. Who will distribute the layouts?
 - c. Who will market the game in Washington?
 - d. Who will be receiving royalties or leases for the game?
- Make a copy of all your signed and dated service-providing contracts and attach them to this application. If using a verbal agreement, submit a statement outlining the terms, parties involved, and the date formed. Any agreements with Native American or tribal entities must have evidence of tribal authority or authorization.
- Will you provide services to punch board / pull-tab licensees?
 Yes No If Yes, are any owners, officers, directors, their spouses, or substantial interest holders an owner, officer, director or substantial interest holder in a licensed manufacturer or distributor? (A substantial interest holder is defined in WAC 230-03-045 as an owner, officer, or a person who has actual or potential influence.)
 Yes No If Yes, provide the name and address of each licensed manufacturer and distributor. Refer to the restrictions in WAC 230-03-225.
- WAC 230-16-001 requires ALL Service Supplier Representatives to be licensed. To secure an *Individual License Application* (GC4-022) packet, please download or call Licensing at 360-486-3440 or 1-800-345-2529 (in-state, toll-free), ext. 2331. Refer to WACs 230-03-320 to 230-03-340 for representative licensure requirements.

You should also be aware that WACs 230-03-210 through 230-03-225 (Licensing of Service Suppliers) requires that each applicant be able to demonstrate the ability to comply with all restrictions and quality control requirements imposed by Washington State regulations. The licensing process may include an on-site review of the applicant's offices and warehousing locations to ensure the applicant's ability to comply with all regulatory requirements.

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 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 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/>).

Signature: _____ Date: |__|_| / |__|_| / |__|_|_|_|_|
Sole Proprietor / Chief Executive Officer / LLC Manager / Partner MM / DD / YYYY