



**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).
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)**

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: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_  
If necessary, use additional sheet using the same format.

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

a. Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_ Fax: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_  
Cell: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
@ \_\_\_\_\_  
Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

b. Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_ Fax: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_  
Cell: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
@ \_\_\_\_\_  
Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM / DD / YYYY MM / DD / YYYY

On-Going Sales / Services:  
 From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM / DD / YYYY MM / DD / YYYY

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## 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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### 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: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_

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

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### APPLICATION PREPARED BY:

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
                          @ \_\_\_\_\_