

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 Devices 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).
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.



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 1234 Main St | City Hawks Prairie | County Thurston | State or Country WA | Zip Code 99999 |

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

| | | | | |
|--|--|-----------------------------|--|--------------------------------------|
| NAME: (Last, First, Middle) Doe, John | | Maiden | SOCIAL SECURITY NUMBER: 999-99-9998 | |
| HOME MAILING ADDRESS: (Street or PO Box) 1234 High St | | City Lacey | County Thurston | |
| State or Country: WA | Zip Code: 98503 | HOME PHONE: 360-555-5554 | WORK/CELL PHONE: 360-555-5555 | |
| HOW LONG LIVING AT HOME ADDRESS ABOVE: 30 | HEIGHT: 6'02" | WEIGHT: 230 | EYE COLOR: BRN | HAIR COLOR: BRN |
| BIRTHDATE: (Month, Day and Year) 6/1/1956 | SEX: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE | RACE: Caucasian | DRIVER'S LICENSE NUMBER & STATE OF ISSUE: WA DOE**J*123AB | |
| ARE YOU A U.S. CITIZEN? <input checked="" 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) Doe, Jane | | Maiden Smith | DATE OF MARRIAGE: (Month, Day and Year) 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? 3. Been convicted? 5. Been placed on probation?
 2. Been charged with a crime? 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

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

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

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: <i>City</i> Seattle | | County King | | State or Country WA | |
| OTHER NAMES USED: | | | PREVIOUS SOCIAL SECURITY NUMBER: | | |
| PLACE OF MARRIAGE: <i>City</i> Olympia | | County Thurston | | State or Country WA | Zip Code 98504 |
| MILITARY SERVICE: <i>(Branch and dates of service)</i> | | COUNTRY OF MILITARY SERVICE: | | TYPE OF DISCHARGE: | |
| E-MAIL ADDRESS: Something@notmail.com | | | FAX NUMBER: 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: 5/1990-Current | | TITLE: Self employed | | SUPERVISOR: | |
| EMPLOYER/SCHOOL: EZ Manufacturer, Inc. | | | | | |
| ADDRESS: <i>(Street or Route)</i> 1234 Main St | | City Hawks Prairie | County Thurston | State or Country WA | Zip Code 99999 |
| 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: 1/1984 to current | | STREET ADDRESS: 1234 High St | | | |
| | | CITY: Lacey | COUNTY: Thurston | STATE or COUNTRY: WA | ZIP CODE: 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 |
|--|--|---|---|



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 1234 Main St | City Hawks Prairie | County Thurston | State or Country WA | Zip Code 99999 |
|--|-----------------------|--------------------|------------------------|-------------------|

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

| | | | | |
|--|--|-----------------------------|--|--------------------------------------|
| NAME: (Last, First, Middle) Doe, Jane | | Maiden Smith | SOCIAL SECURITY NUMBER: 999-99-9999 | |
| HOME MAILING ADDRESS: (Street or PO Box) 1234 High St | | City Lacey | County Thurston | |
| State or Country: WA | Zip Code: 98503 | HOME PHONE: 360-555-5554 | WORK/CELL PHONE: 360-555-5555 | |
| HOW LONG LIVING AT HOME ADDRESS ABOVE: 30 | HEIGHT: 5'05" | WEIGHT: 130 | EYE COLOR: BRN | HAIR COLOR: BRN |
| BIRTHDATE: (Month, Day and Year) 1/2/1946 | SEX: <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE | RACE: Caucasian | DRIVER'S LICENSE NUMBER & STATE OF ISSUE: WA DOE**J*123AB | |
| ARE YOU A U.S. CITIZEN? <input checked="" 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) Doe, John | | Maiden | DATE OF MARRIAGE: (Month, Day and Year) 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 | | | | |

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

If applying for gambling license, elected chief executive officer or employer must also sign this form.
 SIGNATURE:
 John Doe
 PRINT NAME: John Doe DATE SIGNED: 6/2/2014 PLACE SIGNED: (City, County and State) 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: <i>City</i> Seattle | County King | State or Country WA | | |
| OTHER NAMES USED: | | PREVIOUS SOCIAL SECURITY NUMBER: | | |
| PLACE OF MARRIAGE: <i>City</i> Olympia | County Thurston | State or Country WA | Zip Code 98504 | |
| MILITARY SERVICE: (<i>Branch and dates of service</i>) | COUNTRY OF MILITARY SERVICE: | | TYPE OF DISCHARGE: | |
| E-MAIL ADDRESS: Something@notmail.com | | FAX NUMBER: 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: 5/1990-Current | TITLE: Treasurer | SUPERVISOR: John Doe | | |
| EMPLOYER/SCHOOL: EZ Manufacturer, Inc. | | | | |
| ADDRESS: (<i>Street or Route</i>) 1234 Main St | City Hawks Prairie | County Thurston | State or Country WA | Zip Code 99999 |
| 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 |

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| | | | | |
|---------------------------------------|---------------------------------|---------------------|-------------------------|--------------------|
| Dates From - To: 1/1984 to current | STREET ADDRESS: 1234 High St | | | |
| | CITY: Lacey | COUNTY: Thurston | STATE or COUNTRY: WA | ZIP CODE: 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 | LOTTERY COMMISSION | GAMBLING COMMISSION | CIGARETTE/TOBACCO |
| PO BOX 43098 | PO BOX 43027 | PO BOX 42400 | PO BOX 43098 |
| OLYMPIA WA 98504-3098 | OLYMPIA WA 98504-3027 | OLYMPIA WA 98504-2400 | 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.