

Wyoming Gaming Commission  
Energy II Building  
951 Werner Court, Suite 335  
Casper WY, 82601  
Phone (307) 265-4015  
Fax (307) 265-4279

**SKILL BASED  
AMUSEMENT GAMES  
OPERATOR LICENSE  
APPLICATION**

**FOR OFFICE USE ONLY**

DATE OF ISSUE:

LICENSE #:

OPERATOR:

COMMISSION APPROVAL:

**RECEIPT**

LICENSE FEE:

PAID BY CASH  CHECK#: \_\_\_\_\_

COMMISSION STAFF:

**PLEASE TYPE OR PRINT CLEARLY**

1. Operator Name (Establishment Owner):

\_\_\_\_\_

2. Establishment Name:

\_\_\_\_\_

3. Operator Address (Establishment Owner):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Establishment Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Establishment Phone : \_\_\_\_\_

6. Operator Phone: \_\_\_\_\_

7. Operator Email: \_\_\_\_\_

8. Number of Terminals at Location: \_\_\_\_\_

**LICENSE FEE - \$250.00**

9. Name of Vendor for each Terminal:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

10. Terminal Serial Number(s) or Unique Identifier(s):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

11. Name of Contact (Vendor):

\_\_\_\_\_

**CERTIFICATION AND RELEASE**

**I HAVE READ EACH QUESTION ASKED OF ME AND UNDERSTAND EACH QUESTION AND CERTIFY UNDER PENALTY OF PERJURY THAT MY ANSWERS ARE TRUE AND ACCURATE.**

**I HEREBY CERTIFY THAT EACH SKILL BASED AMUSEMENT GAME IS SET TO HAVE A MAXIMUM OF THREE DOLLARS (\$3.00) PER PLAY AND A MAXIMUM PAYOUT OF THREE THOUSAND DOLLARS (\$3,000.00) PER PLAY.**

**I HEREBY CERTIFY THAT ALL SKILL BASED AMUSEMENT GAMES IN THE ESTABLISHMENT ARE LOCATED IN AN AREA THAT IS CONSPICUOUSLY MARKED AS AN AGE RESTRICTED AREA AND THIS AREA IS RESTRICTED TO ONLY THOSE PERSONS TWENTY-ONE (21) YEARS OF AGE OR OLDER.**

**I RELEASE ANY INDIVIDUAL, INCLUDING RECORDS CUSTODIANS, FROM ALL LIABILITY FOR DAMAGES THAT MAY RESULT TO ME ON ACCOUNT OF COMPLIANCE OR ANY ATTEMPTS TO COMPLY WITH THIS AUTHORIZATION. THIS RELEASE IS BINDING, NOW AND IN THE FUTURE, ON MY HEIRS, ASSIGNS, ASSOCIATES, AND PERSONAL REPRESENTATIVES(S) OF ANY NATURE, COPIES OF THIS AUTHORIZATION THAT SHOW MY SIGNATURE ARE AS VALID AS THE ORIGINAL RELEASE SIGNED BY ME.**

**APPLICANT'S STATEMENT**

**HAVING MADE APPLICATION FOR A LICENSE TO OPERATE SKILL BASED AMUSEMENT GAMES IN WYOMING, I AGREE TO ABIDE BY THE WYOMING GAMING COMMISSION ADMINISTRATIVE RULES AND APPLICABLE STATUTES OF THE STATE OF WYOMING.**

SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF

APPLICANT'S SIGNATURE \_\_\_\_\_

\_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Name of Establishment

\_\_\_\_\_  
Notary Signature or Commission Staff Signature

**(ALL SIGNATURES MUST BE NOTARIZED OR WITNESSED BY COMMISSION STAFF)  
Make checks payable to State of Wyoming Gaming Commission**