

LG1016 Reporting Gambling Manager Information Changes

This form is used to report application information changes for the current gambling manager.

- **DO NOT use this form to report a change in gambling manager.**
- Use the LG212 Gambling Manager Application to obtain a license for a new gambling manager.

GAMBLING MANAGER INFORMATION

Organization Name: _____ License Number: _____

Gambling Manager for whom changes are being reported: _____

_____ **Gambling Manager's new address.**

- The Gambling Manager's address may not be the same as the organization's address.
- Temporary storage: If the Gambling Manager's address is used to store games, the site must be in Minnesota.

Street Address: _____

City: _____ State: _____ Zip Code: _____

_____ **Gambling Manager's phone number:** _____

_____ **Gambling Manager's email:** _____

_____ **Gambling Manager's name:** _____

Previous name: _____

_____ **Gambling Manager bond and policy number.** Submit a copy of the new bond containing the name of the new bonding company, the policy number, and the effective date.

ACKNOWLEDGMENT

I declare that all information is true, accurate, and complete.

Signature of Chief Executive Officer or Gambling Manager Date

Print Name: _____ Title: _____ Chief Executive Officer
_____ Gambling Manager

WITHIN TEN DAYS OF THE CHANGE, SUBMIT TO:

Minnesota Gambling Control Board
Suite 300 South
1711 W. County Road B
Roseville, MN 55113

Phone: 651-539-1900
Fax: 651-639-4032

Data privacy notice: The information requested on this form and any attachments will become public information when received by the Board and will be used to determine your compliance with Minnesota statutes and rules governing lawful gambling activities.