

**LG212 Gambling Manager Application****Annual Fee \$100 (NON-REFUNDABLE)****ORGANIZATION INFORMATION**

Organization Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

CEO Name: \_\_\_\_\_ CEO Daytime Phone: \_\_\_\_\_

**GAMBLING MANAGER INFORMATION**

First Name: \_\_\_\_\_ Full Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Maiden or Previous Name(s): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

(You are required to provide your Social Security number which will be used to determine your compliance with Minnesota tax laws. Authorization for requiring your Social Security number is found at 42 U.S.C. 405 (c)(2)(C)(i).)

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Fax Number (optional): \_\_\_\_\_

Email Address: \_\_\_\_\_

Date I became an active member of this organization: \_\_\_\_\_

Date I attended the Gambling Manager Seminar or date registered to attend: \_\_\_\_\_

**BOND INFORMATION****Attach a copy of the bond.** A dishonesty bond in the position or name of the gambling manager for at least \$10,000 in favor of the licensed organization has been obtained.

Insurance Company Name: \_\_\_\_\_ (do not use Agency name)

Bond Number: \_\_\_\_\_ Effective Date of Bond: \_\_\_\_\_

**FOR GAMBLING MANAGER CHANGE**

Employment end date of current gambling manager: \_\_\_\_\_

For a non-emergency change, list the desired effective date of the new gambling manager's license: \_\_\_\_\_

List date the new gambling manager attended or is registered to attend the Gambling Manager Seminar: \_\_\_\_\_

**For an emergency change of gambling manager** due to death, disability, resignation, or termination:

1. within one business day contact the Licensing Section of the Gambling Control Board to establish a plan to replace the gambling manager, and
2. within four business days submit a complete gambling manager application and fee (non-refundable).

If your organization fails to meet the above requirements within four days of the termination, you must discontinue all gambling operations until:

- an application, the bond, and the license fee is received by the Gambling Control Board;
- a license has been issued by the Board; and
- the license is received by the gambling manager.

**SIGNATURE OF CHIEF EXECUTIVE OFFICER (CEO)***I have read this application and declare that all information submitted is true, accurate, and complete.*\_\_\_\_\_  
**Signature of CEO (must be CEO's signature; designee may not sign)** \_\_\_\_\_ **Date**

**AFFIDAVIT AND CONSENT STATEMENT OF GAMBLING MANAGER APPLICANT**

I affirm that I meet the qualifications and understand the restrictions noted below:

1. I have never been convicted of a felony or a crime involving gambling.
2. Within five years before the date of the license application, I have not committed a violation of law or Board rule that resulted in the revocation of a license issued by the Board.
3. I have never been convicted of a criminal violation involving fraud, theft, tax evasion, misrepresentation, or gambling.
4. I have never been convicted of assault, a criminal violation involving the use of a firearm, or making terroristic threats.
5. I have never been, or am not, connected with or engaged in an illegal business.
6. I have not had a sales and use tax permit revoked by the commissioner of revenue within the past two years.
7. I have never, after demand, failed to file tax returns required by the commissioner of revenue.
8. I do not owe \$500 or more in delinquent taxes to the commissioner of revenue.
9. I have been an active member for at least the most recent 90 days at the time of this application for a gambling manager license.
10. I am not a gambling manager or assistant gambling manager for another organization.
11. I am not the lessor, a member of the lessor's immediate family, a person residing in the same residence as the lessor, or an employee of a lessor of a premises where the organization has a permit issued from the Board to conduct lawful gambling.
12. I am not involved directly or indirectly as a manufacturer, distributor, or linked bingo game provider.
13. I am not the chief executive officer of the organization.
14. I am not the treasurer of the organization. This is the person who accounts for the organization's nongambling funds.
15. I was not an officer of an organization at a time when an offense occurred that caused that organization's license to be revoked.

**Seminar.** I understand I must attend the Gambling Manager Seminar and pass the examination administered by the Gambling Control Board. In the case of an emergency gambling manager change, training and passing the examination must be completed within 90 days of being issued a license.

**Background Check.** By signature of this document, the undersigned authorizes the Departments of Public Safety and Revenue to conduct a criminal and tax background check or review and to share the results with the Gambling Control Board.

**Acknowledgment of Education Requirements.** By signature of this document, I understand that to qualify for a continuing license, by the end of each calendar year, I must attend a class as required by Minnesota Rule 7861.0230, subpart 3.

**If Gambling Manager Paid.** If the gambling manager will be paid, U.S. government Form I-9 is required to be maintained by the organization.

**Legal Actions.** I understand, agree, and hereby irrevocably consent that suits and actions relating to the subject matter of this gambling manager license application, or acts or omissions arising from such application, may be commenced against me or my organization and I will accept the service of process in any court of competent jurisdiction in Minnesota by service on the Minnesota Secretary of State of any summons, process, or pleading authorized by the laws of Minnesota.

Failure to provide required information or providing false or misleading information may result in the denial or revocation of the license.

**SIGNATURE OF GAMBLING MANAGER**

I have read this application and declare that all information submitted is true, accurate, and complete. Changes in the information submitted in this application will be submitted in writing to the Board no later than ten days after the change has taken effect.

Signature of person applying to become gambling manager (in ink) \_\_\_\_\_ Date \_\_\_\_\_

**REQUIRED ATTACHMENTS**

1. \$100 annual license fee (non-refundable). Make check payable to "**State of Minnesota**".
  2. Copy of the gambling manager bond.
- Questions? Call our Licensing Section at 651-539-1900.**

**Mail to:**  
Minnesota Gambling Control Board  
Suite 300 South  
1711 West County Road B  
Roseville, MN 55113

**Data privacy notice:** The information requested on this form (and any attachments) will be used by the Gambling Control Board (Board) to determine your qualifications to be involved in lawful gambling activities in Minnesota, and to assist the Board in conducting a background investigation of you. You have the right to refuse to supply the information requested; however, if you refuse to supply this information, the Board may not be able to determine your qualifications and, as a consequence, may refuse to issue you a license. If you supply the information requested, the Board will be able to process your application. Your name and address will be public information when received by the Board.

Email addresses are private data under Minn. Stat. § 13.356 and will only be used for Gambling Control Board communications. All other information provided will be private data about you until the Board issues your license. When the Board issues your license, all information provided will become public except for your Social Security number, which remains private. If the Board does not issue you a license, all information provided remains private, with the exception of your name and address which will remain public.

Private data about you are available to: Board members; Board staff whose work requires access to the information; Minnesota's Department of Public Safety; Attorney General; Commissioners of Administration, Minnesota Management & Budget, and Revenue; Legislative Auditor; national and international gambling regulatory agencies; anyone pursuant to court order; other individuals and agencies specifically authorized by state or federal law to have access to the information; individuals and agencies for which law or legal order authorizes a new use or sharing of information after this Notice was given; and anyone with your written consent.

*This publication will be made available in alternative format (i.e. large print, braille) upon request.*

## Who must attend a Gambling Manager Seminar?

The person who will be the gambling manager must have attended a seminar and passed the examination within the last six months.

**EXCEPTION:** An emergency replacement gambling manager must attend the Gambling Manager Seminar and pass the examination within 90 days of being issued a license.

For a new organization or an organization that was not licensed within the past 12 months, the current chief executive officer must have attended a Gambling Manager Seminar within the last six months.

## Do I need to preregister?

Yes, preregistration is required to attend the seminar. Class enrollment is limited.

Contact your Licensing Specialist to register.

A Licensing Specialist is assigned to each county. Your Licensing Specialist is listed at [www.mn.gov/qcb](http://www.mn.gov/qcb) or call 651-539-1900.

After you register, and two weeks prior to the seminar, you will receive a confirmation letter which includes directions and hotel information.

## Is there a seminar fee?

There is no charge for the seminar.

The cost of attending the seminar (lodging, meals, mileage, lost wages, and seminar materials) is an allowable expense when approved by your organization's membership.

## Where is the seminar held?

The seminar is held at the Gambling Control Board's Roseville office:

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

## When are the seminars scheduled?

Contact your Licensing Specialist to obtain the most current schedule.

### Seminar starting/ending times:

First day: 8:00 am to 4:30 pm  
Second day: 8:00 am to 3:00 pm  
3:00 pm to 5:00 pm (exam)