



City or County Name: \_\_\_\_\_

**Refunds**

**7. Amount from Page 1, Line 7** ..... 7. \$ \_\_\_\_\_

**8.** A city or county may impose this tax only if necessary to cover costs incurred to regulate lawful gambling.

**Refunds of unincurred tax:**

Name of Licensed Organization	License #	Amount Refunded

**Enter total amount refunded on Line 8** ..... 8. \$ \_\_\_\_\_

**9. Enter any year-end balance on December 31 (Line 7 minus Line 8)** ..... 9. \$ \_\_\_\_\_  
(Cannot carry a negative balance; balance to be reimbursed to charity.)

**How Costs Were Incurred by the City or County**

\_\_\_ Inspections of lawful gambling sites    \_\_\_ Compliance reviews    \_\_\_ Trade area tracking    \_\_\_ Corrective action

**WITHIN 30 DAYS:** City or county documents pertaining to site inspections, fines, penalties, corrective action, and trade area reports involving use of the local lawful gambling regulation tax must be provided to the Minnesota Gambling Control Board within 30 days of the inspection, review, corrective action, etc. Email to **gcb.city.reports@state.mn.us** or fax to **651-639-4032 (Attention: City Reports)**, or send via U.S. mail (address below).

**City or County Acknowledgment**

- \_\_\_ 1. I am the official responsible for the financial reporting of the city's or county's lawful gambling regulatory tax under Minn. Stat. § 349.213, subd. 3.
- \_\_\_ 2. I am aware of the restrictions under Minnesota law on expenditures from this fund and affirm that the expenditures are related to the regulation of lawful gambling and accounted for according to statute and rule and in a manner consistent with generally accepted accounting principles.
- \_\_\_ 3. I have reviewed this report and affirm that the revenues, expenditures, any fund balance, and reimbursements reflect all fund activity during the calendar year, and is a true, correct, and complete report.

Signature of City or County Official \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**By March 15 each year mail, email, or fax the LG500 to:**

**Minnesota Gambling Control Board  
Attention: City Reports  
1711 West County Road B, Suite 300 South  
Roseville, MN 55113**

**Email: gcb.city.reports@state.mn.us  
Fax: 651-639-4032 (Attention: City Reports)  
Questions? Call 651-539-1900**