

LG622 Manufacturer License Termination Plan

Manufacturer Information

Manufacturer Name: _____ License Number **MA-**_____
Address: _____ City: _____
State or Province: _____ Postal Code: _____ Phone Number: _____

Designated Agent

Designated Agent Name (person responsible for retaining required documents):

Address: _____ City: _____
State or Province: _____ Postal Code: _____ Phone Number: _____

Termination Information

- 1. Date of proposed termination: _____
- 2. Terminated due to: Revocation Voluntary Relinquishment Nonrenewal
 Other. Explain: _____
- 3. Address where invoices and other required documentation and records related to the sale or disposal of gambling equipment will be stored for 3-1/2 years:

Owner(s) Signature

I/we affirm that:

- The information on this form is accurate and factual.
- The manufacturer agrees to accept returned defective equipment and issue credit for defective products up to six months after the date of license termination.
- All invoices and other required documentation and records related to the sale or disposal of gambling equipment will be retained for 3-1/2 years after licensed has been terminated.

Signed: _____ Date: _____ Title: _____
Signed: _____ Date: _____ Title: _____
Signed: _____ Date: _____ Title: _____
Signed: _____ Date: _____ Title: _____

Mail this form and attachments to:

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

Questions? Call the Minnesota Gambling Control Board at 651-539-1900.

This form will be made available in alternative format, i.e. large print, braille, upon request.

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