

LG400 Distributor License Application

Annual Fee \$7,000 (NON-REFUNDABLE)

BUSINESS INFORMATION

Distributor Legal Name: _____ DBA (doing business as), if applicable: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____ County: _____

Mailing Address, if different: _____ City: _____ State: _____ Zip Code: _____ County: _____

Phone Number: _____ Email Address: _____ Fax Number: _____

Minnesota Tax Identification Number: _____ Federal Employer Identification Number: _____

Check one: Sole Proprietor Partnership Corporation Limited Liability Company

OWNER INFORMATION

1. List all owners, partners, and persons or entities with a direct or indirect financial interest of 5% or more in the distributorship.
 2. For each person listed, attach form LG410 Distributor Personnel Information.
 3. For persons listed who will conduct sales, attach a full facial head shot photograph not more than one year old, or email the photo in digital format to diana.hoffman@state.mn.us.

Name: _____	Title: _____	Name: _____	Title: _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYEE INFORMATION (management and sales)

1. List officers, directors, managers, supervisors, and sales employees.
 2. For persons listed who will not conduct sales, attach form LG410 Distributor Personnel Information.
 3. For persons listed who will conduct sales, attach form LG411 Distributor Salesperson License Application.

Name: _____	Title: _____	Name: _____	Title: _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NONSALES EMPLOYEE INFORMATION

1. List all other distributor employees (i.e. delivery, warehouse, bookkeeper, etc.).
 2. For each person listed, attach form LG412 Distributor Nonsales Employee Information.

Name: _____	Title: _____	Name: _____	Title: _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CONSULTANT INFORMATION

1. List all consultants who provide advice for the sale or design of gambling equipment for sale in Minnesota.
 2. For each person listed, attach form LG410 Distributor Personnel Information.

Name: _____	Name: _____
_____	_____

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BANK ACCOUNT INFORMATION

Name:	Address:	City:	State/ Province:	Zip Code:	Account Number
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

OFFICE, WAREHOUSE, OUTLET AND FACILITY INFORMATION

List the addresses where gambling equipment and supplies are unloaded in Minnesota prior to sale.

Address:	City:	Zip Code:	Phone Number:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OATH

- I declare that this application is correct and complete to the best of my knowledge and belief.
- I will familiarize myself with the laws of the State of Minnesota and rules of the Board regarding gambling and agree, if licensed, to abide by those laws and rules, including amendments to them.
- I declare that I am qualified under Minnesota Rules, Part 7863.0210, subpart 2, and Minnesota Statutes, Sections 349.155 and 349.161, to be licensed as a distributor and will abide by the restrictions in Minnesota Rules, Part 7863.0210, subpart 3.
- Changes in the information submitted in this application will be submitted to the Board within ten days of the change.
- I will file a certified physical inventory upon termination or suspension of the license.
- I understand the fee is non-refundable regardless of license approval/denial.

Chief Executive Officer Signature, in ink _____	Date _____
Print Name _____	

ATTACH AND MAIL

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| <ol style="list-style-type: none"> 1. LG400 Distributor License Application. 2. LG410 Distributor Personnel Information (owners; management; consultants). 3. LG411 Distributor Salesperson License Application (for salespersons). 4. LG412 Distributor Nonsales Employee Information. 5. Check for \$7,000 payable to "State of Minnesota" (fee is non-refundable). | <p>Mail to:
Minnesota Gambling Control Board
Suite 300 South
1711 W. County Road B
Roseville, MN 55113</p> <p>Questions? Contact the Gambling Control Board at 651-539-1900.</p> |
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Data privacy notice: The information requested on this form (and any attachments) will be used by the Gambling Control Board (Board) to determine your business's qualifications to be involved in lawful gambling activities in Minnesota, and to assist the Board in conducting a background investigation of your business. You have the right to refuse to supply the information; however, if you refuse to supply this information, the Board may not be able to determine your business's qualifications and, as a consequence, may refuse to issue your business a license. If you supply the information requested, the Board will be able to process your application. Your business's name and address will be public information when received by the Board. All other information provided will be private data about your business until the Board issues your business's license. When the Board issues your business's license, all information provided will become public. Email addresses are private data under Minn. Stat. § 13.356 and will only be used for Board communications. If the Board

does not issue your business a license, all information provided remains private, with the exception of your business's name and address which will remain public. Private data about your business 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 in alternative format (i.e. large print, braille) upon request.