

LG431 State Registration Stamp Order Form

(No fee for stamps)

DISTRIBUTOR INFORMATION

Distributor: _____ License No. DI _____

Street address: _____

City: _____ State: _____ Zip: _____

Name of individual ordering the stamps: _____

STAMP ORDER INFORMATION

Number of stamps ordered: _____

To be affixed to:

- Bingo number selection device
- Electronic Bingo Selection Device
- Electronic Raffle Selection Device
- Paddlewheel
- Paddlewheel Table
- Pull-tab (paper) dispensing device

(Electronic linked bingo devices and electronic pull-tab devices do not require a state registration stamp.)

FOR BOARD USE ONLY:

State registration stamp numbers issued:

_____ through _____

Issued by:

(Board staff - name)

Date _____

MAIL TO

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

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

This publication will be made available in alternative format, such as large print or Braille, upon request.

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 governing lawful gambling activities.