

LG351 Linked Bingo Game Provider Personnel Information

No Fee

Name of Linked Bingo Game Provider:	DBA, if applicable:	License Number (if issued):
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PERSONNEL INFORMATION

First Name:	Full Middle Name:	Last Name:
_____	_____	_____
Maiden Name:	Previous Name:	Social Security Number:
_____	_____	_____
Home Street Address:	City:	State or Province: Postal Code:
_____	_____	_____
Daytime Phone Number:	Birthdate:	Email address (optional):
_____	_____	_____

Your position with the linked bingo game provider (check all that apply):

- Owner President Partner Vice President Secretary Treasurer Controllor
- Person or entity with a direct or indirect interest of five percent or more
- Member of board of directors Member of board of governors General counsel
- Sales employee (promotes, approves orders, asks for sales for linked bingo paper and linked bingo game services)
- Person involved with linked bingo game services Manager or supervisor of personnel
- Manager or supervisor of sales Manager or supervisor of government relations Manager or supervisor of security
- Consultant for sales or design or gambling equipment for sale in Minnesota
- Other (identify): _____

Employment record for the past ten years. List the most current first, including dates of unemployment or education (list school and address). If you owned a business in Minnesota, include the Minnesota Sales Tax and Use ID Number.

Employer/school:	City:	State/Province:	Position Held:	Dates:	Type of Business:	MN Sales Tax No.:
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Place of residence for the past ten years (list the most current first):

Address:	City:	State/Province:	Postal Code:	Country:	Dates:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Criminal history statement (do not include petty misdemeanors). If none, write "None".

Date Charged:	City/State where charges were filed:	Description of Charge:	Disposition of Case:
_____	_____	_____	_____
_____	_____	_____	_____

List name, address, and license/permit number of any organization you belong to that conducts lawful gambling in Minnesota (cannot be involved in the conduct of lawful gambling by an organization). If none, write "None".

Organization:	License/Permit Number:	Title (for example, Member):
_____	_____	_____

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OATH

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| <ol style="list-style-type: none"> 1. I have never been convicted of a felony. 2. I have never been convicted of a crime involving gambling. 3. I have never been convicted of assault, a criminal violation involving the use of a firearm, or making terroristic threats. 4. I am currently not or have ever been engaged in or connected with an illegal business. 5. I do not owe \$500 or more in delinquent taxes to the state of Minnesota. 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 filed, after demand, tax returns required by the commissioner of revenue. 8. I will not participate or assist in any gambling activity by a licensed organization, except for services associated exclusively with a linked bingo game. 9. I will not hold any financial or management interest in a premises used for the conduct of bingo. 10. I am not a licensed distributor and do not hold any financial or managerial interest in a distributor. 11. I will not provide any electronic bingo devices for linked electronic bingo games to any person not licensed as an organization. 12. I will not purchase gambling equipment, to be used exclusively in a linked electronic bingo game, from any person not licensed as a manufacturer under Minn. Statutes, Sec. 349.163. 13. I will not provide a lessor of gambling premises or an appointed official any compensation, gift, gratuity, premium, or contribution. 14. I will not provide an employee or agent of an organization any compensation, gift, gratuity, premium, or other thing of value greater than \$25 per organization in a calendar year. | <ol style="list-style-type: none"> 15. I will not be an officer, director, paid employee, gambling volunteer, or gambling manager of an organization involved in the conduct of lawful gambling. 16. I will not recruit a person to become a gambling manager or an assistant gambling manager, or identify to an organization a person as a candidate to become a gambling manager or assistant gambling manager. 17. I will not be involved in or influence the purchase of gambling equipment for an organization, except for equipment necessary to conduct linked bingo games. 18. I will not provide or permit an affiliate or person acting on behalf of the linked bingo game provider to provide any compensation, gift, gratuity, premium, contribution, or thing of value to a Board member or Board employee. 19. I will not contribute more than \$250 in any calendar year to an organization or participate in a fundraising event if the contribution or fundraising event is related to the organization's conduct of lawful gambling. <p>In addition, I understand, agree, and hereby irrevocably consent that suits and actions relating to the subject matter of the linked bingo provider license application, or acts or omissions arising from such application, may be commenced against me 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.</p> <p>By signature of this document, the undersigned authorizes the Department of Public Safety to conduct a background investigation pursuant to Minn. Rules, Part 7863.0250, subp. 7A. Failure to provide required information or providing false or misleading information may result in the denial or revocation of the license.</p> <p>Changes in application information will be submitted within ten days of the change.</p> |
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Signature, in ink, of Applicant: _____ Date: _____

MAIL TO

Minnesota Gambling Control Board Suite 300 South 1711 West County Road B Roseville, MN 55113	<p>QUESTIONS? Contact the Minnesota Gambling Control Board at 651-539-1900.</p> <p>This publication will be made available in alternative format, i.e. large print, braille, upon request.</p>
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DATA PRIVACY NOTICE

<p>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 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 register you. If you supply the information requested, the Board will be able to process your registration. You are required to provide your Social Security number to determine your compliance with the tax laws of Minnesota. Authorization for requiring your Social Security number is found at 42 U.S.C. 405 (c)(2)(C)(i). Your name and address will be public information when received. All other information will be private data until the Board registers you.</p>	<p>When the Board registers you, all information will become public except for your Social Security number which remains private. If the Board does not register you, 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.</p>
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