

LG410 Distributor Personnel Information

No Fee

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| Name of Distributor (DBA, if applicable): | License number (if issued): |
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PERSONNEL INFORMATION (owners, officers, directors, managers, supervisors, and consultants)

| | | |
|-----------------------|-------------------|--------------------------|
| First Name: | Full Middle Name: | Last Name: |
| _____ | _____ | _____ |
| Maiden Name: | Previous Name: | Social Security Number: |
| _____ | _____ | _____ |
| Home Address: | City: | State: Zip Code: County: |
| _____ | _____ | _____ |
| Daytime Phone Number: | Birthdate: | Email (optional): |
| _____ | _____ | _____ |

Your position with distributor (check all that apply):

- Owner Proprietor Partner
- Person or entity with a direct or indirect financial interest of five percent or more
- Officer Director Manager Supervisor
- Consultant who provides for the 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: | Zip Code: | County: | 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".

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

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| Name of Distributor: | Name of Personnel: |
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OATH (owners, officers, directors, managers, supervisors, and consultants)

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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 last two years. 7. I have filed, after demand, tax returns required by the commissioner of revenue. 8. I am not a wholesale distributor of alcoholic beverages or an employee of a wholesale distributor of alcoholic beverages. 9. I am currently not involved in the conduct of lawful gambling by an organization. 10. I will not keep or assist in keeping an organization's financial records, accounts, or inventories, or prepare or assist in the preparation of the reports required to be submitted under Minn. Rules, Part 7861.0320. 11. I will not provide any compensation, gift, gratuity, premium, or other thing of value to a lessor of gambling premises. 12. I will not give an employee of an organization any compensation, gift, gratuity, premium, or other thing of value greater than \$25 per organization in a calendar year. 13. I will not participate in any gambling activity at any gambling premises where gambling equipment purchased from this distributor is used in the conduct of lawful gambling. | <ol style="list-style-type: none"> 14. I will not alter or modify any gambling equipment, except to add a last sale sticker or to repair registered permanent gambling equipment. 15. I will not recruit a person to become a gambling manager or identify to an organization a person as a candidate to become a gambling manager. 16. I will not identify for an organization a potential gambling location. 17. I will not purchase gambling equipment from any person not licensed as a manufacturer under Minn. Rules, Part 7864.0210, except for gambling equipment returned from a licensed, exempt, or excluded organization. 18. I will not sell gambling equipment to any person for use in Minnesota other than a licensed, exempt, or excluded organization or the governing body of an Indian Tribe. 19. I will not sell or otherwise provide a (paper) pull-tab, jar ticket, or tipboard deal with the symbol required by Minn. Statutes, Sec. 349.163, subd. 5(d), visible on the flare to any person other than in Minnesota to a licensed or exempt organization. 20. I will not contribute more than \$250 in any calendar year to an organization or participate in a fund-raising event if the contribution or fund-raising event is related to the organization's conduct of lawful gambling. 21. I will not lease premises to an organization for the conduct of lawful gambling. 22. I will not be an officer, director, paid employee, gambling volunteer, or gambling manager of an organization involved in the conduct of lawful gambling. | <ol style="list-style-type: none"> 23. I will not participate directly in the determination and purchase of gambling equipment for an organization. 24. I will not provide or permit an affiliate or person acting on behalf of the distributor to provide any compensation, gift, gratuity, premium, contribution, or thing of value to a Board employee or Board member. 25. I will not enter into any agreement with any other distributor that restricts either of them in the sale of gambling equipment. 26. I will not enter into any agreement with any other distributor to establish the price at which any gambling equipment may be sold. <p>In addition, I understand, agree, and hereby irrevocably consent that suits and actions relating to the subject matter of the distributor 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 7863.0210, subp. 8A.</p> <p>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 |
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| <p>Mail to: Minnesota Gambling Control Board Suite 300 South 1711 West County Road B Roseville, MN 55113</p> | <p>Questions? Call the Minnesota Gambling Control Board at 651-539-1900. This publication will be made available in alternative format (i.e. large print, braille) upon request.</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 qualifications to be involved in lawful gambling activities in Minnesota and to assist the Board 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 by the Board. Email addresses are private data under Minn. Stat. § 13.356 and will only be used for Gambling Control Board communications. All other information will be private data until the Board registers you. 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.