

**LG422 Distributor License Termination Plan**

**Distributor Information**

Distributor Name: \_\_\_\_\_ License Number **DI-** \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**Designated Agent**

Designated Agent Name (person responsible for retaining required documents):  
\_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**Termination Information**

1. Date of proposed termination: \_\_\_\_\_
2. Terminated due to: \_\_\_\_ Revocation \_\_\_\_ Voluntary Relinquishment \_\_\_\_ Nonrenewal  
\_\_\_\_ Other. Explain: \_\_\_\_\_
3. Contact the Department of Revenue (651-297-1772) and the Minnesota Gambling Control Board (651-539-1900) to arrange for a certified physical inventory and proper disposal of gambling equipment. Attach a certified inventory of all gambling equipment as of the date this form is prepared, including game, form number, bar code information, and quantity of all gambling equipment in the distributor's inventory.
4. Attach plans for disposal of all gambling equipment by the date of termination. It is illegal for a distributor to possess gambling equipment after the date on which a license is terminated.
5. Attach copies of credit memos showing returned product to licensed manufacturer(s).
6. Address where all invoices and other required documentation and records related to the sale or disposal of 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 gambling equipment listed on the certified inventory will be disposed of in the manner outlined and as approved by the Minnesota Department of Revenue and the Minnesota Gambling Control Board.
- 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

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.

**Questions?** Call 651-539-1900.