

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: <input type="checkbox"/> Bingo number selection device <input type="checkbox"/> Paddlewheel <input type="checkbox"/> Paddlewheel table <input type="checkbox"/> Pull-tab (paper) dispensing device (Electronic 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.
<p>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.</p>	