

LG600 Manufacturer License Application

Annual fee \$10,000 (NON-REFUNDABLE)

BUSINESS INFORMATION

Manufacturer Legal Name: _____ DBA (doing business as), if applicable: _____

Street Address: _____ City: _____ State or Province: _____ Postal Code: _____ Country: _____

Mailing Address, if different: _____ City: _____ State or Province: _____ Postal Code: _____ Country: _____

Phone Number: _____ Email Address: _____ Fax Number: _____

Minnesota Tax Identification Number: _____ Federal Employer Identification Number: _____

Check one: Sole Proprietor Partnership Corporation Limited Liability Company

SUBSIDIARY, AFFILIATE, AND BRANCH INFORMATION (attach additional sheets if necessary)

List all subsidiaries, affiliates, and branches in which your company has any form of ownership or control, in whole or in part, without regard to whether the subsidiary, affiliate, or branch does business in Minnesota.

| Name of Business: | Address: | City: | State or Province: | Postal Code: | Country: | Phone Number: |
|-------------------|----------|-------|--------------------|--------------|----------|---------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

OWNER INFORMATION

1. List all owners, partners, and persons or entities with a direct or indirect financial interest of 5% or more in the manufacturer.
 2. For each person listed, attach form LG610 Manufacturer Personnel Information.

| Name: | Title: | Name: | Title: |
|-------|--------|-------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

EMPLOYEE INFORMATION

1. List all officers, directors, and plant managers. Also include sales employees eligible to make sales in Minnesota.
 2. For each person listed, attach form LG610 Manufacturer Personnel Information.

| Name: | Title: | Name: | Title: |
|-------|--------|-------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

CONSULTANT INFORMATION

1. List all consultants who provide advice for the sale or design of gambling equipment for sale in Minnesota.
 2. For each person listed, attach form LG610 Manufacturer Personnel Information.

| Name: | Name: |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

GAMBLING EQUIPMENT MANUFACTURING FACILITIES

| | | | | | |
|----------|-------|--------------------|--------------|----------|---------------|
| Address: | City: | State or Province: | Postal Code: | Country: | Phone Number: |
| _____ | _____ | _____ | _____ | _____ | _____ |

STORAGE FACILITIES IN MINNESOTA

| | | | |
|----------|-------|-----------|---------------|
| Address: | City: | Zip Code: | Phone Number: |
| _____ | _____ | _____ | _____ |

PRODUCT MANUFACTURED FOR SALE IN MINNESOTA

Check each type of product that will be sold in Minnesota:

Pull-tabs (paper)
 Electronic pull-tab game
 Electronic pull-tab device
 Pull-tab (paper) dispensing device
 Bingo paper
 Bingo number selection device
 Electronic bingo device
 Bingo hard cards
 Tipboards
 Paddlewheel tickets
 Paddlewheel
 Paddlewheel table
 Promotional (paper) tickets that mimic a pull-tab or tipboard
 Programmable electronic device that has no effect on the outcome of a game and is used to provide a visual or auditory enhancement of a game

REGISTERED AGENT AND ADDRESS IN MINNESOTA for nonresident manufacturers.
Do not use PO box number.

| | | | | |
|-------|----------|-------|-----------|---------------|
| Name: | Address: | City: | Zip Code: | Phone Number: |
| _____ | _____ | _____ | _____ | _____ |

OTHER STATES IN WHICH THE MANUFACTURER IS LICENSED

List all states or jurisdictions in which the manufacturer is licensed:

OATH

- I declare that this application is correct and complete to the best of my knowledge and belief.
- I will familiarize myself with the laws of the state of Minnesota and rules of the Board governing gambling and agree, if licensed, to abide by those laws and rules, including amendments to them.
- I declare that I am qualified under the terms of Minnesota Rules, Part 7864.0210, to be licensed as a manufacturer and will abide by the restrictions in Minnesota Rules, Part 7864.0210, subpart 3.
- Changes in the information in this application will be submitted to the Board within ten days of the change.
- I understand the fee is non-refundable regardless of license approval/denial.

| | |
|-------------------------------------------|-------|
| Chief Executive Officer Signature, in ink | Date |
| _____ | _____ |
| Print Name | Title |
| _____ | _____ |

ATTACH AND MAIL

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. LG600 Manufacturer License Application. 2. LG610 Manufacturer Personnel Information. 3. Organizational chart illustrating management structure. 4. Copy of logos used to identify the manufacturer on all gambling equipment to be sold in Minnesota. 5. Check for \$10,000 payable to " State of Minnesota " (fee is non-refundable). | <p>Mail to: Minnesota Gambling Control Board 1711 W. County Road B, Suite 300 S. Roseville, MN 55113</p> <p>Questions? Contact the Gambling Control Board at 651-539-1900.</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 business's qualifications to be involved in lawful gambling activities in Minnesota, and to assist the Board in conducting a background investigation of your business. You have the right to refuse to supply the information; however, if you refuse to supply this information, the Board may not be able to determine your business's qualifications and, as a consequence, may refuse to issue your business a license. If you supply the information requested, the Board will be able to process your application. Your business's name and address will be public information when received by the Board. All other information provided will be private data about your business until the Board issues your business's license. When the Board issues your business's license, all information provided will become Public. If the Board does not issue your business a license, all information provided remains private, with the exception of your business's name and address which will remain public. Private data about your business 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.