

MANUFACTURER AND/OR DISTRIBUTOR GAMBLING DEVICES APPLICATION



LICENSE APPLICATION TYPE: (Please check all licenses for which you are applying)

A. Manufacturer:

- ☐ 1. Manufacturer of 100 or fewer new gambling devices (Fee \$5,000 per year)
- ☐ 2. Manufacturer of more than 100 new gambling devices (Fee \$7,500 per year)
- ☐ 3. Manufacturer of gambling device parts (Fee \$1,500 per year)

B. Distributor:

- ☐ 1. Distributor of 100 or fewer used devices (Fee \$1,500 per year)
- ☐ 2. Distributor of more than 100 used devices (Fee \$2,000 per year)
- ☐ 3. Distributor of 100 or fewer new and used devices (Fee \$5,000 per year)
- ☐ 4. Distributor of more than 100 new and used devices (Fee \$7,500 per year)
- ☐ 5. Distributor of gambling device parts (Fee \$1,500 per year)

Note: Your license when issued will expire at midnight on December 31st of each year.

INVESTIGATION FEE: (Applicants are required to pay the costs of the licensing investigation.)

Applicants located within Minnesota: Initial Fee \$1,500

Applicants located outside of Minnesota: Initial Fee \$7,500

Applicants will be billed for additional fees for the costs of the licensing investigation as may be necessary.

Name of Business

Address E-mail Contact

City State Zip Code

Country

Phone Number Federal I.D. Number

Other Business Name

Address

City State Zip Code

Country

Phone Number Federal I.D. Number

BUSINESS CLASSIFICATION

☐ Corporation (mark appropriate box)

Date of Incorporation

Check type of Corporation:

☐ Subchapter S Corporation

☐ Publicly Traded Corporation

☐ Closely Held Corporation

State of Incorporation

☐ Partnership (attach copy of the partnership agreement)

☐ Sole Proprietorship

HAS THIS COMPANY EVER BEEN LICENSED BY ANY GOVERNMENT AGENCY INCLUDING TRIBAL, FOR THE PURPOSE OF MANUFACTURING AND/OR DISTRIBUTING GAMBLING DEVICES?

☐ YES

☐ NO

If yes, provide the following information:

All licenses applied for or issued by a federal, state or local agency. The date of issuance and expiration of each license. If any license application was denied, or a gambling license was suspended, canceled, or subject to any other licensing act other than issuance or renewal please provide the date and full explanation of the action.

OTHER LEGAL PROCEEDINGS:

HAS THE COMPANY EVER FILED OR BEEN INVOLVED IN A BANKRUPTCY (OTHER THAN AS A CREDITOR) OR BEEN CHARGED WITH ANY CRIMINAL VIOLATION RELATED TO GAMBLING?

☐ YES

☐ NO

If yes, explain in detail:

HAS THE APPLICANT EVER BEEN A PARTY TO A CIVIL PROCEEDING WHERE IT HAS BEEN ALLEGED TO HAVE BEEN ENGAGED IN AN UNFAIR OR ANTI-COMPETITIVE BUSINESS PRACTICE, A SECURITIES VIOLATION, OR FALSE OR MISLEADING ADVERTISING?

☐ YES

☐ NO

If yes, explain in detail:

HAS THE APPLICANT EVER BEEN INVOLVED AS A PARTY TO A JUDICIAL OR ADMINISTRATIVE ACTION ALLEGING VIOLATION OF STATUTE OR RULE RELATING TO UNFAIR LABOR PRACTICES, DISCRIMINATION, OR GAMBLING?

☐ YES

☐ NO

If yes, explain in detail:

HAS THE APPLICANT EVER COMMENCED AN ADMINISTRATIVE OR JUDICIAL ACTION AGAINST A GOVERNMENTAL REGULATOR OF GAMBLING?

☐ YES

☐ NO

If yes, explain in detail:

HAS THE APPLICANT EVER FAILED TO SATISFY ANY JUDGEMENT, DECREE, OR ORDER OF AN ADMINISTRATIVE OR JUDICIAL TRIBUNAL?

☐ YES

☐ NO

If yes, explain in detail:

HAS THE APPLICANT EVER BEEN DELINQUENT IN FILING A TAX REPORT OR REMITTING A TAX IMPOSED BY ANY GOVERNMENT?

☐ YES

☐ NO

If yes, explain in detail:

RECORD KEEPING

Where are the financial books and records for this business kept?

Who maintains these records?

Who prepares the tax returns, government forms and reports?

LIST THE FINANCIAL INSTITUTIONS IN WHICH THE BUSINESS MAINTAINS OPERATING AND INVESTMENT ACCOUNTS.

INSTITUTION	ADDRESS	PHONE	ACCOUNT NUMBER

Add

Remove

LIST THE SOURCE(S) AND AMOUNTS OF ALL OUTSTANDING BUSINESS LOANS OR REFINANCING?

Please provide supporting documents showing the terms of each financing arrangement.

CREDITOR NAME	CREDITOR ADDRESS	LOAN AMOUNT	LOAN NUMBER

Add

Remove

PLEASE CHECK THE APPROPRIATE BOX AND PROVIDE THE INFORMATION REQUESTED BELOW CONCERNING:

- ☐ Sole proprietorship
- ☐ Limited and general partners
- ☐ All shareholders in Sub-Chapter S and Closely Held Corporations
- ☐ All shareholders owning 5% or more of the stock either directly or indirectly
- ☐ All corporate officers and directors
- ☐ Any person(s) holding an option to purchase the business

Legal Name	Address	Title	Date of Birth	Social Security Number	Percent Owned

Add

Remove

Each of the above individuals must submit a personal history statement with this form.

PLEASE PROVIDE THE NAME(S) AND ADDRESS(S) OF ANY HOLDING CORPORATION, SUBSIDIARY, OR AFFILIATE OF THE APPLICANT.

Name	Address	Relationship to Company	Nature of Business

Add

Remove

PLEASE PROVIDE THE FULL NAME AND ADDRESS FOR EACH PERSON WHO HAS A RIGHT TO SHARE IN THE PROFITS OF THE BUSINESS.

Please include assignee, landlords, or persons to whom an interest or share of the profits has been pledged.

Name	Address	Reason for Participation in Profits

Add

Remove

IDENTIFY ANY PERSON LISTED ABOVE THAT HAS A FINANCIAL INTEREST IN ANY OTHER GAMBLING ACTIVITY.

Name	Business	Address

Add

Remove

PROVIDE THE NAMES OF ALL EMPLOYEES WHO ARE EMPLOYED IN GAMBLING RELATED POSITIONS AND INDICATE WHETHER THEY ARE A SALARY OR COMMISSION EMPLOYEE:

Name	Position	Location of Employment	Salary or Commission

Add

Remove

DO YOU MAINTAIN AN OFFICE IN MINNESOTA?

- ☐ YES
- ☐ NO

If no, please read and sign the following irrevocable consent. If yes, provide the following information:

Name of Manager

Mailing Address

Street Address

City

State

Zip Code

Phone Number

IRREVOCABLE CONSENT

I am providing my irrevocable consent in agreeing that suits or actions related to the subject matter of the application, or acts or omissions arising from it, may be commenced in a court of competent jurisdiction in this state by service on the Secretary of State of any summons, process, or pleadings, authorized by the laws of the State of Minnesota. I also agree that any application for renewal of this license constitutes renewal of this consent agreement.

Signature

Date

ATTACH THE FOLLOWING DOCUMENTS TO THIS FORM:

1. Copy of most recent financial statement or most recent Federal and State Tax returns.
2. If involved with a partnership or corporation please provide:
 - a. Articles of incorporation
 - b. List of officers and board of directors or partners
 - c. List of stockholders
 - d. Partnership agreement
3. Personal history statements
4. Cashiers check or money order for the license fee(s) and surcharge(s).

I certify that all statements made by the applicant in this document are true, complete and correct to the best of my knowledge and belief and are made by me in good faith. I also understand that an investigation will be conducted to insure the applicant meets the criteria for a license as established by Minnesota state law and department regulations. By signing this application I am also agreeing to pay for all costs incurred by the department in the conducting of an investigation of this application for a license.

Signature

Date

(If a corporation, signer must be a corporate officer)

State of Minnesota
Department of Public Safety
Alcohol and Gambling Enforcement

AUTHORITY TO RELEASE INFORMATION

I, _____, authorize and grant my consent to permit any law enforcement agency,
and any other person, ^{Business} business or agency deemed necessary, to release any information requested by any
identified law enforcement officer of the Minnesota Department of Public Safety, Alcohol and Gambling
Enforcement Division.

This information is for the express purpose of determining my eligibility for a gambling license issued under the
authority of Minnesota State Statutes.

Business Name

Signature
(If a corporation, signer must be a corporate officer)

Title

Date

Sworn and subscribed before me this

_____ day of _____, _____

Notary _____