



Please ensure you have all the required items before submitting registration.

REQUIREMENTS CHECKLIST:

- _____ Completed Registration
- _____ Investigative Fee = \$250 per year
- _____ MN Worker’s Compensation Form
- _____ Minnesota Tax Identification Number
- _____ Registration fees are not transferable or refundable
- _____ Registration Period April 1st to March 31st

- Additional Information:
 - Gambling Investigative Fees are assessed annually, as determined by the Gambling Control Board, with an expiration of March 31st.

CITY USE APPROVALS:

BUILDING	SENT _____	APPROVED _____
COMMUNITY DEVELOPMENT	SENT _____	APPROVED _____
CODE ENFORCEMENT	SENT _____	APPROVED _____
FIRE	SENT _____	APPROVED _____



Lawful Gambling Registration

Community Development Department
Rental and Business Licensing Division
5200 85th Avenue North / Brooklyn Park, MN 55443
Phone: (763) 493-8182 / Fax: (763) 493 8171

GOVERNMENT DATA PRACTICES ACT - TENNESON WARNING:

The data you supply on this form will be used to process the registration you are applying for. You are not legally required to provide this data, but we will not be able to process the registration without it. The data will constitute a public record if and when the registration is granted.

The following information is required. All applications are subject to a 30-day approval period.

REQUIREMENTS:

- New _____ Renewal _____
- Completed registration & supplement / Registration/Investigative Fee / \$250.00 per year per establishment
- License period April 1st – March 31st
- Is worker's compensation coverage required? _____ Yes _____ No
- Minnesota Tax Identification Number
- Registration fees are not transferable or refundable

The undersigned hereby makes application to the City of Brooklyn Park, Hennepin County Minnesota, for registration subject to the laws of the State of Minnesota and of the City of Brooklyn Park.

Applicant Name: _____ **Phone #:** _____

Applicant Address: _____
Street City State Zip Code

Applicant Email Address: _____

Organization Name: _____ **Doing Business As:** _____

Organization Mailing Address: _____
Street City State Zip Code

Business Name (location where gambling is conducted): _____

Business Address: _____
Street City State Zip Code

Business Contact: _____ **Business Phone #:** _____

Emergency Contact: _____ **Emergency Phone #:** _____

List the days and hours of gambling operation _____ Is organization a tenant / lessee? Yes _____ No _____

List all the current Gambling Licenses held in the City of Brooklyn Park and the complete address for each:

During the last five years, has the organization been convicted of any violation of a Federal, State, or local ordinance related to lawful gambling? Yes _____ No _____

If Yes, explain: _____

Has the organization had a gambling license revoked within the preceding 12 months of the date of application? Yes _____ No _____

If Yes, explain: _____

Applicant agrees to comply with all laws, ordinances or regulations applicable whether they are federal, state, county or municipal. The undersigned declares that the information provided in this license registration is truthful and authorizes the City of Brooklyn Park to investigate the information provided.

Applicant Signature: _____ **Date:** _____

Payment: Visa MasterCard Discover Check Cash

Card Number: _____

Security Code (three digit number on back of card) _____ Expiration Date: _____

Signature _____ Date: _____

**MINNESOTA BUSINESS TAX IDENTIFICATION/
SOCIAL SECURITY NUMBER**

Pursuant to 2011 Minnesota Statute, Chapter 270C DEPARTMENT OF REVENUE, (section 270C.72 TAX CLEARANCE; ISSUANCE OF LICENSES), the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

- This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
- Upon receiving the information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
- **FAILURE TO SUPPLY THIS INFORMATION MAY JEOPARDIZE OR DELAY THE PROCESSING OF YOUR LICENSE ISSUANCE OR RENEWAL APPLICATION.**

Please supply the following information and return along with your application to the licensing authority.

Applicant's Full Name	
Applicant's Address	
City, State & Zip	
Applicant's Social Security Number	
Position (Officer, Partner, Etc.)	
Business Name	
Business Address	
City, State & Zip	
Minnesota Tax Identification Number	
Signature	Date

**CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW COVERAGE**

(FORM MUST ACCOMPANY LICENSE OR PERMIT APPLICATION)

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Full Name (Last, First, Middle)	
Doing Business As: (Business name if different than your name)	
Business Address	
City, State, Zip	Phone ()

I am not required to have workers' compensation liability coverage because: <ul style="list-style-type: none"><input type="checkbox"/> I have no employees.<input type="checkbox"/> I am self-insured (include permit to self-insure).<input type="checkbox"/> I have no employees who are covered by the workers' compensation law (these include: spouse, parents, children and certain farm employees).
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I certify that the information provided above is accurate and complete.	
Signature	Date

OR

Insurance Company Name (NOT the insurance agent)
Policy Number
Dates of Coverage

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.	
Signature	Date