

Lawful Gambling Distributor Permit Application

Application Type: New Permit Update to Existing Permit Reapplication after Denial or Revocation

Print or Type	Business Legal Name	Daytime Phone	Minnesota Tax ID Number
	Doing Business as	Federal ID Number	
	Street	County	Email Address
	City	State	ZIP Code

Business type: Individual Partnership or Association Corporation Date of Incorporation _____

Corporate officers, partners or members of association (*attach a list if necessary*).

Business Information	Name	Title	Social Security Number	
	Address	City	State	ZIP Code
	Name	Title	Social Security Number	
	Address	City	State	ZIP Code
	Name	Title	Social Security Number	
	Address	City	State	ZIP Code
	Name	Title	Social Security Number	
	Address	City	State	ZIP Code

Your application cannot be processed without the following information regarding your insurance company.

Insurance Company Information	Name	Phone	Policy Number	
	Address	City	State	ZIP Code
	Name	Phone	Policy Number	
	Address	City	State	ZIP Code
	Name	Phone	Policy Number	
	Address	City	State	ZIP Code
	Name	Phone	Policy Number	
	Address	City	State	ZIP Code

All applicants: You must complete the reverse side. Incomplete applications will be returned to you.

List the name and address of each manufacturer from whom you purchase or intend to purchase gambling supplies.				
Name	Address	City	State	ZIP Code
Name	Address	City	State	ZIP Code
Name	Address	City	State	ZIP Code
Name	Address	City	State	ZIP Code
Name	Address	City	State	ZIP Code
Name	Address	City	State	ZIP Code
Name	Address	City	State	ZIP Code

Purchase Information

Customer base (check all that apply):

- Licensed Gambling Organizations
 Exempt Organizations
 Businesses and/or Individuals
 Native Americans
 Out-of-State Businesses
 Promotional Pull-Tabs
 Other _____

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you of the following:

- This information may be used to deny the issuance or renewal of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest.
- Under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.
- Failing to supply this information may jeopardize or delay the issuance of your permit.

Application

I acknowledge that by becoming licensed as a lawful gambling distributor, I will have record keeping/reporting requirements and responsibilities. I agree to comply with the applicable tax statutes as a condition of my permit, and declare that the information given in this application is true, correct and complete to the best of my knowledge and belief.

Sign Here

Authorized Signature	Title
Date	Daytime Phone

Mail to: Minnesota Revenue, Mail Station 3350, St. Paul, MN 55146-3350.
 Phone: 651-297-1772. Email: lawfulgambling.taxes@state.mn.us