



City of Maplewood
Office of the City Clerk
1830 County Road B East | Maplewood, MN 55109
651-249-2005 | 651-249-2957 (fax)
www.MaplewoodMN.gov

Approved By:
 Police
Fee Paid: _____
Receipt #: _____

LAWFUL GAMBLING PREMISE – SUPPLEMENT

TO BE COMPLETED BY GAMBLING MANAGER

APPLICATION CHECKLIST:

**To prevent delay, please ensure the following information is submitted.
Incomplete applications are not accepted and will be returned immediately.**

- Lawful Gambling Premise - Supplement application
- Background Investigation Fee of \$250.00
- Copy of valid Gambling Manager license
- Informed Consent form
- Copy of Driver's License

Maplewood Property Address

Address: _____

City: _____ State: _____ Zip: _____

Business Information

Charitable Organization Name: _____

Business Name where Gambling will be conducted: _____

Gambling Manager Information

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Have you been convicted of a violation of any state statute, state rule or city ordinance relating to gambling within the past three years? Yes No

If yes, attach a separate page, giving the following information for each conviction: **1)** charge or offense, **2)** date of arrest, **3)** arresting agency, **4)** date of conviction, **5)** court name and location, **6)** sentence.



The data in this application will be used to approve your license and shall be deemed public unless private by State Statute. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

I will familiarize myself with the provisions of the Maplewood City Code, and with applicable Minnesota Statutes and federal regulations. This business will be conducted in compliance with the above regulations, statutes and ordinances, and it is understood that failure to do so may constitute grounds for denial, suspension or revocation of this license

Applicant Signature _____ Date _____



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BUSINESS LICENSE BACKGROUND CHECK CONSENT FORM

Please PRINT the following Applicant information:

Last Name: _____

First Name: _____ Middle Name (full): _____

Maiden/Former/Alias: _____

Date of Birth: _____ Place of Birth: _____

Sex: Male _____ Female _____ Social Security Number: _____

Driver's License Number: _____ State: _____

**submit a copy of Driver's License with this form*

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Maplewood for the purpose of determining my eligibility for obtaining a business license by the City of Maplewood, pursuant to Minnesota State Statute 299C.72.

I understand that I am under no obligation to consent to such investigation, but that if I refuse to do so, my application cannot be processed.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Applicant Signature: _____ Date: _____