

State of Minnesota
Department of Public Safety
Alcohol & Gambling Enforcement Division
445 Minnesota Street, Suite 222
St. Paul, MN. 55101-5133

Background Investigation Inquiry
(MN. Statute 349 - Lawful Gambling)

1.) Name of Business: _____

2.) Business Address: _____

street

_____ - _____

City State Zip

3.) Telephone Number: (____) - ____ - _____ 4.) Federal I.D. # _____

5.) IS BUSINESS A:

_____ Corporation (mark appropriate box)

Check type of Corporation: _____ Date of Incorporation: _____

_____ Subchapter S Corporation

_____ Publicly Traded Corporation

_____ Closely held Corporation

State of Incorporation: _____

_____ Partnership (attach partnership agreement)

_____ Sole proprietorship

6.) HAS THIS COMPANY EVER BEEN LICENSED BY ANY GOVERNMENT AGENCY FOR THE PURPOSE OF GAMBLING? (CIRCLE) Yes No

If yes provide the following information for all licenses issued: date licensed; type of license held; agency issuing license; and state or jurisdiction where license was issued.

(use additional paper if necessary)

7.) HAS THE COMPANY EVER HAD ANY ACTION TAKEN AGAINST A GAMBLING LICENSE BY ANY AGENCY? (CIRCLE) Yes No If yes, explain and provide current status.

<input type="checkbox"/>	Fined	_____
<input type="checkbox"/>	Suspended	_____
<input type="checkbox"/>	Revoked	_____
<input type="checkbox"/>	Other Action	_____

(use additional paper if necessary)

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

If yes - explain and provide current status.

<input type="checkbox"/>	yes	<input type="checkbox"/>	no -- Bankruptcy	_____
<input type="checkbox"/>	yes	<input type="checkbox"/>	no -- Criminal	_____

(use additional paper if necessary)

9.) OTHER LICENSING

Have you ever had a sales and use tax permit revoked or canceled?	YES	NO
Have you ever had any other license or permit revoked, denied or canceled?	YES	NO
Have you ever failed to pay and gambling tax to any regulatory agency?	YES	NO

If "yes" to any of the above, provide complete details below.

(attach additional sheets if necessary)

10.) RECORD KEEPING

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

Who maintains these records?

Who prepares the tax returns, government forms and reports?

B.) Does the applicant maintain an office within Minnesota?

(Circle) Yes No

If yes, answer the following questions:

-- Mailing address of office: _____

-- Street address of office: _____

-- Name of manager: _____

-- Telephone Number of office: (____) - ____ -- _____

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

Institution	Address	Phone	Account Number

(use additional sheets in necessary)

12.) LIST THE SOURCE(S) AND AMOUNTS OF ALL OUTSTANDING BUSINESS LOANS. PROVIDE THE FOLLOWING:

CREDITOR NAME	CREDITOR ADDRESS	LOAN AMOUNT	LOAN NUMBER

(use additional sheets if necessary)

13.) PLEASE CHECK THE APPROPRIATE BOX AND PROVIDE THE INFORMATION REQUESTED BELOW CONCERNING: (use additional sheets if necessary)

- 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 #	% Owned

(use additional sheets if necessary)

Each of these individuals must submit a Personal history Statement with this form.

14.) IDENTIFY ANY PERSON LISTED ABOVE THAT HAS A FINANCIAL INTEREST IN ANY OTHER GAMBLING ACTIVITY. Provide the name, activity or business and address.

Name	Business	Address

(use additional sheets if necessary)

15.) PROVIDE THE NAMES OF ALL EMPLOYEES HOLDING MANAGEMENT POSITIONS:

Legal Name	Address	Title	Date of Birth	Social Security #

(use additional sheets if necessary)

Each of these individuals must submit a Personal History Statement with this form.

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;
 - 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 for each person listed in Section 15

I certify that all statements made by the applicant in this document are true, complete and correct to the best of 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 the 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)
