



# State of Minnesota Alcohol & Gambling Enforcement Division

445 Minnesota Street, Suite 1600  
St. Paul, MN 55101  
(651) 201-7500



## Personal History Statement

Name: \_\_\_\_\_  
(Last) (First) (Full Middle)

Other names used (include alias, maiden names, previous names)

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Place of Birth: (City) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

Driver License # \_\_\_\_\_ State of Issue \_\_\_\_\_

Position you hold with the applicants business: \_\_\_\_\_

Email Addresses: (Work) \_\_\_\_\_ (Personal) \_\_\_\_\_

Current Address (Home): \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone # Home: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Past Residences:

List of all residences from 18 years old (include city, county, state, and dates, month and year):

City	County	State	From (Yr.)	To (Yr.)

(use additional sheets if necessary)

(Please provide the following information)

### PHYSICAL DESCRIPTION:

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Gender/Choose One: \_\_\_\_\_

Citizen: U.S.

Other: \_\_\_\_\_

---

**CRIMINAL HISTORY:**

<b>A.</b>	<b>Have you ever been arrested or detained?</b>	<b>Yes</b>	<b>No</b>
	<b>Have you ever been convicted of a crime?</b>	<b>Yes</b>	<b>No</b>
	<b>Have you ever been the subject of an indictment?</b>	<b>Yes</b>	<b>No</b>
	<b>Have you ever been subpoenaed for testimony or appearance?</b>	<b>Yes</b>	<b>No</b>
	<b>Have you ever been pardoned for any criminal offense or had a criminal record(s) expunged?</b>	<b>Yes</b>	<b>No</b>

If "Yes" to any of the above questions, provide the following information:

- |                       |                                   |
|-----------------------|-----------------------------------|
| -- Date of conviction | -- City and State where convicted |
| -- Nature of offense  | -- Order of the court             |

(Use additional sheets if necessary)

**B. Are you currently charged and awaiting resolution of any violation of the Law?**

Yes          No

If "Yes", provide the following information:

- |                      |  |
|----------------------|--|
| -- Date of offense   | -- City and State where offense occurred |
| -- Nature of offense |  |

(Use additional sheets if necessary)

**CIVIL LITIGATION**

**A. Are you now or have you ever been involved in a civil action (Include bankruptcy and divorce proceedings)?**          Yes          No

If "Yes", provide the following information:

- |                     |   |
|---------------------|---|
| -- Date of action   | -- City and State where action was files or litigated |
| -- Nature of action | -- Order or decision of the court                     |

(Use additional sheets if necessary)

---

**B. Have you been finger printed for any purpose within the last year?**

Yes No

If "Yes", provide the following information:

--Date

--Agency receiving the fingerprint cards

--Reason for fingerprinting

--State where license was issued

(Use additional sheets if necessary)

---

**PREVIOUS EMPLOYMENT: (Include current employer)**

Please provide the following information concerning your employment history.

This information is required for all employers since age 18.

Name of Employer	Employer's Address	From (MO/YR)	To (MO/YR)

(Use additional sheets if necessary)

---

**PREVIOUS GAMBLING LICENSES:**

**A. Have you ever been licensed or denied a license by any government agency for the purpose of gambling?**

If "Yes", provide the following information: Yes

No

-- Date Licensed

--Agency issuing license

--Type of license held

--State where license was issued

**OTHER LICENSING:**

Have you ever failed to file Federal or State income tax records?

Yes

No

Have you ever had a sales or use tax permit revoked?

Yes

No

Have you ever had any other license or permit revoked, denied or cancelled?

Yes

No

Have you ever failed to submit reports or pay taxes to any gambling agency?

Yes

No

*Please completely explain any "Yes" answers below.*

(Use additional sheets if necessary)

---

**Financial Interest in other gambling activities:**

Please indicate by answering the following questions whether or not you have *financial* interest in any other gambling activity or *business*:

**A. Types of interest held:**

- |            |           |  |
|------------|-----------|--|
| <b>YES</b> | <b>NO</b> | <b>1. Invested or loaned money, have an option to purchase, or have a contract for service to any other gambling facility or activity.</b>   |
| <b>YES</b> | <b>NO</b> | <b>2. Have ownership interest in equipment being leased or otherwise provided to any gambling facilities.</b>  |
| <b>YES</b> | <b>NO</b> | <b>3. Have an investment or ownership in any business involved in any of the activities listed in A. 1 or A. 2.</b>  |
| <b>YES</b> | <b>NO</b> | <b>4. Do you receive any revenue or payments or money from any person who is involved in the activities listed in question A. 1 or A. 2 or is the result of the operation of gambling?</b> |

Please completely explain all “YES” answers:

(Use additional sheets if necessary)

---

**I certify that all statements made by me in this document are true, complete and correct to the best of my knowledge and belief and are made by me in good faith.**

\_\_\_\_\_  
**Signature of the Applicant**

\_\_\_\_\_  
**Date Signed**

---



**State of Minnesota**  
**Alcohol & Gambling Enforcement Division**  
445 Minnesota Street, Suite 1600  
St. Paul, MN 55101  
(651) 201-7500



---

**AUTHORITY TO RELEASE INFORMATION**

I, \_\_\_\_\_, authorize and grant my consent to permit the Minnesota Alcohol & Gambling Enforcement Division, any law enforcement agency, and any other individual or agency deemed necessary, to release any information to any identified law enforcement officer of the Alcohol & Gambling Enforcement Division.

This information is subject to the Minnesota Data Privacy Act (*MSS 13.04 S3, 13.41 S2, 13.82 S3, 13.87 S7, 13.873*) and for the express purpose of determining my eligibility for a gambling license under authority of Minnesota State Statutes.

**Name:** \_\_\_\_\_  
(Last) (First) (Full Middle)

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Special Agent Signature)

Date: \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Notary \_\_\_\_\_