

State of Minnesota
Alcohol & Gambling Enforcement Division
444 Cedar Street, Suite 133
St. Paul, Mn. 55101-5133
Tele:651-296-6159

Personal History Statement

Name: _____
(Last) (First) (Full Middle)

Other Names Used (Include Alias, Maiden Names, Previous Married Names)

Date of Birth: _____ Social Security Number: _____

Place of Birth: (City) _____ (County) _____
(State) _____

Driver License No. _____ State of Issue: _____

Position you hold with the applicants business: _____

(Please provide the following information)

PHYSICAL DESCRIPTION:

HEIGHT: _____

WEIGHT: _____

HAIR COLOR: _____

EYE COLOR: _____

CIRCLE ONE: Male Female

CITIZEN: U.S. _____ Other: _____

Current Address:

Home:

(Street) (City) (State) (Zip)

Telephone # Home: (____)-____-____ Work: (____)-____-____

Past Residences:

List of past residences from age 18 (include city, county, state and dates, month and year).

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

CRIMINAL HISTORY:

- A. Have you ever been arrested or detained? (Circle) Yes No
 Have you ever been convicted of a crime? (Circle) Yes No
 Have you ever been the subject of an indictment? Yes No
 Have you ever been subpoenaed for testimony or appearance? Yes No
 Have you ever been pardoned for any criminal offense? Yes No

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?

(Circle) Yes No

If "yes", provide the following information:

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

(use additional sheets if necessary)

Civil Litigation

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

- Date of action -- City and State action was filed or litigated
-- Nature of action -- Order or decision of the court

Four horizontal lines for providing details of civil litigation.

(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? (circle) Yes No

If "yes", provide the following information:

- Date licensed -- Agency issuing license
-- Type of license held -- State where license was issued

Two horizontal lines for providing details of previous gambling licenses.

(use additional sheets if necessary)

B. Have you been fingerprinted for any purpose within the last year?(circle) Yes No

If "yes" provide the following information:

- Date --Agency receiving the fingerprint cards --Reason for fingerprinting

Four horizontal lines for providing details of fingerprinting.

PREVIOUS EMPLOYMENT: (Include current employer)

Please provide the following information concerning your employment history. This information is required for all employers since age 18.

Table with 4 columns: Name of Employer, Employer's address, From(MO/YR), To(MO/YR). It contains four empty rows for data entry.

(use additional sheets if necessary)

OTHER LICENSING:

Have you ever failed to file Federal or State income tax records? (circle)	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 canceled?	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: (Circle Answer)

- | | | |
|-----|----|--|
| yes | no | 1.) Invested or loaned money, have an option to purchase, or have a contract for service to any other gambling facility or activity. |
| yes | no | 2.) Have ownership interest in equipment being leased or otherwise provided to any gambling facilities. |
| yes | no | 3.) Have an investment or ownership in any business involved in any of the activities listed in A.1 or A.2. |
| yes | no | 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? |

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
Department of Public Safety
Alcohol & Gambling Enforcement Division

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 and for the express purpose of determining my eligibility for a gambling license under authority of Minnesota State Statutes.

NAME:

(Last Name)	(First Name)	Full Middle)
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Date of Birth: _____ Social Security Number: _____

Signature: _____

Date: _____

Sworn and subscribed before me this
_____ day of _____, 19__
Notary _____