



City of Farmington

Checklist for Gambling Event Permit

Business Name: _____ **Event Date** _____

Please return this list with your application materials. Incomplete applications cannot be processed until all of the items listed are received and complete.

<u>Required Documents</u>	<u>Applicant Initials</u>	<u>City Staff Initials</u>
1. Gambling Event Permit Application (Form GE2009)	_____	_____
2. All applicable Fees (See fee schedule below)	_____	_____
3. All applicable information supporting the basis for exclusion or exemption from license requirement.	_____	_____
4. State application (for signature).	_____	_____

Police background check approved by _____ Date _____

License Fees

Investigation Fee

\$50

PROVIDE ALL RELEVANT INFORMATION SUPPORTING THE BASIS FOR EXCLUSION OR EXEMPTION FROM LICENSE REQUIREMENT UNDER ONE OF THE FOLLOWING APPLICABLE SECTIONS:

Minnesota Statute § 349.166, subd. 1 (a):

Name of fair or civic celebration: _____

Number of consecutive days of bingo operation: _____

Number of bingo occasions conducted by organization during the current calendar year: _____

Minnesota Statute § 349.166, subd. 1 (b):

Value of prizes for a single bingo game: \$_____

Value of total prizes awarded at a single bingo occasion: \$_____

Number of bingo occasions held by the organization or at the facility each week: _____

Participants allowed to play in a bingo game: _____

Name and address of manager appointed to supervise the bingo and registered with the Gambling Control Board: _____

Minnesota Statute § 349.166, subd. 1 (c):

Value of all raffle prizes awarded by the organization during calendar year: \$_____

Minnesota Statute § 349.166, subd. 2 (a):

Number of lawful gambling events during the year: _____

Value of prizes for lawful gambling in a calendar year: \$_____

Exemption identification number: _____

I hereby certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any misstatements or omissions of material facts may result in the disqualification or denial of the license. I authorize the City of Farmington to investigate the information and contact persons/organizations named on this application. The undersigned agrees that the gambling event will conform to all applicable state laws, Gambling Control Board regulations, and ordinances of the City of Farmington.

Name of Applicant (please print) _____

Signature _____ Date _____

CITY OF FARMINGTON – DATA PRACTICES ACT NOTICE

Minnesota law requires that you be informed of your rights as they pertain to private information (“private data”) collected from you by the City of Farmington (“the City”). Private data is that information held by the City which is available to you, but not to the public.

You have the right to refuse to provide the information requested on this application form, however, without certain information, the City may be unable to approve the license applied for. If you feel that certain information requested is an unwarranted invasion of privacy, please contact the Human Resources Director.

The dissemination and the use of private data we collect is limited to that necessary for the administration and management of the City’s licensing program. Persons or agencies with whom this information may be shared include:

- City personnel, including law enforcement personnel, administering the license program;
- The Bureau of Criminal Apprehension;
- The City Attorney and support staff of the City Attorney’s office;
- Federal, state, local, and contracted private auditors;
- Federal and State agencies with oversight or responsibility related to the licensed business;
- Those individuals or agencies as to whom you give your express written permission for release of the information.

Unless otherwise authorized by state statute or federal law, other governmental agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

- The right to see and obtain copies of data maintained about you;
- The right to be told the contents and meaning of the data; and
- The right to contest the accuracy and completeness of the data.

To exercise these rights, contact the Farmington Human Resources Director at 430 Third Street, Farmington, MN 55024; (651) 280-6800. I have read and I understand the above information regarding my rights as a subject of government data.

Applicant _____ Date _____

THIS SECTION FOR OFFICE USE ONLY

REQUIRED DOCUMENTS

City Application Received Date _____

Proof of Liability Insurance Received Date _____

Proof of W.C. Insurance Received Date _____

Fees Paid Received Date _____

Date of City Council meeting: _____ Notice prepared: _____

APPROVALS

Department	Signature	Date	Comments
Police	_____	_____	_____
City Clerk/Deputy Clerk	_____	_____	_____
City Council	_____	_____	Resolution number: _____

Applicant will need copy of permit and signed resolution to send to the State of Minnesota.