



HUTCHINSON

A CITY ON PURPOSE.
111 Hassan Street Southeast
Hutchinson, MN 55350
(320) 587-5151 Fax: (320) 234-4240

City of Hutchinson APPLICATION FOR GAMBLING DEVICES LICENSE In provisions of the City of Hutchinson Ordinance Chapter 114 and Minnesota Statutes Chapter 349

All applications are to be received at least 30 days before event in order to be considered

Application Type			
<input type="checkbox"/>	Short Term Date(s)	_____ - _____ <i>Month/Day/Year – Month/Day/Year</i>	Fee: \$30.00
Organization Information			
_____		_____	
<i>Name</i>		<i>Phone Number</i>	
_____		_____	_____
<i>Address where regular meeting are held</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Federal or State ID: _____			
Day and time of meetings? _____			
Is this organization organized under the laws of the State of <input type="checkbox"/> yes <input type="checkbox"/> no			
How long has the organization been in existence? ____ How many members in the organization? ____			
What is the purpose of the organization? _____			
In whose custody will organization records be kept?			
_____		_____	
<i>Name</i>		<i>Phone Number</i>	
_____		_____	_____
<i>Address</i>		<i>City</i>	<i>State</i> <i>Zip</i>

Duly Authorized Officer of the Organization Information			
_____		_____	
<i>True Name</i>		<i>Phone Number</i>	
_____		_____	_____
<i>Residence Address</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Date of Birth:	____/____/____	Place of Birth:	_____
	<i>Month/day/year</i>	<i>City</i>	<i>State</i>
Have you ever been convicted of any crime other than a traffic offense? <input type="checkbox"/> yes <input type="checkbox"/> no			
If yes, explain: _____			

Designated Gambling Manager			
_____	_____		
<i>True Name</i>	<i>Phone Number</i>		
_____	_____	_____	_____
<i>Residence Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Date of Birth: _____ / _____ / _____	Place of Birth: _____		
<i>Month/day/year</i>	<i>City</i>	<i>State</i>	
Have you ever been convicted of any crime other than a traffic <input type="checkbox"/> yes <input type="checkbox"/> no			
If yes, explain: _____			
How long have you been a member of the organization? _____			

Game Information			
Location #1			
_____	_____		
<i>Name of location where game will be played</i>	<i>Phone Number</i>		
_____	_____	_____	_____
<i>Address of location where game will be played</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Date(s) and/or day(s) gambling devices will be used: _____ through _____			
Hours of the day gambling devices will be used: From _____ ^{AM} / _{PM} To _____ ^{AM} / _{PM}			
Maximum number of players: _____			
Will prizes be paid in money or merchandise? <input type="checkbox"/> money <input type="checkbox"/> merchandise			
Will refreshments be served during the time the gambling devices will be used? <input type="checkbox"/> yes <input type="checkbox"/> no			
If yes, will a charge be made for such refreshments? <input type="checkbox"/> yes <input type="checkbox"/> no			

Game Information			
Location #2			
_____	_____		
<i>Name of location where game will be played</i>	<i>Phone Number</i>		
_____	_____	_____	_____
<i>Address of location where game will be played</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Date(s) and/or day(s) gambling devices will be used: _____ through _____			
Hours of the day gambling devices will be used: From _____ ^{AM} / _{PM} To _____ ^{AM} / _{PM}			
Maximum number of players: _____			
Will prizes be paid in money or merchandise? <input type="checkbox"/> <input type="checkbox"/> merchandise			
Will refreshments be served during the time the gambling devices will be used? <input type="checkbox"/> yes <input type="checkbox"/> no			
If yes, will a charge be made for such <input type="checkbox"/> yes <input type="checkbox"/> no			

Officers of the Organization (if necessary, list additional names on separate sheet)

_____		_____		
<i>Name</i>		<i>Title</i>		
_____		_____	_____	_____
<i>Residence Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
_____		_____		
<i>Name</i>		<i>Title</i>		
_____		_____	_____	_____
<i>Residence Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
_____		_____		
<i>Name</i>		<i>Title</i>		
_____		_____	_____	_____
<i>Residence Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>

Officers or Other Persons Paid for Services Information (if necessary, list additional names on separate sheet)

_____		_____		
<i>Name</i>		<i>Title</i>		
_____		_____	_____	_____
<i>Residence Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
_____		_____		
<i>Name</i>		<i>Title</i>		
_____		_____	_____	_____
<i>Residence Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
_____		_____		
<i>Name</i>		<i>Title</i>		
_____		_____	_____	_____
<i>Residence Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>

Have you (Gambling Manager and Authorized Officer) read, and do you thoroughly understand the provisions of all laws, ordinances, and regulations governing the operation and use of gambling devices (as outlined in City of Hutchinson Ordinance 114.20 and Minnesota Statutes Chapter 349)?

Gambling yes no _____ Authorized yes no _____

Initial

Initial

I declare that the information I have provided on this application is truthful, and I authorize the City of Hutchinson to investigate the information submitted. Also, I have received from the City of Hutchinson a copy of the City Ordinance No. 114.20 relating to gambling and I will familiarize myself with the contents thereof.

Signature of authorized officer of organization _____ *Date*

Signature of gambling manager of organization _____ *Date*

Internal Use Only

City Council Approved denied Signature: _____