

## 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

☐ Short Term Dat		Fee:	\$30.00	
	Month/Day/Year – Month/Day	y/Year		
ganization Informati	on			
	Name		Phone Number	
Address wh	nere regular meeting are held	City	State	Zip
Federal or State ID:				
Day and time of mee				
•	organized under the laws of the State of			
_		_		0
now long has the or	ganization been in existence?	now may member	s in the organizati	OII ?
	of the organization?			
In whose custody wi	ill organization records be kept?			
	Name		Phone N	lumber
	Name		Phone N	lumber
	Name Address	City	Phone N  State	umber Zip
		City		
aly Authorized Office	Address	City		
aly Authorized Office		City		
aly Authorized Office	Address er of the Organization Information	City	State	Zip
aly Authorized Office	Address	City		Zip
	Address er of the Organization Information  True Name		State  State	Zip Zip (umber
	Address er of the Organization Information	City	State	Zip
	Address er of the Organization Information  True Name	City	State  State	Zip Zip (umber
Date of Birth:	Address  er of the Organization Information  True Name  Residence Address  / / Pl  Month/day/year	City ace of Birth:	State  State	Zip Zip (umber
Date of Birth:  Have you ever been	Address  er of the Organization Information  True Name  Residence Address  / / / Pl	City ace of Birth:	State  Phone N  State  City	Zip /umber Zip
Date of Birth:	Address  er of the Organization Information  True Name  Residence Address  / / Pl  Month/day/year	City ace of Birth:	State  Phone N  State	Zip /umber Zip

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True Name			Phone Number	
Residence Address		City	State	Zip
Date of Birth: / /	Place of Bi	rth:		
Date of Birth: / /  Month/day/year	<del></del> ,		City	State
Have you ever been convicted of any crime other	than a traffic offer	nse? □ yes	□ no	
If yes, explain:				
How long have you been a member of the organiz				
me Information Location #1				
Location #1				
Name of location where game will be played			Phone Number	
Address of location where game will be play	ed	City	State	Zip
Date(s) and/or day(s) gambling devices will be use	ed:	tl	nrough	
		AM	<u> </u>	AM
Hours of the day gambling devices will be used:	From	PM	_ To	PM
Maximum number of player:	<u>-</u>			
Will prizes be paid in money or merchandise?	•			
Will refreshments be served during the time the ga	•	vill be used?	□ yes □ no	
If yes, will a charge be made for such refreshm	ents?  uges	□ no	<u>-</u>	
me Information Location #2				
Location #2				
Name of location where game will be played		Phone Number		
, , , , , , , , , , , , , , , , , , ,	• •			
Address of location where game will be play	ed	City	State	Zip
Date(s) and/or day(s) gambling devices will be use	ed:	tl	nrough	
	-	AM	<u> </u>	F
House of the day combling dayions will be used.	From	PM	To	]
Hours of the day gambling devices will be used:	<u></u>			

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Officers of the Organization (if necessary, list additional names of	n separate sheet)						
	•						
Name		Title					
Residence Address	City	State	Zip				
Name		Title					
Residence Address	City	State	Zip				
Name		Title					
Residence Address	City	State	Zip				
Officers or Other Persons Paid for Services Information (if necess	sary, list additional	names on separa	te sheet)				
Name		Title					
Residence Address	City	State	Zip				
Name		Title					
Residence Address	City	State	Zip				
Name		Title					
Residence Address	City	State	Zip				
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 Manager							
Signature of authorized officer of organization		Date					
Signature of gambling manager of organization		Date					
Internal Use Only							
City Council  approved  denied Notes:							