



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: \$35.00	
Organization Information			
Name _____		Phone Number _____	
Address where regular meeting are held _____		City _____	State _____
Zip _____			
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? _____			
Name _____		Phone Number _____	
Address _____		City _____	State _____
Zip _____			

Duly Authorized Officer of the Organization Information			
True Name _____		Phone Number _____	
Residence Address _____		City _____	State _____
Zip _____			
Date of Birth: _____ / _____ / _____ <i>Month/day/year</i>		Place of Birth: _____ <i>City _____ 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>
Date of Birth: _____ / _____ / _____ <i>Month/day/year</i>		Place of Birth: _____ <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>
Date(s) and/or day(s) gambling devices will be used: _____ through _____		<i>AM</i> _____ <i>PM</i> _____ <i>AM</i> _____ <i>PM</i>	
Hours of the day gambling devices will be used: From _____		<i>AM</i>	<i>PM</i>
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>
Date(s) and/or day(s) gambling devices will be used: _____ through _____		<i>AM</i> _____ <i>PM</i> _____ <i>AM</i> _____ <i>PM</i>	
Hours of the day gambling devices will be used: From _____		<i>AM</i>	<i>PM</i>
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			

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: _____