



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) _____ – _____ Fee: \$35.00 <div style="text-align: center;"><i>Month/Day/Year – Month/Day/Year</i></div>
Organization Information
<div style="display: flex; justify-content: space-between;"><div>_____</div><div>_____</div></div> <div style="text-align: center;"><i>Name Phone Number</i></div> <div style="display: flex; justify-content: space-between;"><div>_____</div><div>_____</div><div>_____</div><div>_____</div></div> <div style="text-align: center;"><i>Address where regular meeting are held City State Zip</i></div> <div>Federal or State ID: _____</div> <div>Day and time of meetings? _____</div> <div>Is this organization organized under the laws of the State of <input type="checkbox"/> yes <input type="checkbox"/> no</div> <div>How long has the organization been in existence? ____ How many members in the organization? ____</div> <div>What is the purpose of the organization? _____</div> <div>In whose custody will organization records be kept? _____</div> <div style="display: flex; justify-content: space-between;"><div>_____</div><div>_____</div></div> <div style="text-align: center;"><i>Name Phone Number</i></div> <div style="display: flex; justify-content: space-between;"><div>_____</div><div>_____</div><div>_____</div><div>_____</div></div> <div style="text-align: center;"><i>Address City State Zip</i></div>

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

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:	____/____/____ <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>
<i>Zip</i>			
Date(s) and/or day(s) gambling devices will be used:		through	
		AM	AM
Hours of the day gambling devices will be used: From		PM	To
		PM	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	
		AM	AM
Hours of the day gambling devices will be used: From		PM	To
		PM	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.

_____	_____
<i>Signature of authorized officer of organization</i>	<i>Date</i>
_____	_____
<i>Signature of gambling manager of organization</i>	<i>Date</i>

Internal Use Only

City Council ☐ Approved ☐ denied Signature: _____