



Gambling Premise Permit

Application Number: LCB20 _____

Allow four weeks to process.

Applicant	Organization	Organization Name _____ Phone _____ Address _____ City _____ State ____ Zip _____ Registered with the State of Minnesota as a religious, charitable or non-profit organization? ____ Yes ____ No Has this organization/club been in existence for at least three (3) years? ____ Yes ____ No Has this organization/club had any other gambling premise permits issued in the City of Bloomington? __ Yes __ No If YES, dates and location _____ No organization shall be granted more than three premise permits within the city.
	CEO of Organization	CEO Name _____ First Full Middle Last Maiden Address _____ City _____ State ____ Zip _____ Phone (____) ____ - ____ Birthdate ____/____/____
	Gambling Manager	Gambling Manager Name _____ First Full Middle Last Maiden Address _____ City _____ State ____ Zip _____ E-mail Address _____ Phone (____) ____ - ____ Birthdate ____/____/____

(Office Use Only)

Date Application received _____ Call for pickup Mail

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Premise Information

Business Name where gambling held: _____

Address _____ Bloomington, MN Zip _____

Manager _____ Phone (____) ____ - _____

Attach a copy of the Lease for Lawful Gambling Activity (LG215), if your organization does not own the site building.

Attach evidence of nonprofit or club status and a list of the names/addresses of the officers.

The data on this form will be used to approve your license. Some requested data may be private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your request if you do not provide it.

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Bloomington to investigate and make whatever inquiries that are necessary to verify the information provided.

CEO of the Organization: _____ Date Signed ____/____/____

Gambling Manager: _____ Date Signed ____/____/____