



City of Farmington

Checklist for Gambling Premises Permit

Business Name: _____

Please return this list with your application materials. Incomplete applications cannot be processed until all of the items listed are received and complete.

<u>Required Documents</u>	<u>Applicant Initials</u>	<u>City Staff Initials</u>
1. Gambling Premises Permit Application (Form GP2009)	_____	_____
2. All applicable Fees (See fee schedule below)	_____	_____
3. Copy of Lease, or Evidence of Ownership of Premises	_____	_____
4. Copy of organization's gambling license and premises permit issued by the Gambling Control Board.	_____	_____
5. Copy of the Gambling Manager's fidelity bond.	_____	_____
6. Copy of the Gambling Manager's license.	_____	_____
7. Sketch of the premises, showing the location of all gambling activities and storage of equipment on site.	_____	_____
8. Copy of applicant's driver's license.	_____	_____
9. State application (for signature).	_____	_____

License Fees

Investigation Fee	\$50
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City of Farmington

Application for Gambling Premises Permit

(Form GP2009)

APPLICANT INFORMATION

Applicant Name: _____ Title: _____
(First) (Middle) (Last)

Applicant Address: _____
(Street) (City, State, ZIP)

Applicant Home Phone: _____ Date of Birth: _____

BUSINESS INFORMATION

Business Name/Organization: _____

Address: _____
(Street) (City, State, ZIP)

Business Phone: _____ FAX: _____ Email: _____

Gambling Manager: _____ Phone Number: _____

Address: _____
(Street) (City, State, ZIP)

PROPOSED GAMBLING PREMISES LOCATION INFORMATION

Address: _____

Telephone Number: _____ FAX: _____

Property Owner/Lessor: _____

Property Owner/Lessor Address: _____
(Street) (City, State, ZIP)

Property Owner/Lessor Telephone Number: _____

Rents and other charges for use of premises: _____

Description of gambling activities to be conducted on premises by organization; including days & hours:

I hereby certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any misstatements or omissions of material facts may result in the disqualification or denial of the license. I authorize the City of Farmington to investigate the information and contact persons/organizations named on this application. The undersigned agrees that the use of the Premises for gambling will conform to all applicable state laws, Gambling Control Board regulations, and ordinances of the City of Farmington.

Name of Applicant (please print) _____

Signature _____ Date _____

APPROVALS

Department	Signature	Date	Comments
Police	_____	_____	_____
City Clerk/Deputy Clerk	_____	_____	_____

Applicant will need copy of permit and signed resolution to send to the State of Minnesota.

**CITY OF FARMINGTON
GENERAL AUTHORIZATION AND RELEASE OF DATA**

In order to comply with State and Federal Data Privacy Act Laws, the City of Farmington is requesting your authorization and consent to permit the City to conduct a background investigation. Please provide the following personal data, read the paragraphs below and sign where indicated.

Full Name: _____
(First, Middle, Last)

Address: _____
Number Street City County State Zip Code

Date of Birth: _____ Driver's License Number: _____
Month/Date/Year

Have you ever been convicted of any crime, either felony or misdemeanor? _____ If yes, please state place and nature of offense: _____

I, the undersigned, hereby authorize and grant my informed consent to permit the Bureau of Criminal Apprehension (hereafter "BCA") and the Farmington Police Department (hereafter "FPD") to release to and make available to the City of Farmington, Minnesota (hereafter "City") and/or its representatives all data classified as private which concerns me and which may be in your possession. The data, classified as private under M.S. 13.02, Subd. 12, includes all data which has been collected, created, received, retained or disseminated in whatever form which in any way relates to my dealings with the BCA and/or the FPD. I understand the purpose of permitting the City to have access to this information is to determine my suitability for licensure.

By signing this authorization, I hereby release the BCA and the FPD from any and all liability which otherwise may or does accrue as a result of the release of any and all data, regardless of its accuracy. I also release the City from any and all liability for its receipt and use of data received pursuant to this consent. I understand that if I am rejected on the basis of a criminal conviction, I will be notified in writing and be given rights of redress subject to applicable laws. I also understand that I am not legally required to sign this form, but if I do not, the City will not be able to determine whether my conviction record is a license-related consideration.

This authorization shall be valid for a period of one year, but I reserve the right, at any time prior to that expiration, to cancel the written authorization by providing written notice to the City of that intent.

(Signature)

(Date)

(Full Name Printed)

Please return to:
City of Farmington
Attn: Administration
430 Third Street
Farmington, MN 55024

CITY OF FARMINGTON – DATA PRACTICES ACT NOTICE

Minnesota law requires that you be informed of your rights as they pertain to private information (“private data”) collected from you by the City of Farmington (“the City”). Private data is that information held by the City which is available to you, but not to the public.

You have the right to refuse to provide the information requested on this application form, however, without certain information, the City may be unable to approve the license applied for. If you feel that certain information requested is an unwarranted invasion of privacy, please contact the Human Resources Director.

The dissemination and the use of private data we collect is limited to that necessary for the administration and management of the City’s licensing program. Persons or agencies with whom this information may be shared include:

- City personnel, including law enforcement personnel, administering the license program;
- The Bureau of Criminal Apprehension;
- The City Attorney and support staff of the City Attorney’s office;
- Federal, state, local, and contracted private auditors;
- Federal and State agencies with oversight or responsibility related to the licensed business;
- Those individuals or agencies as to whom you give your express written permission for release of the information.

Unless otherwise authorized by state statute or federal law, other governmental agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

- The right to see and obtain copies of data maintained about you;
- The right to be told the contents and meaning of the data; and
- The right to contest the accuracy and completeness of the data.

To exercise these rights, contact the Farmington Human Resources Director at 430 Third Street, Farmington, MN 55024 (651) 280-6800. I have read and I understand the above information regarding my rights as a subject of government data.

Applicant

Date