

**Application for Approval of State Gambling Premise Permit**

**Applicant Information**

Organization Name: \_\_\_\_\_

Name of Leased Premises: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Organization Contact: \_\_\_\_\_  
Name Daytime Phone Number

License Number/MN Sales & Use Tax Permit Number: \_\_\_\_\_

**Organization Background Information**

1. Organization mission and purpose: \_\_\_\_\_

\_\_\_\_\_

2. Number of years in existence, area and population served: \_\_\_\_\_

\_\_\_\_\_

3. Services offered by the Organization: \_\_\_\_\_

\_\_\_\_\_

4. Location and date of regular organization meetings: \_\_\_\_\_

\_\_\_\_\_

5. Location of current lawful gambling operation(s): \_\_\_\_\_

\_\_\_\_\_

6. Has the Organization been denied a license in another community? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_







City Clerk's Office  
2875 145<sup>th</sup> Street West  
Rosemount MN 55068

**CONSENT FOR THE RELEASE OF INFORMATION**

I, \_\_\_\_\_  
Print Full Name (first) (full middle) (last)

residing at \_\_\_\_\_  
(address) (city) (state) (zip)

Driver's License No./State of Issue \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

authorize the Rosemount Police Department to disclose to the Rosemount City Administrator, City Clerk and the Rosemount City Council all information collected as a result of the background investigation done for the purpose of evaluating the attached license application.

I understand that failure to provide this release will result in a denial of my application.

I understand that my records are subject to state data practices act and become public documents unless otherwise provided for by state or federal law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event, the consent expires automatically as described below.

This authorization is valid for six (6) months from the date indicated below.

Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of above individual authorizing release

Subscribed and Sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

Contact City Clerk if questions: 651-423-4411