



# Personal History Form

600 Town Center Parkway  
Lino Lakes, MN 55014  
651-982-2400

## Gambling License

This Personal History Form must be completed by the CEO/Gambling Manager of the organization. The fee is \$35 and is non-refundable.

**Note:** This application requests information which may be classified as private or confidential under the Minnesota Data Practices Act. State law or City ordinance requires this information. The information will be used to determine your eligibility for issuance of your license or renewal. Failure to provide the information may result in a denial of the license.

Any information that you provide will be made accessible to the following persons or entities:

- A. The subject(s) of the data, which may include someone other than yourself.
- B. Individuals within the City of Lino Lakes whose work assignments reasonably require access to the information you provide.
- C. Any persons, entities or agencies authorized by state or federal law to have access to the information. These include, but are not necessarily limited to, the following:
  1. Law enforcement agencies. The information you provide may be referred to a law enforcement agency for purposes of initiating or furthering a criminal investigation. You are advised, however, that any statements you make under threat of discipline, or evidence obtained as a result of such statements, cannot be used against you in any criminal proceeding.
  2. Contracting Parties. Where a contract between the City of Lino Lakes requires that such party have access, the information you provide will be shared with that contracting party. The contracting party may not disclose the information except as authorized by state or federal law.
  3. City Attorneys. The information you provide may be shared with the City of Lino Lakes attorneys, if the information is related to a matter upon which the City of Lino Lakes has requested legal advice.
  4. Open Meetings. If it becomes reasonably necessary to discuss such information at any meeting required by law to be open to the public, the information you provide may become available to the public at such meeting.
  5. Court Order. The information you provide will be made available to any persons or entities authorized by court order to have access to the information.

D. Persons or entities who have the express written consent of the data subject, who may be someone other than yourself.

I have read and understand the above advisory.

\_\_\_\_\_  
*Signed*

\_\_\_\_\_  
*Date*

**DIRECTIONS:** This form must be filled out with typewriter or by printing in ink. If the application is by a natural person, by such person; if by a corporation, by an officer of the corporation; if by a partnership, by one of the partners; if by an unincorporated association, by the manager or managing officer of the association.

True name: \_\_\_\_\_  
*(Last) (First) (Middle - Required)*

Maiden, Alias or Former Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(City) (State) (Zip)*

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Sex (M or F) \_\_\_\_\_

County in which you live: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number *(optional)*: \_\_\_\_\_

Drivers License # \_\_\_\_\_

Have you ever had a driver's license in another state? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give state and year (s): \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(City) (State) (Zip)*

Business Phone: (\_\_\_\_\_) \_\_\_\_\_

If you have ever used or been known by a name or names other than the true name given above, list such name(s) and information concerning dates and places used:

1. \_\_\_\_\_

2. \_\_\_\_\_

Address(s) at which you have lived during the preceding 10 years. (Begin with present address)

\_\_\_\_\_  
*(Street, City, State, Zip)* *(Dates)*

\_\_\_\_\_  
*(Street, City, State, Zip)* *(Dates)*

\_\_\_\_\_  
*(Street, City, State, Zip)* *(Dates)*

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I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Lino Lakes for the purpose of obtaining a premise permit for lawful gambling in this city.

The expiration of this authorization shall be one year from the date of my signature.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me a Notary Public on the \_\_\_\_ day of \_\_\_\_\_.

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
*(Notary Public)*