

LG209 Registration/Termination of Paid Gambling Employee

No Fee

Provide information on only ONE employee per form.

Paid employees who do not participate in the conduct of gambling, such as bookkeepers, accountants, and attorneys, do not have to complete this form.

EMPLOYER ORGANIZATION

Organization Name: _____ License Number: _____

EMPLOYEE REGISTRATION

Have you previously registered with the Minnesota Gambling Control Board? Yes No

Are you submitting information for a name or address change? Yes No

First Name: _____ Full Middle: _____ Last: _____

Date of Birth: _____ Maiden or Previous Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Address, if Different: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

SIGNATURES

I declare that this registration is true, accurate, and complete, and all information has been fully disclosed.

Employee Signature: _____ Date: _____

Signature of Chief Executive Officer or Gambling Manager: _____ Date: _____

EMPLOYEE TERMINATION

Organization Name: _____ License Number: _____

Employee Name: _____ Date of Birth: _____

Voluntary termination. Date of termination: _____

Involuntary termination. Date of termination: _____

Still employed but no longer paid. Date no longer paid: _____

Signature of Chief Executive Officer or Gambling Manager: _____ Date: _____

When to use this form

Where to fax or mail

1. when hiring a new paid employee,
2. when terminating a paid employee, or
3. when an address or a name changes.

Fax to 651-639-4032 or mail to:
Gambling Control Board
1711 West County Rd B, #300S
Roseville, MN 55113

Questions? Call a Licensing Specialist at 651-539-1900.

Data privacy notice: The information requested on this form will become public information when received by the Board, and will be used to determine your compliance with Minnesota statutes and rules governing lawful gambling activities. Upon request this form will be made available in alternative format, such as large print or braille.