Print Form

APPLICATION FOR GAMBLING COMMISSION CITY OF HIBBING, MINNESOTA

Name: _____ Date: _____

Address: _____
Street Address *City* *State* *Zip*

Phone #: _____(Cell) _____ (Work)

E-mail Address: _____

Eligibility Requirements (Please check if applicable):

I am 18 years of age.	☐
I am a Hibbing resident.	☐
I am a registered voter within the City of Hibbing.	☐
I have not been convicted of a felony in the past 10 years.	☐
I am interested in serving on the Gambling Commission.	☐

Your occupation/profession: _____
(Retired? Please indicate former occupation/profession)

Why are you interested in being on the Gambling Commission?

What skills, knowledge or experience do you have to serve on the Gambling Commission?

Note: The information on this application will be available to the public and media. You may be asked to participate in an interview process with city staff. Please submit a resume or any other relevant information with this application.

*** By signing this application, I attest that all information provided here and on my resume is true.**

Signature of Applicant:_____ Date:_____

***Download & submit to*:** City Clerk's Office, Attn: Candie Seppala, 401 E. 21st St., Hibbing, MN 55746 **-- or --** send via email to **candieseppala@hibbingmn.gov** or hit the submit button below.

Submit Via Email