

LG220 Application for Exempt Permit**Fee is \$50 for each event**

An exempt permit may be issued to a nonprofit organization that:

- conducts lawful gambling on five or fewer days, and
- awards less than \$50,000 in prizes during a calendar year.

For Board Use Only

Check # _____ \$ _____

ORGANIZATION INFORMATION

Organization name

Minnesota Bluegrass & Old-Time Music Association

Previous gambling permit number

XR-04879**Type of nonprofit organization. Check one.**☐

Fraternal

☐

Religious

☐

Veterans

☒

Other nonprofit organization

Mailing address

PO Box 16408

City

Minneapolis

State

MN

Zip Code

55416

County

Hennepin

Name of chief executive officer (CEO)

Peter Albrecht

Daytime phone number

(612) 600-1200**Attach a copy of ONE of the following for proof of nonprofit status. Check one.**

Do not attach a sales tax exempt status or federal ID employer numbers as they are not proof of nonprofit status.

☐**Nonprofit Articles of Incorporation OR a current Certificate of Good Standing.**

Don't have a copy? This certificate must be obtained each year from:

Secretary of State, Business Services Div., 180 State Office Building, St. Paul, MN 55155 Phone: 651-296-2803

☐**IRS income tax exemption [501(c)] letter in your organization's name.**

Don't have a copy? To obtain a copy of your federal income tax exempt letter, have an organization officer contact the IRS at 877-829-5500.

☐**IRS - Affiliate of national, statewide, or international parent nonprofit organization (charter)**If your organization falls under a parent organization, attach copies of both of the following:

- IRS letter showing your parent organization is a nonprofit 501(c) organization with a group ruling, and
- the charter or letter from your parent organization recognizing your organization as a subordinate.

☒**IRS - proof previously submitted to Gambling Control Board**

If you previously submitted proof of nonprofit status from the IRS, no attachment is required.

GAMBLING PREMISES INFORMATION

Name of premises where gambling activity will be conducted (for raffles, list the site where the drawing will take place)

Radisson Hotel

Address (do not use PO box)

505 W Superior St

City

Duluth

Zip Code

55802

County

Saint Louis

Date(s) of activity (for raffles, indicate the date of the drawing)

04-01-2017

to

04-01-2017

Check the box or boxes that indicate the type of gambling activity your organization will conduct:

☐

Bingo*

☒

Raffles

☐

Paddlewheels*

☐

Pull-Tabs*

☐

Tipboards*

* **Gambling equipment** for pull-tabs, bingo paper, tipboards, and paddlewheels must be obtained from a distributor licensed by the Gambling Control Board. EXCEPTION: Bingo hard cards and bingo number selection devices may be borrowed from another organization authorized to conduct bingo.

Also complete
Page 2 of this form.

To find a licensed distributor, go to www.gcb.state.mn.us and click on List of Licensed Distributors, or call 651-639-4076.

LOCAL UNIT OF GOVERNMENT ACKNOWLEDGMENT

If the gambling premises is within city limits, a city official must check (X) the action that the city is taking on this application and sign the application.

- ☐ The application is acknowledged with no waiting period.
☐ The application is acknowledged with a 30 day waiting period, and allows the Board to issue a permit after 30 days (60 days for a 1st class city).
☐ The application is denied.

Print city name DULUTH
 On behalf of the city, I acknowledge this application.

Signature of city official receiving application

Jeffrey J. [Signature]

Title City Clerk Date 11 / 18 / 16

If the gambling premises is located in a township, a county official must check (X) the action that the county is taking on this application and sign the application. A township official must also sign the application.

- ☐ The application is acknowledged with no waiting period.
☐ The application is acknowledged with a 30 day waiting period, and allows the Board to issue a permit after 30 days.
☐ The application is denied.

Print county name _____
 On behalf of the county, I acknowledge this application.

[Signature]

On behalf of the township, I acknowledge that the organization is applying for exempted gambling activity within township limits. [A township has no statutory authority to approve or deny an application [Minnesota Statute 349.213, subd. 2]]

Print township name _____

Signature of township official acknowledging application

Title _____ Date ____ / ____ / ____

CHIEF EXECUTIVE OFFICER'S SIGNATURE

The information provided in this application is complete and accurate to the best of my knowledge. I acknowledge that the financial report will be completed and returned to the Board within 30 days of the date of our gambling activity.

Chief executive officer's signature Peter Albrecht Date 11-15-16

Complete a separate application for each gambling activity:

- one day of gambling activity
- two or more consecutive days of gambling activity
- each day a raffle drawing is held

Send application with:

- a copy of your proof of nonprofit status, and
- \$50 application fee for each event. Make check payable to "State of Minnesota."

To: Gambling Control Board
 1711 West County Road B, Suite 300 South
 Roseville, MN 55113

Financial report and recordkeeping required

A financial report form and instructions will be sent with your permit. Within 30 days of the activity date, complete and return the financial report form to the Gambling Control Board.

Questions?

Call the Licensing Section of the Gambling Control Board at 651-639-4076.

Print Form

Reset Form

Data privacy. This form will be made available in alternative format (i.e. large print, Braille) upon request. The information requested on this form (and any attachments) will be used by the Gambling Control Board (Board) to determine your qualifications to be involved in lawful gambling activities in Minnesota. You have the right to refuse to supply the information requested; however, if you refuse to supply this information, the Board may not be able to determine your qualifications and, as a consequence, may refuse to issue you a permit. If you supply the information requested,

the Board will be able to process your application. Your name and your organization's name and address will be public information when received by the Board. All the other information you provide will be private data until the Board issues your permit. When the Board issues your permit, all of the information provided to the Board will become public. If the Board does not issue a permit, all information provided remains private, with the exception of your name and your organization's name and address which will remain public. Private data are available to: Board members,

Board staff whose work requires access to the information; Minnesota's Department of Public Safety; Attorney General; Commissioners of Administration, Finance, and Revenue; Legislative Auditor, national and international gambling regulatory agencies; anyone pursuant to court order; other individuals and agencies specifically authorized by state or federal law to have access to the information; individuals and agencies for which law or legal order authorizes a new use or sharing of information after this Notice was given; and anyone with your consent.