LG214 Premises Permit Application

Annual Fee \$150 (NON-REFUNDABLE)

REQUIRED ATTACHMENTS TO LG214

- If the premises is leased, attach a copy of your lease. Use LG215 Lease for Lawful Gambling Activity.
- \$150 annual premises permit fee, for each permit (non-refundable).Make check payable to "State of Minnesota."

Mail the application and required attachments to:

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

The street payors to Ottate of Fillingsota.	Questi	ions? Call 651-539-190	0 and ask for Licensing.	
ORGANIZATION INFORMATION				
Organization Name: IRVING COMMUNITY ASSOCIATION		License Number: 02305		
Chief Executive Officer (CEO) <u>KATHY RESBERG</u>		Daytime Phone: <u>218-481-7600</u>		
Gambling Manager: ERICA JOHN		Daytime Phone: 218-	591-0899	
GAMBLING PREMISES INFORMATION				
Current name of site where gambling will be conducted: JADE FOUNTAIN List any previous names for this location:				
Street address where premises is located: 305 N CENTRAL AVE (Do not use a P.O. box number or mailing address.)				
City: OR Township:	County:	Zip C	Code:	
DULUTH	ST LOUIS	55	807	
The state of the s				
zation or another permitted organization. Electronic games can only be conducted at a site where paper pull-tabs are played. Has your organization previously conducted gambling at this site? Yes X No Don't know				
GAMBLING BANK ACCOUNT INFORMATION; MUST BE IN MINNESOTA				
Bank Name: PROCTOR FEDERAL CREDIT UNION Bank Account Number: 1027128				
Bank Street Address: 3924 GRAND AVE	_City: _DULUTH	State: MN	Zip Code: <u>55807</u>	
ALL TEMPORARY AND PERMANENT OFF-SITE STORAGE SPACES				
Address (Do not use a P.O. box number):	City:		State: Zip Code:	
5808 GRAND AVE	DULUTH		MN 55807	
4025 W SUPERIOR ST	DULUTH		MN 55807	
5581 US-2	HERMAN	TOWN		

ACKNOWLEDGMENT BY LOCAL UNIT OF GOVERNMENT: APPROVAL BY RESOLUTION

CITY APPROVAL

for a gambling premises located within city limits

COUNTY APPROVAL for a gambling premises located in a township

	To Cate and Title and Titl	
City Name: CITY OF DULUTH		County Name:
Date App	proved by City Council:	Date Approved by County Board:
	n Number: attach meeting minutes.)	Resolution Number: (If none, attach meeting minutes.)
Signature	e of City Personnel:	Signature of County Personnel:
Title:	Date Signed:	
	Local unit of government must sign.	Complete below only if required by the county. On behalf of the township, I acknowledge that the organization is applying to conduct gambling activity within the township limits. (A township has no statutory authority to approve or deny an application, per Minnesota Statutes 349.213, Subd. 2.)
		Print Township Name:
		Title: Date Signed:
ACKAN	OWI EDCMENT AND OATH	

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- I hereby consent that local law enforcement officers, the Board or its agents, and the commissioners of revenue or public safety and their agents may enter and inspect the premises.
- The Board and its agents, and the commissioners of revenue and public safety and their agents, are authorized to inspect the bank records of the gambling account whenever necessary to fulfill requirements of current gambling rules and law.
- I have read this application and all information submitted to the Board is true, accurate, and complete.
- All required information has been fully disclosed. 4.
- I am the chief executive officer of the organization.

- 6. I assume full responsibility for the fair and lawful operation of all activities to be conducted.
- 7. I will familiarize myself with the laws of Minnesota governing lawful gambling and rules of the Board and agree, if licensed, to abide by those laws and rules, including amendments to them.
- Any changes in application information will be submitted to the Board no later than ten days after the change has taken effect.
- 9. I understand that failure to provide required information or providing false or misleading information may result in the denial or revocation of the license.
- I understand the fee is non-refundable regardless of license approval/denial.

Date

Sighature of Chief Executive Officer (designee may not sign)

Data privacy notice: The information requested on this form (and any attachments) will be used by the Gambling Control Board (Board) to determine your organization's qualifications to be involved in lawful gambling activities in Minnesota. Your organization has the right to refuse to supply the information; however, if your organization refuses to supply this information, the Board may not be able to determine your organization's qualifications and, as a consequence, may refuse to issue a permit. If your organization supplies the information requested, the Board will be

able to process your organization's application. Your

organization's name and address will be public

information when received by the Board. All other information provided will be private data about your organization until the Board issues the permit. When the Board issues the permit, all information provided will become public. If the Board does not issue a permit, all information provided remains private, with the exception of your organization's name and address which will remain public. Private data about your organization 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, Minnesota Management & Budget, 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 written consent.

This form will be made available in alternative format, i.e. large print, braille, upon request.