

**LG220 Application for Exempt Permit**

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.

If total raffle prize value for the calendar year will be \$1,500 or less, contact the Licensing Specialist assigned to your county by calling 651-539-1900.

**Application Fee (non-refundable)**

Applications are processed in the order received. If the application is postmarked or received 30 days or more before the event, the application fee is **\$100**; otherwise the fee is **\$150**.

Due to the high volume of exempt applications, payment of additional fees prior to 30 days before your event will not expedite service, nor are telephone requests for expedited service accepted.

**ORGANIZATION INFORMATION**

Organization Name: St. Mary's Medical Center

Previous Gambling Permit Number: X-69059-16-007

Minnesota Tax ID Number, if any: 8343312

Federal Employer ID Number (FEIN), if any: 41-0695604

Mailing Address: 407 East Third Street

City: Duluth State: MN Zip: 55805 County: St. Louis

Name of Chief Executive Officer (CEO): James M. Garvey

Daytime Phone: 218.786.4878 Email: James.Garvey@essentiahealth.org

**NONPROFIT STATUS**

Type of Nonprofit Organization (check one):

Fraternal  Religious  Veterans  Other Nonprofit Organization

**Attach a copy of one of the following showing proof of nonprofit status:**

(DO NOT attach a sales tax exempt status or federal employer ID number, as they are not proof of nonprofit status.)

**A current calendar year Certificate of Good Standing**

Don't have a copy? Obtain this certificate from:

MN Secretary of State, Business Services Division  
60 Empire Drive, Suite 100  
St. Paul, MN 55103

Secretary of State website, phone numbers:  
[www.sos.state.mn.us](http://www.sos.state.mn.us)  
651-296-2803, or toll free 1-877-551-6767

**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 toll free at 1-877-829-5500.

**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:

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

**GAMBLING PREMISES INFORMATION**

Name of premises where the gambling event will be conducted (for raffles, list the site where the drawing will take place): St. Mary's Medical Center

Physical Address (do not use P.O. box): 407 East Third Street

City or Township: Duluth Zip: 55805 County: St. Louis

Date(s) of activity (for raffles, indicate the date of the drawing): November 3, 2017

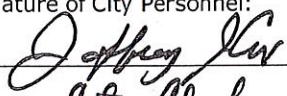
Check each type of gambling activity that your organization will conduct:

Bingo  Paddlewheels  Pull-Tabs  Tipboards

Raffle (total value of raffle prizes awarded for the calendar year, including this raffle: \$ 4,815.00)

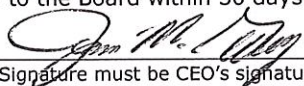
**Gambling equipment** for bingo paper, bingo boards, raffle boards, paddlewheels, pull-tabs, and tipboards must be obtained from a distributor licensed by the Minnesota Gambling Control Board. EXCEPTION: Bingo hard cards and bingo ball selection devices may be borrowed from another organization authorized to conduct bingo. To find a licensed distributor, go to [www.mn.gov/gcb](http://www.mn.gov/gcb) and click on **Distributors** under **List of Licensees**, or call 651-539-1900.

**LOCAL UNIT OF GOVERNMENT ACKNOWLEDGMENT (required before submitting application to the Minnesota Gambling Control Board)**

<p style="text-align: center;"><b>CITY APPROVAL</b> for a gambling premises located within city limits</p> <p><input type="checkbox"/> The application is acknowledged with no waiting period.</p> <p><input type="checkbox"/> 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).</p> <p><input type="checkbox"/> The application is denied.</p> <p>Print City Name: <u>Duluth</u></p> <p>Signature of City Personnel: </p> <p>Title: <u>City Clerk</u> Date: <u>8/13/19</u></p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 20px;"> <p><b>The city or county must sign before submitting application to the Gambling Control Board.</b></p> </div>	<p style="text-align: center;"><b>COUNTY APPROVAL</b> for a gambling premises located in a township</p> <p><input type="checkbox"/> The application is acknowledged with no waiting period.</p> <p><input type="checkbox"/> The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days.</p> <p><input type="checkbox"/> The application is denied.</p> <p>Print County Name: _____</p> <p>Signature of County Personnel: _____</p> <p>Title: _____ Date: _____</p> <p><b>TOWNSHIP (if required by the county)</b> On behalf of the township, I acknowledge that the organization is applying for exempted gambling activity within the township limits. (A township has no statutory authority to approve or deny an application, per Minn. Statutes, section 349.213.)</p> <p>Print Township Name: _____</p> <p>Signature of Township Officer: _____</p> <p>Title: _____ Date: _____</p>
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**CHIEF EXECUTIVE OFFICER'S SIGNATURE (required)**

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 event date.

Chief Executive Officer's Signature:  Date: 7/25/17  
(Signature must be CEO's signature; designee may not sign)

Print Name: James M. Garvey

<b>REQUIREMENTS</b>	<b>MAIL APPLICATION AND ATTACHMENTS</b>
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<p><b>Complete a separate application for:</b></p> <ul style="list-style-type: none"> <li>• all gambling conducted on two or more consecutive days, or</li> <li>• all gambling conducted on one day.</li> </ul> <p>Only one application is required if one or more raffle drawings are conducted on the same day.</p> <p><b>Financial report to be completed within 30 days after the gambling activity is done:</b> A financial report form will be mailed with your permit. Complete and return the financial report form to the Gambling Control Board.</p> <p>Your organization must keep all exempt records and reports for 3-1/2 years (Minn. Statutes, section 349.166, subd. 2(f)).</p>	<p><b>Mail application with:</b></p> <p>_____ a copy of your proof of nonprofit status, and _____ application fee (non-refundable). If the application is postmarked or received 30 days or more before the event, the application fee is <b>\$100</b>; otherwise the fee is <b>\$150</b>. Make check payable to <b>State of Minnesota</b>.</p> <p><b>To:</b> Minnesota Gambling Control Board 1711 West County Road B, Suite 300 South Roseville, MN 55113</p> <p><b>Questions?</b> Call the Licensing Section of the Gambling Control Board at 651-539-1900.</p>
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<p>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 the</p>	<p>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 Depart-</p>	<p>ment of Public Safety; Attorney General; Commissioners of Administration, Minnesota Management &amp; 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.</p>
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This form will be made available in alternative format (i.e. large print, braille) upon request.

Form ST-17  
Rev. 7-82  
7-81814-02

Minnesota Department of Revenue - Sales and Use Tax Division  
Centennial Office Building - St. Paul, Minnesota 55145  
(612) 296-6181

**CERTIFICATE OF EXEMPT STATUS - EXEMPT ORGANIZATION**

Under the provisions of Section 297A.25, Subdivision 1 (p) of the Minnesota Sales and Use Tax Law, the organization listed is certified to be exempt from sales and use taxes on purchases, rentals and leases of tangible personal property. The property is used exclusively in the performance of charitable, religious or educational functions or, in the case of senior citizen groups, leisure, recreation or other nonprofit functions, of the group.

St. Mary's Medical Center  
407 East Third Street  
Duluth, Mn. 55805

Certificate No.

20388

ES

Date Issued July 8, 1989

Date Reissued: October 25, 1984

Commissioner of Revenue

By

*C. F. Canje*  
C. F. CANJE, Acting Director  
Sales and Use Tax Division

This certificate is valid until revoked by the Minnesota Department of Revenue.

The exemption does not apply to purchases of meals or lodging.



To All To Whom These Presents Shall Come, Greeting:

Whereas, Articles of Incorporation, duly signed and acknowledged under oath, have been recorded in the office of the Secretary of State, on the \_\_\_\_\_ 29th day of August \_\_\_\_\_, A. D. 1985 for the incorporation of

St. Mary's Medical Center

under and in accordance with the provisions of the Minnesota Nonprofit Corporation Act, Minnesota Statutes, Chapter 317;

Now, Therefore, by virtue of the powers and duties vested in me by law, as Secretary of State of the State of Minnesota, I do hereby certify that the said \_\_\_\_\_ St. Mary's Medical Center

is a legally organized Corporation under the laws of this State.

Witness my official signature hereunto subscribed and the Great Seal of the State of Minnesota hereunto affixed this \_\_\_\_\_ twenty-ninth \_\_\_\_\_ day of August \_\_\_\_\_ in the year of our Lord one thousand nine hundred and \_\_\_\_\_ eighty-five

*Joan Anderson Brown*  
Secretary of State.

STATE OF MINNESOTA

DEPARTMENT OF REVENUE

November 26, 1986

Mr. Steven J. Sailer  
c/o 811 Norwest Center  
230 West Superior St.  
Duluth, MN 55802

Name of Organization: St. Mary's Medical Center

In Re: Income Tax Exemption

Dear Mr. Sailer:

We have determined that the above organization, as presently organized and conducted, is exempt from income tax under Minnesota Statutes, section 290.05, subdivision 1.

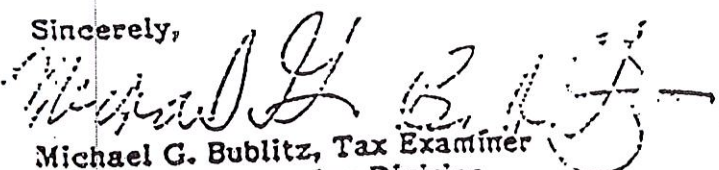
Any change in the organization or in its purpose or operations must be reported to the Commissioner of Revenue. A copy of any annual report (Series 990) that is filed with the Internal Revenue Service must be filed with the Department of Revenue no later than ten (10) days after the date it is filed with the federal office.

If the Internal Revenue Service revokes, cancels or suspends the exempt status of the organization, the organization must notify the Department of Revenue in writing of the federal action within ninety (90) days after receipt of notice from the Internal Revenue Service.

If you change the name of the organization, please notify us immediately.

For further information, you may contact me at the address shown below.

Sincerely,

  
Michael G. Bublitz, Tax Examiner  
Taxpayer Information Division  
Technical Support Group  
Centennial Office Building  
St. Paul, MN 55164  
(612) 296-0555

MGB:Pja:L

IF-194

AN EQUAL OPPORTUNITY EMPLOYER