

LG240B Application to Conduct Excluded Bingo

No Fee

ORGANIZATION INFORMATION

Organization Name: Benedictine Health Center/Benedictine Living Comm of Duluth
Minnesota Tax ID Number, if any: ES28006
Mailing Address: 935 Kenwood Avenue
City: Duluth State: MN Zip: 55811 County: CITY OF DULUTH CITY CLERK OFFICE
Name of Chief Executive Officer (CEO): Barb Wessberg
CEO Daytime Phone: 218-723-6414
Email permit to (if other than the CEO): sarah.dvergsten@bhshealth.org

RECEIVED
MAR 4 - 2019

NONPROFIT STATUS

Type of Nonprofit Organization (check one):
[] Fraternal [x] Religious [] Veterans [] Other Nonprofit Organization

Attach a copy of at least 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.)
[x] Current calendar year Certificate of Good Standing
[] Internal Revenue Service-IRS income tax exemption 501(c) letter in your organization's name
[] Internal Revenue Service-Affiliate of national, statewide, or international parent nonprofit organization (charter)

EXCLUDED BINGO ACTIVITY

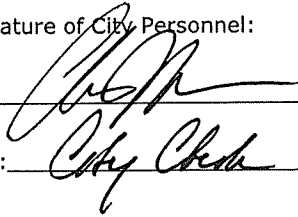
Has your organization held a bingo event in the current calendar year? [] Yes [x] No
If yes, list the dates when bingo was conducted:
The proposed bingo event will be:
[x] one of four or fewer bingo events held this year. Dates: March 9, 2019
-OR-
[] conducted on up to 12 consecutive days in connection with a:
[] county fair
[] civic celebration
[] Minnesota State Fair
Person in charge of bingo event: Sarah Dvergsten Daytime Phone: 218-529-5798
Name of premises where bingo will be conducted: OP Bar & Grill
Premises street address: 3930 E Calvary Rd
City: Duluth If township, township name: County: St. Louis

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

**CITY APPROVAL
for a gambling premises
located within city limits**

On behalf of the city, I approve this application for excluded bingo activity at the premises located within the city's jurisdiction.

Print City Name: Duluth

Signature of City Personnel:


Title: City Clerk Date: 3/4/2019

The city or county must sign before submitting application to the Gambling Control Board.

**COUNTY APPROVAL
for a gambling premises
located in a township**

On behalf of the county, I approve this application for excluded bingo activity at the premises located within the county's jurisdiction.

Print County Name: _____

Signature of County Personnel:

Title: _____ Date: _____

TOWNSHIP (if required by the county)
On behalf of the township, I acknowledge that the organization is applying for excluded bingo activity within the township limits. (A township has no statutory authority to approve or deny an application, per Minnesota Statutes, Section 349.213.)

Print Township Name: _____

Signature of Township Officer: _____

Title: _____ Date: _____

CHIEF EXECUTIVE OFFICER'S SIGNATURE (required)

The information provided in this application is complete and accurate to the best of my knowledge.

Chief Executive Officer's Signature: Barb Wessberg Date: _____
(Signature must be CEO's signature; designee may not sign)

Print Name: _____

MAIL OR FAX APPLICATION & ATTACHMENTS

Mail or fax application and a copy of your proof of nonprofit status to:

Minnesota Gambling Control Board
1711 West County Road B, Suite 300 South
Roseville, MN 55113
Fax: 651-639-4032

An excluded bingo permit will be mailed to your organization. Your organization must keep its bingo records for 3-1/2 years.

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

Bingo hard cards and bingo number selection devices may be borrowed from another organization authorized to conduct bingo. Otherwise, bingo hard cards, bingo paper, and bingo number selection devices must be obtained from a distributor licensed by the Minnesota Gambling Control Board. To find a licensed distributor, go to www.mn.gov/gcb and click on **Distributors** under the **LIST OF LICENSEES** tab, or call 651-539-1900.

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

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 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.