## **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

For Board Use Only

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ORGANIZATION	INFORMATION	NC				
Organization name Minnesota Blueg	rass & Old-Tin	ne Music <i>A</i>	\ssocia <b>∰</b>		vious gambling 1-04879	permit number
Type of nonprofit or	rganization. Che	ck one.		<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Fraternal	Religious	Veterans	Other nonp	rofit orgai	nization	
Mailing address		City		State	Zip Code	County
PO Box 16408		Minnea	polis	MN	55416	Hennepin
Name of chief execu	tive officer (CEO)			-	e phone numbe	r
Jed Malischke				(715)	635-2479	
Attach a copy of <u>ONE</u> 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:  a. IRS letter showing your parent organization is a nonprofit 501(c) organization with a group ruling, and b. 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 P			City		Zip Code	County
505 W Superior S		Dult			55802	Saint Louis
Date(s) of activity (for r 04-16-2016	raffles, indicate the to <b>04-16</b>		rawing)			
Check the box or boxes that indicate the type of gambling activity your organization will conduct:  Bingo* Raffles Paddlewheels* Pull-Tabs* Tipboards*						
paddlewhe Gambling o number se authorized	ng equipment for eels must be obtain Control Board. EX election devices ma I to conduct bingo.	ned from a dis (CEPTION: Bi y be borrowe	tributor licensed b ingo hard cards ar d from another on	oy the nd bingo ganization		Also complete Page 2 of this form.
To find a licensed distributor, go to www.gcb.state.mn.us and click on List						

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.	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 (60 days for a 1st class city).  The application is denied.	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 city name	Print county name On behalf of the county, I acknowledge this application. Signature of county official receiving application					
Signature of city official receiving application	 Title	Date//				
Title St City Ceek Date 10, 19, 15	TOWNSHIP: On behalf of the township, I acknowled the organization is applying for exempted gambling within township limits. [A township has no statutory aut approve or deny an application [Minnesota Statute 349.21 Print township name					
	Signature o	f 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	Date					
Complete a separate application for each gambing 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."	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.					
To: Gambling Control Board 1711 West County Road B, Suite 300 South Roseville, MN 55113	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 fbisn (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 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 transfers pecifically 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.