LG240B Application to Co		d Bingo	No Fee	6/15 Page 1 of 2	
ORGANIZATION INFORMATIO					
Organization Name:ST ElizabeThs	Catholic Chun	ch	Previous Gambling Permit Number: <u>XB - 93524</u>	-14-001	
Minnesota Tax ID Number, if any:		Federal Er Number (i	nployer ID FEIN), if any:		
Mailing Address:					
City:					
Name of Chief Executive Officer (CEO);	Fr. James	<u> </u>	Bissone TTe		
Name of Chief Executive Officer (CEO):	5125	Ernail:	bb e stjames dulut	h.org	
NONPROFIT STATUS					
Type of Nonprofit Organization (check one Fraternal Religious			Nonprofit Organization		
Attach a copy of at least <u>one</u> of the fo					
(DO NOT attach a sales tax exempt status					
Current calendar year Certificate Don't have a copy? This certific	e of Good Standing ate must be obtained ear	ch year from	ו:		
MN Secretary of State, Busi 60 Empire Drive, Suite 100			Secretary of State website, phone	numbers:	
St. Paul, MN 55103			<u>www.sos.state.mn.us</u> 651-296-2803, or toll free 1-877	7-551-6767	
Internal Revenue Service-IRS in Don't have a copy? Obtain a co the IRS at 877-829-5500.	come tax exemption 5 py of your federal income	01(c) lette e tax exemp	r in your organization's name It letter by having an organization office	er contact	
If your organization falls under a 1. IRS letter showing your pare	a parent organization, att int organization is a nonp	ach copies (rofit 501(c)	national parent nonprofit organizat of <u>both</u> of the following: organization with a group ruling, and our organization as a subordinate.	tion (charter)	
EXCLUDED BINGO ACTIVITY					
Has your organization held a bingo event	in the current calendar ye	ear?	/es XNo		
If yes, list the dates when bingo was cond	ucted:				
The proposed bingo event will be:		-11	and Anth Any		
one of four or fewer bingo ever	nts held this year. Dates	:///A	Arch 20th 2016		
conducted on up to 12 consecu	tive days in connection w	vith a:			
county fair Date	es:		······································		
civic celebration Date	es:				
Minnesota State Fair Date			AID 2114		
Person in charge of bingo event:	E BLAZVIC	1 -1	Daytime Phone: <u>218-348</u> .	-0657	
Person in charge of bingo event: <u>DAVE BLAZVIC</u> Name of premises where bingo will be conducted: <u>ST Elizabeth's Catholic Chunch</u> Premises street address: <u>610 - 99th</u> AVENUE WEST					
city: <u>Duluth</u> If the	ownship, township name	:	County: ST have	415	

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LOCAL UNIT OF GOVERNMENT ACKNOWLEDGMENT (required before submitting application to the Minnesota 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:					
ired)					
The information provided in this application is complete and accurate to the best of my knowledge. Chief Executive Officer's Signature: Date: Date:Date:					
MAIL OR FAX APPLICATION & ATTACHMENTS					
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 , or call 651-539-1900.					
This form will be made available in alternative format (i.e. large print, braille) upon request.					

vacy 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 sup-ply the information; however, if your organiza-tion 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; Com-missioners 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.

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