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.

your county by calling 651-539-1900.	service, nor are telephone requests for expedited service accepted.	
ORGANIZATION INFORMATION		
Organization Cincle of Hope	Previous Gambling Permit Number:	
Minnesota Tax ID 2036140	Federal Employer ID Number (FEIN), if any: 27-3959464	
Mailing 5204 Otsego St.		
City: Duluth State:	mn zip: 53504 County: St. Louis	
Name of Chief Executive Officer (CEO): Peggy Anderson		
Daytime Phone: 218 - 464 - 162	6 Email: Peggy @ circle of hope duluth org	
NONPROFIT STATUS		
Type of Nonprofit Organization (check one): Fraternal Religious	Veterans Other Nonprofit Organization	
Attach a copy of <u>one</u> of the following showing proof of nonprofit status:		
(DO NOT attach a sales tax exempt status or federal employe	er ID number, as they are not proof of nonprofit status.)	
IRS toll free at 1-877-829-5500. IRS - Affiliate of national, statewide, or international in the statewide	Secretary of State website, phone numbers: www.sos.state.mn.us 651-296-2803, or toll free 1-877-551-6767 r organization's name ral income tax exempt letter, have an organization officer contact the onal parent nonprofit organization (charter)	
If your organization falls under a parent organizat 1. IRS letter showing your parent organization is 2. the charter or letter from your parent organization	ion, attach copies of <u>both</u> of the following: a nonprofit 501(c) organization with a group ruling, and ation 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):	Clyde Dron Works	
Address (do not use P.O. box): 2920 West City or Township: Zip:	Michigan St. Louis / 53806	
Date(s) of activity (for raffles, indicate the date of the drawing):		
Check each type of gambling activity that your organization Bingo* Paddlewheels* Pull-Tabs Raffle (total value of raffle prizes awarded for the	* Tipboards* ne calendar year: \$ 2705,00	
* Gambling equipment for bingo paper, paddlewheels, pull-tabs, and tipboards must be obtained from a distributor licensed by the Minnesota Gambling Control Board. EXCEPTION: Bingo hard cards and bingo number selection devices may be borrowed from another organization authorized to conduct bingo. To find a licensed distributor, go to www.mn.gov/gcb and click on Distributors under LIST OF LICENSEES, or call 651-539-1900.		

the Minnesota Gambling Control Board)	M. A eduned before applicating application to
CITY APPROVAL for a gambling premises located within city limits	COUNTY APPROVAL for a gambling premises located in a township
The application is acknowledged with no waiting period.	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 acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days.
The application is denied.	The application is denied.
Print City Name: Duluth	Print County Name:
Signature of City Personnel:	Signature of County Personnel:
Title: ASS City Coll Date: 7/15/15	Title: Date:
The city or county must sign before submitting application to the Gambling Control Board.	TOWNSHIP (if required by the county) 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.) Print Township Name: Signature of Township Officer:
	Title: Date:
CHIEF EXECUTIVE OFFICER'S SIGNATURE (requ	ired)
The information provided in this application is complete and accurate report will be completed and returned to the Board within 30 days	of the event date.
Chief Executive Officer's Signature: (Signature must be CEO's signature	Date: Date:
Print Name:	
REQUIREMENTS	MAIL APPLICATION AND ATTACHMENTS
Complete a separate application for: • all gambling conducted on two or more consecutive days, or • all gambling conducted on one day.	Mail application with: a copy of your proof of nonprofit status, and
Only one application is required if one or more raffle drawings are conducted on the same day.	the application fee is \$100; otherwise the fee is \$150.
Financial report to be completed within 30 days after the gambling activity is done: A financial report form will be mailed with your permit, Complete and return the financial report form to the Gambling Control Board.	Make check payable to State of Minnesota . To: Gambling Control Board 1711 West County Road B, Suite 300 South Roseville, MN 55113
Your organization must keep all exempt records and reports for 3-1/2 years (Minn. Statutes, section 349.166, subd. 2(f)).	Questions? Call the Licensing Section of the Gambling Control Board at 651-539-1900.
Data privacy notice: The information requested application. Your organic on this form (and any attachments) will be used	zation's name and ment of Public Safety; Attorney General; formation when received Commissioners of Administration, Minnesota

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 Depart-

ment 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.