## **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	(60 days for a 1st class city).
Organization Name: Stella Maris Academy	Previous Gambling Permit Number: X-94177-18-001
Minnesota Tax ID Number, if any: _2095781	Federal Employer ID Number (FEIN), if any: 26-2609501
Mailing Address: 2802 E 4th St	
City: Duluth State: M	N Zip: 55812 County: St. Louis
Name of Chief Executive Officer (CEO): Hilaire S. Hauer	
CEO Daytime Phone: 218-724-8565 CEO Email:	hilaire.hauer@stellamaris.academy (permit will be emailed to this email address unless otherwise indicated below)
Email permit to (if other than the CEO): mike.mazzio@stellamaris.academy	
NONPROFIT STATUS	
Type of Nonprofit Organization (check one):	
Fraternal Religious Ve	eterans V 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 employe	r ID number, as they are not proof of nonprofit status.)
A current calendar year Certificate of Good Stand Don't have a copy? Obtain this certificate from: MN Secretary of State, Business Services Div 60 Empire Drive, Suite 100 St. Paul, MN 55103	The distribution of the second second second second second second to the
IRS income tax exemption (501(c)) letter in your	
IRS - Affiliate of national, statewide, or internation If your organization falls under a parent organization is:  1. IRS letter showing your parent organization is: 2. the charter or letter from your parent organization	
GAMBLING PREMISES INFORMATION	edi milis evan de sindro dels lungo del extrogar Islansnik
Name of premises where the gambling event will be conducted (for raffles, list the site where the drawing will take place): Greysolon Plaza	
Physical Address (do not use P.O. box): 227 E Superior St.	E and
Check one:	
City: Duluth	Zip: 55802 County: St. Louis
Township:	Zip: County:
Date(s) of activity (for raffles, indicate the date of the drawing): March 1, 2019	the grands of the second second of the first
Check each type of gambling activity that your organization w	vill conduct:
Bingo Paddlewheels Pull-Tabs	Tipboards
Raffle (total value of raffle prizes awarded for the	e calendar year, including this raffle: \$ <u>8,000.00</u>
Gambling equipment for bingo paper, bingo boards, raffle from a distributor licensed by the Minnesota Gambling Cont devices may be borrowed from another organization author www.mn.gov/gcb and click on Distributors under the Li	e boards, paddlewheels, pull-tabs, and tipboards must be obtained rol Board. EXCEPTION: Bingo hard cards and bingo ball selection ized to conduct bingo. To find a licensed distributor, go to ist of Licensees tab, or call 651-539-1900.

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	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: Cly Of Wuluth	Print County Name:
Signature of City Personnel:	Signature of County Personnel:
Title: Ust Oily Coll Date: 1-21-19	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:
100	Title: Date:
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:  (Signature must be CEO's signature; designee may not sign)	
Print Name: Hilaire S. Hauer	
REQUIREMENTS  Complete a separate application for:  • all gambling conducted on two or more consecutive days; or	MAIL APPLICATION AND ATTACHMENTS  Mail application with: a copy of your proof of nonprofit status; and
<ul> <li>all gambling conducted on one day.</li> <li>Only one application is required if one or more raffle drawings are conducted on the same day.</li> </ul>	application fee (non-refundable). If the application is
Financial report to be completed within 30 days after the gambling activity is done: A financial report form will be malled with your permit. Complete and return the financial report form to the Gambling Control Board.	To: Minnesota 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 organization's name and ment of Public Safety; Attorney General;	

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.