## **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.
  total raffle prize value for the calendar year will be

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		
Organization Previous Gambling Name: College of St. Scholastica, Inc Previous Gambling Permit Number: X-04776-18-001 Minnesota Tax ID Federal Employer ID		
Number, if any: 8348415 Number (FEIN), if any: 41-0698301		
Mailing Address: 1200 Kenwood Avenue		
City: Duluth State: MN Zip: 55811 County: St. Louis		
Name of Chief Executive Officer (CEO); Colette Geary		
CEO Daytime Phone: 218-723-6033 CEO Email: cgeary@css.edu (permit will be emailed to this email address unless otherwise indicated below)		
Email permit to (if other than the CEO): wleino@css.edu		
NONPROFIT STATUS		
Type of Nonprofit Organization (check one):		
Fraternal Religious Veterans ✓ 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 employer ID number, as they are not proof of nonprofit status.)		
A current calendar year Certificate of Good Standing  Don't have a copy? Obtain this certificate from:  MN Secretary of State, Business Services Division 60 Empire Drive, Suite 100 St. Paul, MN 55103  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 toll free at 1-877-829-5500.  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:  1. IRS letter showing your parent organization is a nonprofit 501(c) organization with a group ruling; and 2. the charter or letter from your parent organization 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):College of St. Scholastica, Inc.		
Physical Address (do not use P.O. box): 1200 Kenwood Avenue		
Check one:		
✓ City: Duluth         Zip: 55811         County: St. Louis		
Township: Zip: County:		
Date(s) of activity (for raffles, indicate the date of the drawing): 06/28/2019		
Check each type of gambling activity that your organization will conduct:		
Bingo Paddlewheels Pull-Tabs Tipboards   Raffle		
Gambling equipment for bingo paper, bingo boards, raffle boards, paddlewheels, pull-tabs, and tipboards must be obtained from a distributor licensed by the Minnesota Gambling Control Board. EXCEPTION: Bingo hard cards and bingo ball selection devices may be borrowed from another organization authorized to conduct bingo. To find a licensed distributor, go to		

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 nelworted at the con-
The application is denied.	The application is denied.
Print City Name: Duluth M	Print County Name:
Signature of City Personnel:	Signature of County Personnel:
Title: Will Date: 5-18-6	Title: Date:
The city or county must sign before submitting application to the	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.)
Gambling Control Board.	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. 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:	
REQUIREMENTS	MAIL APPLICATION AND ATTACHMENTS
Complete a separate application for:	
<ul> <li>all gambling conducted on two or more consecutive days; or</li> </ul>	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 postmarked or received 30 days or more before the event, 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 <b>State of Minnesota</b> .  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 organize	ation'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.

## **Business Record Details »**

Minnesota Business Name

College of St. Scholastica, Inc.

**Business Type** 

Nonprofit Corporation (Domestic)

File Number

E-86

Filing Date

02/27/1962

Renewal Due Date

12/31/2019

**Number of Shares** 

NONE

President

Colette Geary 1200 Kenwood Avenue Duluth, MN 55811

**USA** 

**MN Statute** 

317A

Home Jurisdiction

Minnesota

Status

Active / In Good Standing

**Registered Office Address** 

1200 Kenwood Ave Duluth, MN 55811

**USA** 

Registered Agent(s)

(Optional) Currently No Agent

Filing History

## **Filing History**

Select the item(s) you would like to order: Order Selected Copies

Filing Date Filing Effective Date

O2/27/1962 Original Filing - Nonprofit Corporation

(Domestic)