MINNESOTA LAWFUL GAMBLING 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 INFORMATIO | N | | | |
|---|---|--|--|---|
| Organization | | evious Gambling | 20190000831 | |
| Name: Friends of the Boundary Wate | | ermit Number: | | |
| Minnesota Tax ID Number, if any: | Federal Employer ID Number (FEIN), if any:36-3414821 | | | |
| Mailing Address: 2550 University Av | ve. W. Suite 180 S | | | |
| City: St. Paul | State:MN | Zip:551 | 14 County: | Ramsey |
| Name of Chief Executive Officer (CEO): | Chris Knopf | | | |
| CEO Daytime Phone:651-999-95 | | | ends-bwca.org | |
| Email permit to (if other than the CEO) | | | d to this email addre | ess unless otherwise indicated below) |
| NONPROFIT STATUS | | | | |
| Type of Nonprofit Organization (check o | ne): | | | |
| Fraternal Religio | us Veter | ans X | Other Nonpro | fit Organization |
| Attach a copy of <u>one</u> of the following | g showing proof of non | profit status: | | |
| (DO NOT attach a sales tax exempt stat | us or federal employer ID | number, as they | y are not proof of I | nonprofit status.) |
| 60 Empire Drive, Suite St. Paul, MN 55103 IRS income tax exemption (50 | Business Services Division 100 D1(c)) letter in your org n a copy of your federal in 500. ewide, or international er a parent organization, arent organization is a no your parent organization | www.sog 651-296 ganization's nau ncome tax exemp parent nonpro attach copies of onprofit 501(c) or | ot letter, have an o fit organization both of the followin rganization with a | e 1-877-551-6767 organization officer contact the (charter) ng: group ruling; and |
| | | | | |
| Name of premises where the gambling e (for raffles, list the site where the drawi | | | | |
| Physical Address (do not use P.O. box): | | | | |
| Check one: | | | | |
| City: | | Zip: | County: | |
| Township: | | Zip: | County: | |
| Date(s) of activity (for raffles, indicate t | he date of the drawing): | Tuesday, Septe | mber 7 | |
| Check each type of gambling activity the | at your organization will c | onduct: | | |
| Bingo Paddlewheels | Pull-Tabs | Tipboards | Raffle | |
| Gambling equipment for bingo paper from a distributor licensed by the Minna devices may be borrowed from another <i>www.mn.gov/gcb</i> and click on <i>Distri</i> | esota Gambling Control B organization authorized | oard. EXCEPTIO | N: Bingo hard card . To find a license | ds and bingo ball selection ed 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 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: | Print County Name: | | | |
| Signa | ture of City Personnel: | Signature of County Personnel: | | | |
| Title: Date: | | Title: Date: | | | |
| | | 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 | | | |
| | The city or county must sign before | limits. (A township has no statutory authority to approve or deny an application, per Minn. Statutes, section 349.213.) | | | |
| | submitting application to the Gambling Control Board. | Print Township Name: | | | |
| | Guilbing control board. | 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: | | | | |
| REQ | UIREMENTS | MAIL APPLICATION AND ATTACHMENTS | | | |
| • a • a Only condu | plete a separate application for: Il gambling conducted on two or more consecutive days; Il gambling conducted on one day. one application is required if one or more raffle drawings ucted on the same day. ncial report to be completed within 30 days after the | Mail application with: a copy of your proof of nonprofit status; and 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. Make check payable to State of Minnesota. | | | |
| gaml A fina | bling activity is done: ancial report form will be mailed with your permit. Comple eturn the financial report form to the Gambling Control | To: Minnesota Gambling Control Board 1711 West County Road B, Suite 300 South Roseville, MN 55113 | | | |
| | organization must keep all exempt records and reports fo 9 years (Minn. Statutes, section 349.166, subd. 2(f)). | Questions? Call the Licensing Section of the Gambling Control Board at 651-539-1900. | | | |
| 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 | | information when received er information provided will your organization until the nit. When the Board issues ation provided will become loes not issue a permit, all remains private, with the anization's name and main public. Private data on are available to Board whose work requires | | | |

able to process the access to the information; Minnesota's Depart-This form will be made available in alternative format (i.e. large print, braille) upon request.