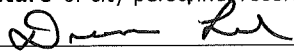


LG220 Application for Exempt Permit

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.

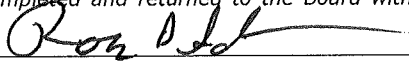
Application fee	
If application postmarked or received:	
less than 30 days before the event	more than 30 days before the event
\$100	\$50

ORGANIZATION INFORMATION		Check# _____	\$ _____
Organization name Anoka County Pheasants Forever		Previous gambling permit number X-03898	
Minnesota tax ID number, if any	Federal employer ID number, if any		
Type of nonprofit organization. Check one. <input type="checkbox"/> Fraternal <input type="checkbox"/> Religious <input type="checkbox"/> Veterans <input checked="" type="checkbox"/> Other nonprofit organization			
Mailing address 1911 Coon Rapids blvd	City Coon Rapids	State MN	Zip Code 55433
County Anoka		Name of chief executive officer (CEO) Roger Scheunemann	
Daytime phone number 763 757-7160		Email address scheunemanncpa@hotmail.com	
Attach a copy of ONE of the following for 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.			
<input type="checkbox"/> Nonprofit Articles of Incorporation OR a current Certificate of Good Standing . Don't have a copy? This certificate must be obtained each year from: Secretary of State, Business Services Div., 180 State Office Building, St. Paul, MN 55155 Phone: 651-296-2803			
<input type="checkbox"/> 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 at 877-829-5500.			
<input type="checkbox"/> IRS - Affiliate of national, statewide, or international parent nonprofit organization (charter) If your organization falls under a parent organization, attach copies of <u>both</u> of the following: a. IRS letter showing your parent organization is a nonprofit 501(c) organization with a group ruling, and b. 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. Game Fair			
Address (do not use PO box) 8404 161st Ave NW		City or township Ramsey	Zip Code 55303
County Anoka		Date(s) of activity (for raffles, indicate the date of the drawing) August 20, 2011	
Check the box or boxes that indicate the type of gambling activity your organization will conduct:			
Bingo* <input checked="" type="checkbox"/>	Raffles <input type="checkbox"/>	Paddlewheels* <input type="checkbox"/>	Pull-Tabs* <input type="checkbox"/>
Tipboards* <input type="checkbox"/>			
<p>* Gambling equipment for pull-tabs, bingo paper, tipboards, and paddlewheels must be obtained from a distributor licensed by the Gambling Control Board. EXCEPTION: Bingo hard cards and bingo number selection devices may be borrowed from another organization authorized to conduct bingo.</p> <p>To find a licensed distributor, go to www.gcb.state.mn.us and click on List of Licensed Distributors, or call 651-639-4000.</p>			

LOCAL UNIT OF GOVERNMENT ACKNOWLEDGMENT	
<p>If the gambling premises is within city limits, a city official must check the action that the city is taking on this application and sign the application.</p> <p><input checked="" type="checkbox"/> The application is acknowledged with no waiting period.</p> <p><input type="checkbox"/> 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).</p> <p><input type="checkbox"/> The application is denied.</p> <p>Print city name <u>City of Ramsey</u></p> <p><i>On behalf of the city, I acknowledge this application.</i> Signature of city personnel receiving application </p> <p>Title <u>Finance Director</u> Date <u>6/23/11</u></p>	<p>If the gambling premises is located in a township, a county official must check the action that the county is taking on this application and sign the application. A township official is not required to sign the application.</p> <p><input type="checkbox"/> The application is acknowledged with no waiting period.</p> <p><input type="checkbox"/> The application is acknowledged with a 30 day waiting period, and allows the Board to issue a permit after 30 days.</p> <p><input type="checkbox"/> The application is denied.</p> <p>Print county name _____</p> <p><i>On behalf of the county, I acknowledge this application.</i> Signature of county personnel receiving application _____</p> <p>Title _____ Date _____</p> <p>(Optional) TOWNSHIP: <i>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 [Minnesota Statute 349.166]]</i></p> <p>Print township name _____</p> <p>Signature of township official acknowledging application _____</p> <p>Title _____ Date _____</p>

CHIEF EXECUTIVE OFFICER'S SIGNATURE Print form and have CEO sign

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 date of our gambling activity.

Chief executive officer's signature  Date 6/23/11

<p>Complete a separate application for each gambling event:</p> <ul style="list-style-type: none"> • one day of gambling activity • two or more consecutive days of gambling activity • each day a raffle drawing is held <p>Send application with:</p> <ul style="list-style-type: none"> • a copy of your proof of nonprofit status, and • application fee for each event <p style="padding-left: 20px;">Make check payable to "State of Minnesota."</p> <p>To: Gambling Control Board 1711 West County Road B, Suite 300 South Roseville, MN 55113</p>	<p>Financial report and recordkeeping required</p> <p>A financial report form and instructions will be sent with your permit, or use the online fill-in form available at www.gcb.state.mn.us. Within 30 days of the activity date, complete and return the financial report form to the Gambling Control Board.</p> <p>Questions? Call the Licensing Section of the Gambling Control Board at 651-639-4000.</p>
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This form will be made available in alternative format (i.e. large print, Braille) upon request.

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 your organization's 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; 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.

Reset Form