

# LG240B Application to Conduct Excluded Bingo

<b>ORGANIZATION INFORMATION</b>					
Organization name Knights of Columbus Council #14984			Previous gambling permit number XB-92629		
Minnesota tax ID number, if any			Federal employer ID number (FEIN), if any 27-2207603		
<b>Type of nonprofit organization.</b> Check one.					
<input checked="" type="checkbox"/> Fraternal <input type="checkbox"/> Religious <input type="checkbox"/> Veterans <input type="checkbox"/> Other nonprofit organization					
Mailing address 7101 143rd Ave NW - Suite G		City Ramsey	State MN	Zip code 55303	County Anoka
Name of chief executive officer [CEO] Deacon Randy Bauer		Daytime phone number 763-400-7203		E-mail address randy@sjtw.net	
<b>NONPROFIT STATUS</b>					
Attach a copy of ONE of the following for proof of nonprofit status.					
<input type="checkbox"/> <b>Nonprofit Articles of Incorporation OR a current Certificate of Good Standing.</b> Don't have a copy? This certificate must be obtained each year from: Secretary of State, Business Services Div., 60 Empire Drive, Suite 100, St. Paul, MN 55103 Phone: 651-296-2803					
<input type="checkbox"/> <b>IRS income tax exemption [501(c)] letter in your organization's name.</b> 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"/> <b>IRS - Affiliate of national, statewide, or international parent nonprofit organization [charter]</b> If your organization falls under a parent organization, attach copies of both 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.					
<b>EXCLUDED BINGO ACTIVITY</b>					
1. <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Yes</b> Has your organization held a bingo event in the current calendar year? If yes, list the dates when bingo was conducted. <u>4/21/12, 5/19/12</u>					
2. The proposed bingo event will be:					
<input checked="" type="checkbox"/> one of four or fewer bingo events held this year. Dates <u>11/3/12</u>					
<b>OR</b>					
<input type="checkbox"/> conducted on up to 12 consecutive days in connection with a:					
<input type="checkbox"/> county fair.                      Dates _____					
<input type="checkbox"/> civic celebration.              Dates _____					
<input type="checkbox"/> Minnesota state fair. Dates _____					
3. Person in charge of bingo event <u>Deacon Randy Bauer</u> Daytime phone <u>763-400-7203</u>					
4. Name of premises where bingo will be conducted <u>Church of St Katharine Drexel</u>					
5. Premises street address <u>7101 143rd Ave NW Suite G</u>					
6. City <u>Ramsey</u> If township, township name _____ County <u>Anoka</u>					
Bingo hard cards and bingo number selection devices may be borrowed from another organization authorized to conduct bingo. Otherwise, bingo hard cards, bingo paper, and bingo number selection devices must be obtained from a distributor licensed by the Minnesota Gambling Control Board. To find a licensed distributor, go to <a href="http://www.gcb.state.mn.us">www.gcb.state.mn.us</a> and click on <b>Distributors</b> under the <b>WHO'S WHO? LIST OF LICENSEES</b> , or call 651-639-4000.					
<b>Be sure to complete page 2</b>					

**CHIEF EXECUTIVE OFFICER'S SIGNATURE**

The information provided in this application is complete and accurate to the best of my knowledge.

Chief executive officer's signature \_\_\_\_\_

Date

8/30/12

Print name Deacon Randy Bauer

**LOCAL UNIT OF GOVERNMENT ACKNOWLEDGMENT**

**CITY APPROVAL  
for a gambling premises  
located within city limits**

On behalf of the city, I approve this application for excluded bingo activity at the premises located within the city's jurisdiction.

Print city name City of Rumsey

Signature of city personnel \_\_\_\_\_

[Signature]

Title Finance Director Date 9/5/12

**Local unit of government must sign**

**COUNTY APPROVAL  
for a gambling premises  
located in a township**

On behalf of the county, I approve this application for excluded bingo activity at the premises located within the county's jurisdiction.

Print county name \_\_\_\_\_

Signature of county personnel \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**TOWNSHIP - If required by the approving county.**

On behalf of the township, I acknowledge that the organization is applying for excluded bingo activity within the township limits. [A township has no statutory authority to approve or deny an application, per Minnesota Statutes 349.166, Subd 2.]

Print township name \_\_\_\_\_

Signature of township officer \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**MAIL APPLICATION AND ATTACHMENT**

Send the application and a copy of your proof of nonprofit status to:

Gambling Control Board  
1711 West County Road B, Suite 300 South  
Roseville, MN 55113

**Print Form**

**Reset Form**

You will receive a document from the Gambling Control Board with your excluded permit number for the bingo activity. Your organization must keep its bingo records for 3-1/2 years.

**Questions?**

Call the Licensing Section of the Gambling Control Board at 651-639-4000.

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 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 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.

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2. The proposed bingo event will be: <input checked="" type="checkbox"/> one of four or fewer bingo events held this year. Dates <u>1/26/13, 4/20/13</u>				
<b>OR</b>				
<input type="checkbox"/> conducted on up to 12 consecutive days in connection with a: <input type="checkbox"/> county fair. Dates _____ <input type="checkbox"/> civic celebration. Dates _____ <input type="checkbox"/> Minnesota state fair. Dates _____				
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<b>Be sure to complete page 2</b>				

**CHIEF EXECUTIVE OFFICER'S SIGNATURE**

The information provided in this application is complete and accurate to the best of my knowledge.

Chief executive officer's signature *Randy Bauer* Date 8/30/12

Print name Deacon Randy Bauer

**LOCAL UNIT OF GOVERNMENT ACKNOWLEDGMENT**

**CITY APPROVAL  
for a gambling premises  
located within city limits**

On behalf of the city, I approve this application for excluded bingo activity at the premises located within the city's jurisdiction.

Print city name City of Ramsey

Signature of city personnel

*Dina Lund*  
Title Finance Director Date 9/13/12

**Local unit of government must sign**

**COUNTY APPROVAL  
for a gambling premises  
located in a township**

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Signature of county personnel \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

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Signature of township officer \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

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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.