

LG220 Application for Exempt Permit

An exempt permit may be issued to a nonprofit organization that: <ul style="list-style-type: none"> • conducts lawful gambling on five or fewer days, and • awards less than \$50,000 in prizes during a calendar year. If total prize value for the year will be \$1,500 or less, contact the Licensing Specialist assigned to your county.	<p style="text-align: center;">Application fee (nonrefundable)</p> If the application is postmarked or received 30 days or more before the event, the application fee is \$50 ; otherwise the fee is \$100 .
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Organization Information

Organization Name: Ramsey Firefighters Relief Association	Previous Gambling Permit Number: X-93190-14-002
Minnesota Tax ID Number, if any:	Federal Employer ID Number (FEIN), if any: 41-1654031

Type of Nonprofit Organization (check one):

Fraternal
 Religious
 Veterans
 Other Nonprofit Organization

Mailing Address: 7550Sunwood Drive	City: Ramsey	State and Zip: MN 55303	County: Anoka
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Name of Chief Executive Officer (CEO): Adam J. Gordon, President	Daytime Phone: 763-300-6440	Email: agordon@ci.ramsey.mn
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Nonprofit Status

Attach a copy of ONE of the following for proof of nonprofit status:

Nonprofit Articles of Incorporation OR a current Certificate of Good Standing.
 Don't have a copy? This certificate must be obtained each year from:
 Minnesota Secretary of State
 Business Services Division
 60 Empire Drive, Suite 100
 St. Paul, MN 55103
 Phone: 651-296-2803

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.

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:
 a. an 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):
Ramsey Fire Station #1

Address (do not use PO box): 15050 Armstrong Blvd.	City or Township: Ramsey	Zip Code: 55303	County: Anoka
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Date(s) of activity (for raffles, indicate the date of the drawing):
October 10, 2015

Check each type of gambling activity that your organization will conduct:

Bingo*
 Paddlewheels*
 Pull-Tabs*
 Tipboards*

Raffle (**total value of raffle prizes awarded for the year: \$3000**)

***Gambling equipment** for bingo paper, paddlewheels, pull-tabs, and tipboards must be obtained from a distributor licensed by the Minnesota Gambling Control Board. EXCEPTION: Bingo hard cards and bingo number selection devices may be borrowed from another organization authorized to conduct bingo.

To find a licensed distributor, go to www.mn.gov/gcb and click on **Distributors** under the **LIST OF LICENSEES**, or call 651-539-1900.

Local Unit of Government Acknowledgment

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

- 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 denied.

Print City Name: City of Ramsey

Signature of City Personnel: *Diana Reed*

Title: Finance Director Date: 2/27/15

Local unit of government must sign.

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

- 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.
- The application is denied.

Print County Name: _____

Signature of County Personnel: _____

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 limits. (A township has no statutory authority to approve or deny an application, per Minn. Statutes, section 349.166.)

Print Township Name: _____

Signature of Township Officer: _____

Title: _____ Date: _____

Chief Executive Officer's Signature

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]* Date: 2/23/15

Print Name: Adam J. Gordon

Requirements

Complete a separate application for:

- all gambling conducted on two or more consecutive days, or
- all gambling conducted on one day.

Only one application is required if one or more raffle drawings are conducted on the same day.

Send application with:

- a copy of your proof of nonprofit status, and
- application fee (nonrefundable). If the application is postmarked or received 30 days or more before the event, the application fee is \$50; otherwise the fee is \$100. Make check payable to **State of Minnesota**.

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

Financial report and recordkeeping required.

A financial report form and instructions will be sent with your permit, or use the online fill-in form available at www.mn.gov/gcb.

Within 30 days of the event date, complete and return the financial report form to the Gambling Control Board. Your organization must keep all exempt raffle 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.

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 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.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: SEP 12 2005

Employer Identification Number:

41-1654031

DLN:

17053067097025

Contact Person:

ARIEANE H. BARRS

ID# 52662

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Form 990 Required:

Yes

Effective Date of Exemption:

December 7, 1990

Contribution Deductibility:

No

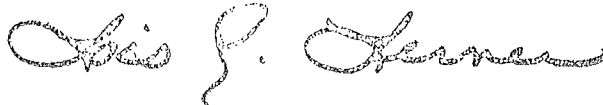
THE RAMSEY FIREFIGHTERS RELIEF
ASSOCIATION
15153 NOWTHEN BLVD NW
RAMSEY, MN 55303-6140

Dear Applicant:

We are pleased to inform you that upon review of your application for tax-exempt status we have determined that you are exempt from Federal income tax under section 501(c)(4) of the Internal Revenue Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Please see enclosed Information for Organizations Exempt Under Sections Other Than 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Information for Organizations Exempt Under Sections Other
Than 501(c)(3)