



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 prize value for the year will be \$1,500 or less, contact the Licensing Specialist assigned to your county.

**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**.

**Organization Information**

Organization Name: **Madelia Area Chamber of Commerce & Visitors Bureau**  
Minnesota Tax ID Number, if any: **5159358**  
Previous Gambling Permit Number:  
Federal Employer ID Number (FEIN), if any: **41-1467797**

Type of Nonprofit Organization (check one):  
 Fraternal  Religious  Veterans  Other Nonprofit Organization

Mailing Address: **PO BOX 171** City: **Madelia** State and Zip: **MN 56062** County: **Watonwan**  
Name of Chief Executive Officer (CEO): **Karla Grev** Daytime Phone: **507-642-8822** Email: **chamber@madeliamn.org**

**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):  
**Game Fair**  
Address (do not use PO box): **8404 161st Avenue NW** City or Township: **Anoka** Zip Code: **55303** County:

Date(s) of activity (for raffles, indicate the date of the drawing):  
**Drawing will be held on August 16, 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: **\$6,800.00**)

\*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](http://www.mn.gov/gcb) and click on **Distributors** under the **LIST OF LICENSEES**, or call 651-539-1900.



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#### 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

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: [Signature]

Title: Finance Director Date: 6/30/15

**The city or county must sign before submitting application to the Gambling Control Board.**

**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 349.213.)

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: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature must be CEO's signature; designee may not sign)

Print Name: \_\_\_\_\_

**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.

**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.

Your organization must keep all exempt records and reports for 3-1/2 years (Minn. Statutes, section 349.166, subd. 2(f)).

**MAIL APPLICATION AND ATTACHMENTS**

**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**.

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

**Questions?**  
Call the Licensing Section of the Gambling Control Board at 651-539-1900.

**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.

This form will be made available in alternative format (i.e. large print, braille) upon request.