



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806

Telephone: 651-266-8989
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CITY OF SAINT PAUL
GAMBLING LICENSE APPLICATION - **ADDITIONAL SITE**
(*To be used by applicants WITHOUT BINGO*)

The attached check sheet lists each item that must be submitted to complete an application for the sale of pulltabs in a Saint Paul liquor establishment. Failure to submit all of the information required on the check list could result in the denial of your license application.

ADDITIONAL INFORMATION:

- The bar owner will apply for a gambling location license. Gambling location fees are as follows:

Class C - 100 or less seats	\$71.00
Class B - 101-200 seats	\$71.00
Class A - More than 200 seats	\$71.00
- Gambling location fees must be paid by the bar owner.
- 75% of gambling net profit from Saint Paul sites must be spent in Saint Paul or contiguous cities of which 51% must be used to benefit Saint Paul residents.
- You will be required to contribute 10% of your net proceeds from pulltab sales to the City Youth Fund or directly to a group(s) on the 10% Club List.
- A Saint Paul worksheet must be submitted each month with your tax return (copy attached). The worksheet is used to calculate the 2.5% tax (due monthly) and 10% contribution (due monthly).
- The Department of Safety and Inspections must approve the premise permit, gambling manager license and gambling location license. Allow 45 days for this process.
- The resolution approving your application must be submitted to the State with your application.

- The Department of Safety and Inspections (DSI) must provide notice of your application to all neighbors within 350 feet of the liquor establishment. If no complaints are received from the neighbors, the Department of Safety and Inspections will approve the license if all requirements have been met. If complaints are received, you will be notified of a hearing before a Legislative Hearing Officer.
- After the Department of Safety and Inspections action, your premise permit must be approved by the State Gambling Control Division.
- No gambling can be conducted without a current premise permit posted on site. Your state organization and gambling manager licenses must be available for review.
- A Saint Paul inspector will contact you for a premise inspection when your license is approved.
- Additional inspections will be made periodically.
- Random audits will be conducted by the DSI throughout the year. If your organization is selected for an audit, you will be notified by mail of the information you must supply for the audit.
- All audit results will be submitted to the State Gambling Control Division, Department of Revenue, and Internal Revenue Services.
- All State forms are available at the following address:

Department of Gaming
Gambling Control Division
1711 West County Road B
Rosewood Plaza South, 3rd Fl.
Roseville, MN 55113
(651) 639-4000

- Additional City information is available by contacting the DSI/Lawful Gambling Enforcement at 651-266-9114.

Attachments:

ORGANIZATION

- 1) Application Check List
- 2) Compliance Affidavit
- 3) 2 1/210% City Worksheet (B)

BAR OWNER

- 1) Gambling Location Check List
- 2) Gambling Location Application Form
(If bar does not have gambling location license)**
- 3) Bar Compliance Affidavit
- 4) Saint Paul Gambling Ordinance

CITY OF SAINT PAUL
GAMBLING LICENSE CHECK LIST
(ADDITIONAL LICENSES without bingo)

Please attach all requested information in the order listed. All copies should be made before you arrive at the DSI License Division.

- 1) Organization Name _____
 - 2) Gambling Manager Name _____
 - 3) Gambling Manager Daytime Phone _____
 - 4) Gambling Proceeds to be used for _____

 - 5) Premise Permit Application (Copy) Yes___ No___
STATE FORM LG 214
Site Name _____
 - 6) Lease (Copy) **STATE FORM LG 215** Yes___ No___
 - 6a) Lease is Signed by Lessee & Lessor 409.21 Yes___ No___
 - 6b) Site Sketch of Leased Premises Yes___ No___
 - 7) Copy of membership minutes where your organization
approved this site. Yes___ No___
 - 8) Organization and bar compliance affidavits Yes___ No___
CITY FORMS
- 9 & 10 Apply Only If The Bar Does Not Have a Gambling Location License**
- 9) Bar Site Application CITY FORM Yes___ No___
(If bar does not have a Gambling Location License)
 - 10) Payment Attached/Gambling Location Fee Yes___ No___
(Bar Owner Pays) \$71.00.

**TO BE COMPLETED BY
ORGANIZATION PRESIDENT AND GAMBLING MANAGER**

I understand and will uphold Saint Paul Ordinances 402 and 409, Sections 409.21 and 409.22 relating to lawful gambling including pulltabs, tipboards, paddlewheel, and raffles at City of Saint Paul lawful gambling sites.

Further, I understand that my jarbar and/or pulltab dispensing machine must meet city standards; that 10% of the net profit from pulltab sales must be returned to the City-Wide Youth Fund on a monthly basis; that monthly financial statements must be filed with the City; that 51% of the net proceeds from charitable gambling at Saint Paul location(s) must be expended to directly benefit Saint Paul residents who participate in such programs or activities; and that 75% of the net proceeds from charitable gambling at Saint Paul locations shall be expended to or for purposes which benefit programs or activities occurring in the Saint Paul trade area.

Signature - Manager

Signature - Organization President

Organization Name

Gambling Location

Date

Please retain the attached ordinance for your records.

**CITY OF ST. PAUL
CLASS B GAMBLING SITES
WITHOUT BINGO**

For use with Lawful Gambling Summary (Schedule A if more than 1 site)

Organization Name _____

Gambling Location _____

Month/Year _____ Prepared By _____

TWO AND ONE HALF PERCENT TAX CALCULATION

A) Net Receipts - Total of lines 2c, 3c, 8c, 9c
(Use schedule A if more than 1 site) A) _____

B) Amount above x .025 = 22% tax due **PAY THIS** B) _____

TEN PERCENT NET PROFIT CALCULATION

a) Line A above (Net Receipts) a) _____

b) Sums of lines 22 thru 35
(Use schedule A if more than 1 site) b) _____

c) Line a (above) minus (-) line b (above) c) _____

Miscellaneous deductions (taxes paid for this site only)

1) Pulltab tax to distributor 1) _____

2) Combined receipts tax generated by this site* 2) _____

3) 22% city tax 3) _____

4) Federal taxes (from Schedule C) 4) _____

5) State Gambling Tax (line 11) 5) _____

6) (-) Unsold Ticket Refund 6) _____

7) 10% Youth Fund Credit 7) _____

d) Total Miscellaneous Deductions for this site
(Total of lines 1 thru 7 above) d) _____

e) Line c minus (-) Line d e) _____

f) Line e x 10% **PAY THIS** f) _____

Line f is the minimum amount for this month that must be contributed either to the City Youth Fund or to a group or groups on the 10% Club list.

*** Organizations with more than 1 site use reverse side of this page to show how the figure for combined receipts tax (line 2) was calculated.**

CITY OF SAINT PAUL
GAMBLING LOCATION LICENSE (**NEW BAR GAMBLING ENDORSEMENT**)
(TO BE USED WITH A NEW STATE GAMBLING PREMISE PERMIT)

- | | |
|---|--------------|
| 1) Bar site application
(If bar does not have a Gambling Location License) | Yes___ No___ |
| 2) Bar compliance affidavit CITY FORM | Yes___ No___ |
| 3) Payment Attached/Gambling Location Fee
(Bar Owner Pays) \$71.00. | Yes___ No___ |

A copy of the Saint Paul Ordinance with regard to Pulltab/Tipboard/Paddlewheel sales in liquor establishments is attached for your reference.

BAR OWNER

**CITY OF SAINT PAUL, MINNESOTA
CHARITABLE GAMBLING LOCATION**

Directions: This form must be filled out with a typewriter or by printing in ink by the sole owner, by each partner, and by each person who has interest in excess of 5% in the corporation and/or association in which the name of the license will be issued.

THIS APPLICATION IS SUBJECT TO REVIEW BY THE PUBLIC

1. Application for (name of license) _____
2. Located at (address) _____
3. Name under which business is operated _____
4. True Name _____ Phone _____
 First Middle Maiden Last
5. Date of Birth _____ Place of Birth _____
 (Month, Day, Year)
6. Home Address _____ Home Phone _____
7. Have you ever been convicted of any gambling violations? _____
8. List licenses which you currently hold at this location. _____

9. Do you have a direct or indirect financial interest in the distribution or manufacture of gambling equipment?
10. SUBMIT A SITE PLAN SHOWING WHERE THE GAMBLING BOOTH WILL BE LOCATED AND THE DIMENSIONS OF THE LEASED SPACE.

ANY FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF THIS APPLICATION.

TO BE COMPLETED BY BAR OWNER

I understand and will uphold the ordinance amending Chapter 409 of the Saint Paul Legislative Code (Intoxicating Liquor) relating to pulltabs and tipboards in bars

I further understand that failure to comply may result in the suspension or revocation of On Sale Liquor and corresponding licenses.

Signature

Signature

Date

Return to:

Department of Safety and Inspections
Gambling Enforcement
375 Jackson Street, Suite 220
Saint Paul, MN 55101-1806