



TEMPORARY GAMBLING PERMIT APPLICATION

Dear Applicant:

In the event that this application is to be delivered by mail or to our front counter, we assure you that prompt handing of your application will occur as indicated below.

1. We will contact you if additional information and/or documentation is required.
2. We will process the license and acknowledge your State Gambling Application, once all required forms have been received and approved.
3. You will have the option of having your license mailed to you or you may pick it up at our counter at 375 Jackson Street, Suite 220.

If you have any questions, please call our gambling staff at (651) 266-9117.

Please identify the following:

1. Name the contact person _____
2. Telephone number of contact person _____
3. Mailing Address _____

4. E-Mail Address _____
5. Fax number _____

If you have any questions, contact the DSI/Lawful Gambling Enforcement, (651) 266-9117, or www.stpaul.gov/dsi



TEMPORARY GAMBLING PERMIT

INFORMATION REQUIRED WITH APPLICATION FOR PERMIT TO CONDUCT GAMBLING EVENT IN SAINT PAUL

Five days are allowed per calendar year. This application and all required attachments must be filed with the Department of Safety and Inspections/Gambling Enforcement thirty days prior to the requested date of the gambling event.

1) Name of organization _____

2) Is the applicant association organized under the laws of the State of Minnesota as a nonprofit organization?
Submit proof of nonprofit status.

3) How long has the organization been in existence? _____

4) What is the purpose of the organization? _____

5) Address where gambling event will be held _____

6) Name of officer making application _____

7) Address of officer _____

8) Name of manager who will conduct gambling event _____

9) Address of manager _____

10) Mailing Address: Name _____ Phone # _____

Address _____

11) In connection with what event is this gambling activity being held? _____

12) What form of gambling? Tipboard _____ Bingo _____ Pulltabs _____ Raffle _____ Paddlewheel _____
(Check all that apply.)

13) Specify when gambling event will take place: Day(s) _____ Date(s) _____

14) Will prizes be paid in money or merchandise? _____

15) Attach a cover letter defining the event for which you are requesting this license and what the proceeds will be used for.

16) Attach a letter of permission (or lease) to conduct the gambling event at the requested address.

17) Attach the signed, notarized "affidavit for the conduct of single event lawful gambling".

Organization _____

By: (Officer/Title) _____

Signature _____

DSI USE ONLY	
Approved By:	_____
	Date: _____
	Date: _____



AFFIDAVIT FOR CONDUCT OF LAWFUL GAMBLING ONE DAY EVENTS
FOR THE ORGANIZATION'S CEO/PRESIDENT

I have read the State of Minnesota Statutes, State of Minnesota Rules, and the City of Saint Paul Ordinances governing the conduct of one day lawful gambling for exempt and excluded organizations.

I, as CEO/President of the organization named below, hereby certify the organization will conduct its one day event exempt or excluded lawful gambling in accordance of an in full compliance with all State of Minnesota and City of Saint Paul regulations.

Organization (please print) _____

Name (please print) _____

Signature _____

Date _____

NOTARY PUBLIC INFORMATION

Notary Public Seal must be current and correct. The seal may not be altered.

Subscribed and sworn to before me this _____

day of _____, _____

(Notary Public Signature)

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 raffle prize value for the calendar year will be \$1,500 or less, contact the Licensing Specialist assigned to your county by calling 651-539-1900.

Application Fee (non-refundable)

Applications are processed in the order received. If the application is postmarked or received 30 days or more before the event, the application fee is **\$100**; otherwise the fee is **\$150**.

Due to the high volume of exempt applications, payment of additional fees prior to 30 days before your event will not expedite service, nor are telephone requests for expedited service accepted.

ORGANIZATION INFORMATION

Organization Name: _____ Previous Gambling Permit Number: _____

Minnesota Tax ID Number, if any: _____ Federal Employer ID Number (FEIN), if any: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Name of Chief Executive Officer (CEO): _____

Daytime Phone: _____ Email: _____

NONPROFIT STATUS

Type of Nonprofit Organization (check one):

Fraternal Religious Veterans Other Nonprofit Organization

Attach a copy of one of the following showing 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.)

A current calendar year Certificate of Good Standing
 Don't have a copy? Obtain this certificate from:
 MN Secretary of State, Business Services Division Secretary of State website, phone numbers:
 60 Empire Drive, Suite 100 www.sos.state.mn.us
 St. Paul, MN 55103 651-296-2803, or toll free 1-877-551-6767

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 toll free at 1-877-829-5500.

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:
 1. IRS letter showing your parent organization is a nonprofit 501(c) organization with a group ruling, and
 2. 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): _____

Address (do not use P.O. box): _____

City or Township: _____ Zip: _____ County: _____

Date(s) of activity (for raffles, indicate the date of the drawing): _____

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 calendar year: \$ _____)

* **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 **LIST OF LICENSEES**, or call 651-539-1900.

LOCAL UNIT OF GOVERNMENT ACKNOWLEDGMENT (required before submitting application to the Minnesota Gambling Control Board)

<p style="text-align: center;">CITY APPROVAL for a gambling premises located within city limits</p> <p>___ The application is acknowledged with no waiting period.</p> <p>___ 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>___ The application is denied.</p> <p>Print City Name: _____</p> <p>Signature of City Personnel: _____</p> <p>_____</p> <p>Title: _____ Date: _____</p>	<p style="text-align: center;">COUNTY APPROVAL for a gambling premises located in a township</p> <p>___ The application is acknowledged with no waiting period.</p> <p>___ The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days.</p> <p>___ The application is denied.</p> <p>Print County Name: _____</p> <p>Signature of County Personnel: _____</p> <p>_____</p> <p>Title: _____ Date: _____</p> <p>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.)</p> <p>Print Township Name: _____</p> <p>Signature of Township Officer: _____</p> <p>_____</p> <p>Title: _____ Date: _____</p>
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The city or county must sign before submitting application to the Gambling Control Board.

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	MAIL APPLICATION AND ATTACHMENTS
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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 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.

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

ORGANIZATION INFORMATION

Organization Name: _____ Previous Gambling Permit Number: _____

Minnesota Tax ID Number, if any: _____ Federal Employer ID Number (FEIN), if any: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Name of Chief Executive Officer (CEO): _____

Daytime Phone: _____ Email: _____

NONPROFIT STATUS

Type of Nonprofit Organization (check one):

Fraternal Religious Veterans Other Nonprofit Organization

Attach a copy of at least one of the following showing 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.)

Current Certificate of Good Standing
Don't have a copy? This certificate must be obtained each year from:
 MN Secretary of State, Business Services Division Secretary of State website, phone numbers:
 60 Empire Drive, Suite 100 www.sos.state.mn.us
 St. Paul, MN 55103 651-296-2803, or toll free 1-877-551-6767

Internal Revenue Service-IRS income tax exemption 501(c) letter in your organization's name
Don't have a copy? Obtain a copy of your federal income tax exempt letter by having an organization officer contact the IRS at 877-829-5500.

Internal Revenue Service-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:
 1. IRS letter showing your parent organization is a nonprofit 501(c) organization with a group ruling, and
 2. the charter or letter from your parent organization recognizing your organization as a subordinate.

EXCLUDED BINGO ACTIVITY

Has your organization held a bingo event in the current calendar year? Yes No

If yes, list the dates when bingo was conducted: _____

The proposed bingo event will be:

one of four or fewer bingo events held this year. Dates: _____

-OR-

conducted on up to 12 consecutive days in connection with a:

county fair Dates: _____

civic celebration Dates: _____

Minnesota State Fair Dates: _____

Person in charge of bingo event: _____ Daytime Phone: _____

Name of premises where bingo will be conducted: _____

Premises street address: _____

City: _____ If township, township name: _____ County: _____

LOCAL UNIT OF GOVERNMENT ACKNOWLEDGMENT (required before submitting application to the Minnesota Gambling Control Board)

<p style="text-align: center;">CITY APPROVAL for a gambling premises located within city limits</p> <p>On behalf of the city, I approve this application for excluded bingo activity at the premises located within the city's jurisdiction.</p> <p>Print City Name: _____</p> <p>Signature of City Personnel: _____</p> <p>Title: _____ Date: _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 20px; text-align: center;"> <p>The city or county must sign before submitting application to the Gambling Control Board.</p> </div>	<p style="text-align: center;">COUNTY APPROVAL for a gambling premises located in a township</p> <p>On behalf of the county, I approve this application for excluded bingo activity at the premises located within the county's jurisdiction.</p> <p>Print County Name: _____</p> <p>Signature of County Personnel: _____</p> <p>Title: _____ Date: _____</p> <p>TOWNSHIP (if required by the 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, Section 349.213.)</p> <p>Print Township Name: _____</p> <p>Signature of Township Officer: _____</p> <p>Title: _____ Date: _____</p>
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CHIEF EXECUTIVE OFFICER'S SIGNATURE (required)

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

Chief Executive Officer's Signature: _____ Date: _____
(Signature must be CEO's signature; designee may not sign)

Print Name: _____

MAIL OR FAX APPLICATION & ATTACHMENTS

<p>Mail or fax application and a copy of your proof of nonprofit status to:</p> <p style="padding-left: 40px;">Gambling Control Board 1711 West County Road B, Suite 300 South Roseville, MN 55113 Fax: 651-639-4032</p> <p>An excluded bingo permit will be mailed to your organization. Your organization must keep its bingo records for 3-1/2 years.</p> <p>Questions? Call a Licensing Specialist at 651-539-1900.</p>	<p>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 www.mn.gov/gcb and click on Distributors under the LIST OF LICENSEES, or call 651-539-1900.</p> <p style="text-align: center;">This form will be made available in alternative format (i.e. large print, braille) upon request.</p>
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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.



Minnesota Gambling Control Board

Main office:
Suite 300 South
1711 West County Road B
Roseville, MN 55113
651-539-1900
651-639-4032 (fax)

GCB Monthly Reports

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Welcome to the Gambling Control Board

Our mission is to educate and regulate the lawful (charitable) gambling industry to ensure the integrity of operations and provide for the lawful use of net profits. Charitable gambling is conducted only by registered, nonprofit organizations. The five forms of lawful gambling are:

- BINGO**
- PADDLEWHEELS**
- PULL-TABS**
- RAFFLES**
- TIPBOARDS**

Quick Links

- › Get information on holding a fundraiser
- › Electronic game information
- › File a complaint
- › Lawful Purpose Expenditure Codes
- › Register for a gambling manager seminar
- › Purchase a Lawful Gambling Manual
- › Illegal Gambling (dice, cards, sports boards)

Nonprofit Requirements

Applying for a license or permit?

What's New

Crime Alert

Applying for a license or permit?

To conduct lawful gambling in Minnesota, your organization must apply for and receive either an organization license, exempt permit or excluded permit.

Organization license:

An organization license is obtained for the conduct of ongoing gambling activities. Application and information for an [organization license](#) >

Exempt or Excluded permit:

An exempt or excluded permit is obtained for the conduct of a limited number of gambling activities within a calendar year. Permit applications and information for [exempt or excluded permits](#) >

Manufacturer license:

A manufacturers license must be obtained by any person or entity who sells lawful gambling equipment to a licensed distributor in Minnesota. [Manufacturer information and forms](#) >

Distributor license:

A distributor license must be obtained by any person or entity distributing lawful gambling equipment in Minnesota. [Distributor information and forms](#) >

Linked Bingo Game Provider license:

A linked bingo game provider license must be obtained by any person or entity who provides linked bingo services to organizations licensed to conduct lawful gambling in Minnesota. [Linked Bingo Game Provider information and forms](#) >

Problem Gambling Helpline:
1-800-333-HOPE
www.nojudgment.com

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Reports and Legislation

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Related Links

- Department of Public Safety
- Department of Revenue
- IRS
- Minnesota's Bookstore

- Racing Commission
- Secretary of State
- State Lottery

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Minnesota Gambling Control Board

Main office:
Suite 300 South
1711 West County Road B
Roseville, MN 55113
651-539-1900
651-639-4032 (fax)

GCB Monthly Reports

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Exempt/Excluded Permit for Fundraising Events

The following information pertains to registered nonprofit organizations seeking to conduct bingo, raffles, and other forms of lawful gambling by [excluded](#) or [exempt](#) permit as allowed by Minnesota law.

Your will need to determine for the **calendar year**:

- what type of gambling you will be conducting,
- how many events will be conducted (for raffles, the event date is the drawing date), and
- what the estimated total market value of all donated and purchased prizes to be awarded.

Forms and information for the conduct of [raffles](#), [bingo](#), [pull-tabs](#), [tipboards](#), and [paddlewheels](#).

[How you may and may not spend your gambling funds](#)

Frequently Asked Questions

Exempt Permit

A nonprofit organization must submit one application for each gambling activity conducted in a calendar year (consecutive dates at one location go on one application).



[LG220 Application for Exempt Permit](#)

An Exempt permit is required, when for the calendar year:

- the total value of ALL prizes donated and purchased is less than \$50,000
- limited to five days of gambling activity

[LG220A Exempt Permit Financial Report](#)

- Within 30 days of the authorized gambling activity, complete and submit to the Gambling Control Board.

Excluded Permit

A nonprofit organization must submit one application for each gambling activity conducted in a calendar year.



[LG240B Application to Conduct Excluded Bingo](#)

An Excluded Bingo permit is required, when for the calendar year:

- bingo will be conducted at four or fewer events, OR
- bingo will be conducted up to 12 consecutive days in conjunction with a county fair, civic celebration or Minnesota State Fair.

A nonprofit organization may conduct a raffle without a permit when for the calendar year:

- the total value of ALL prizes donated and purchased is less than \$1,500, OR
- the organization is a 501(c)(3) organization, the total value of ALL prizes donated and purchased for ONE event does not exceed \$5,000 (see [Minnesota Statutes, section 349.166, Subd. 1\(c\)](#)).

Additional requirements:

- the raffle is conducted by the nonprofit organization, not an individual
- check with your local city or county for local ordinance or requirements

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[Questions? Contact the Licensing Specialist assigned to your county.](#)

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