



LAWFUL GAMBLING ORGANIZATION NEW SITE CHECK LIST

1) Site Name _____ Address _____

2) Organization Name _____

3) Gambling Manager Name _____

Phone _____ Email _____

4) President/CEO Name _____

Phone _____ Email _____

5) Organization Application (Copy) **STATE FORM LG200A** Yes___ No___

6) Officer Affidavits (Copy) **STATE FORM LG200B** President Yes___ No___
Treasurer Yes___ No___

7) Premise Permit Application (Copy) **STATE FORM LG214** Yes___ No___

8) Lease Signed by Lessee & Lessor (Copy) **STATE FORM LG215.** Yes___ No___

9) Gambling Manager Bond and affidavit (Copy) **STATE FORM LG212.** Yes___ No___
Gambling Manager has completed GCB training or is registered to do so. Yes___ No___

10) Internal Control Guidelines Worksheet (Copy) **STATE FORM LG202.** Yes___ No___

11) Organization Proof of Current Non-Profit Status. Yes___ No___

12) City Affidavit Gambling Manager and Organization President/CEO. Yes___ No___
City Affidavit On-Sale Liquor License Holder. Yes___ No___

13) Membership List including contact information for all Officers. Yes___ No___

14) Copy of organization’s membership minutes approving this site. Yes___ No___

15) Submit a site plan/floorplan depicting where the gambling booth and/or
pull-tab dispensing device(s) will be located within the leased space. Yes___ No___

16) Active Gambling Location License at Site. Yes___ No___

For information regarding lawful gambling in the City of Saint Paul please contact 651-266-8989. State of Minnesota Gambling Control Board (GCB) forms and requirements are available at www.mn.gov/gcb and if questions about the conduct of lawful gambling itself contact the GCB at 651-539-1900.

Feb. 2022



**LAWFUL GAMBLING ORGANIZATION
REQUIREMENT AFFIDAVIT**

I acknowledge that I am responsible for the organization’s compliance with all applicable Minnesota Statutes and local ordinances regulating illegal gambling and lawful gambling at the premises including, but not limited to Chapters 270, 402, 403 and 409 of the Saint Paul Legislative Code relating to pull-tabs, tipboards, paddlewheel, raffle tickets and bingo in on-sale liquor establishments.

I understand that the organization’s gambling equipment must satisfy City of Saint Paul requirements; that 10% of the monthly net profits from the sale of raffle tickets, pull-tabs, tipboards and paddlewheels at each Saint Paul site must be contributed to a 10% Club/Youth Fund; that monthly financial statements must be filed with the City; that 51% of the net proceeds from lawful 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 lawful gambling at Saint Paul locations shall be expended to or for purposes which benefit programs or activities occurring in the Saint Paul trade area.

Gambling Manager Print Name / Signature

Date

President/CEO Print Name / Signature

Date

Lawful Gambling Organization Name

Gambling Location

Return to:
Department of Safety and Inspections (DSI)
Business Licensing - Lawful Gambling
375 Jackson Street, Suite #220
Saint Paul, MN 55101
Fax: 651-266-9124



GAMBLING LOCATION LICENSE CHECKLIST

- 1) Gambling Location License Application completed by on-sale liquor license holder/applicant. Yes___ No___
- 2) On-Sale Liquor License Holder Lawful Gambling Requirement Affidavit. Yes___ No___
- 3) Gambling Location License Fee \$78.00. Yes___ No___
- 4) Minnesota Gambling Control Board Licensed Gambling Organization and State Premise Permit (not required at time of application). Yes___ No___



GAMBLING LOCATION LICENSE APPLICATION

A copy of this form must be completed by, whichever applicable, the sole proprietor, each partner, or each person that 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 and falsification of answers or materials submitted may result in denial of application.

1. Company Name: _____

2. Doing Business As: _____

3. Business Address: _____

4. Applicant Name: _____
First Middle Maiden Last

5. Date of Birth: _____ Phone: _____
Month/Day/Year

6. Home Address: _____

7. Have you ever been convicted of a gambling violation? _____

8. Do you have a direct or indirect financial interest in the distribution or manufacture of gambling equipment? _____

9. Active licenses and/or applied for at this location: _____

10. Submit a site plan/floorplan showing where the gambling booth and/or pull-tab dispensing device(s) will be located and the dimensions of the leased space.

Applicant Signature

Title

Date

Return to:

Department of Safety and Inspections (DSI)
Business Licensing - Lawful Gambling
375 Jackson Street, Suite #220
Saint Paul, MN 55101
Fax: 651-266-9124



**LAWFUL GAMBLING REQUIREMENT AFFIDAVIT
ON-SALE LIQUOR LICENSE HOLDER**

I acknowledge that I am responsible for compliance with all applicable Minnesota Statutes and local ordinances regulating illegal gambling and lawful gambling at the premises including, but not limited to Chapters 270, 402 and 409 of the Saint Paul Legislative Code relating to pull-tabs, tipboards, paddlewheel, raffle tickets and bingo conducted in the below named on-sale liquor establishment.

To review applicable City licensing and operating requirements, the Saint Paul Legislative Code is available online at www.stpaul.gov and www.municode.com. Contact DSI Licensing at 651-266-8989 for more detail. Minnesota Gambling Control Board (GCB) forms and requirements are available at www.mn.gov/gcb or you may contact the GCB at 651-539-1900.

I understand that failure to comply with statute and ordinance requirements may result in adverse action against the establishment's On-Sale Liquor and corresponding licenses along with potential criminal citation to all responsible parties.

On-Sale Liquor Establishment Name & Address

License Holder Name

License Holder Signature

Date

Return to:

Department of Safety and Inspections (DSI)
Business Licensing - Lawful Gambling
375 Jackson Street, Suite #220
Saint Paul, MN 55101
Fax: 651-266-9124