## LAWFUL GAMBLING ORGANIZATION NEW SITE CHECK LIST

1) Site Name $\qquad$ Address $\qquad$
2) Organization Name $\qquad$
3) Gambling Manager Name $\qquad$
Phone $\qquad$ Email $\qquad$
4) President/CEO Name $\qquad$
Phone $\qquad$ Email $\qquad$
5) Organization Application (Copy) STATE FORM LG200A
6) Officer Affidavits (Copy) STATE FORM LG200B

President Treasurer

7) Premise Permit Application (Copy) STATE FORM LG214
8) Lease Signed by Lessee \& Lessor (Copy) STATE FORM LG215.

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

10) Internal Control Guidelines Worksheet (Copy) STATE FORM LG202. Yes $\square$ No $\square$
11) Organization Proof of Current Non-Profit Status.

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

13) Membership List including contact information for all Officers.
14) Copy of organization's membership minutes approving this site.

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.
16) Active Gambling Location License at Site.


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.

## 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

President/CEO Print Name / Signature
President Print Name Signature

## 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 $\square$
Yes No liquor license holder/applicant.
2) On-Sale Liquor License Holder Lawful Gambling Requirement Affidavit. $\square$ No $\qquad$
3) Class "N" License District Council Form (Complete separate form).
4) Gambling Location License Fee $\$ 84.00$.

Yes $\square$ No $\qquad$

$\square$ No $\qquad$
5) Minnesota Gambling Control Board Licensed Gambling Organization Yes $\qquad$ No and State Premise Permit (not required at time of application).

## 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: $\qquad$
2. Doing Business As: $\qquad$
3. Business Address: $\qquad$
4. Applicant Name: $\qquad$
5. Date of Birth: $\qquad$ Phone: $\qquad$
6. Home Address: $\qquad$
7. Have you ever been convicted of a gambling violation? $\qquad$
8. Do you have a direct or indirect financial interest in the distribution or manufacture of gambling equipment? $\qquad$
9. Active licenses and/or applied for at this location: $\qquad$
$\qquad$
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:
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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:
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Business Licensing - Lawful Gambling
375 Jackson Street, Suite \#220
Saint Paul, MN 55101
Fax: 651-266-9124

