



**SAINT PAUL**  
SAFETY & INSPECTIONS

DEPARTMENT OF SAFETY & INSPECTIONS (DSI)  
ANGIE WIESE, PE(MN), CBO, DIRECTOR

375 Jackson Street, Suite 220  
Saint Paul, MN 55101-1806  
Tel: 651-266-8989 | Fax: 651-266-9124  
Visit our Web Site at: [www.stpaul.gov/dsj](http://www.stpaul.gov/dsj)

**TEMPORARY LAWFUL  
GAMBLING EVENT LICENSE  
APPLICATION**

**REQUIRED MATERIALS**

Applications should be submitted to the Department of Safety and Inspections via mail, delivery, or secured fax forty-five (45) days prior to the event. Saint Paul's lawful gambling ordinances are online at [www.stpaul.gov](http://www.stpaul.gov) and [www.municode.com](http://www.municode.com). See "Chapter 402. - Lawful Gambling." The maximum number of temporary events conducted in a calendar year is limited by State Statute and events lasting more than three (3) contiguous days require a separate permit. For questions regarding the conduct of gambling and applicable State law it is advised to contact the State of Minnesota Gambling Control Board (GCB) directly at 651-539-1900 as license holders are responsible to comply with all federal, state, and local requirements. A City license is still required for excluded events when Gambling Control Board permits are not applicable.

- 1) City of Saint Paul, Temporary Lawful Gambling Event License Application Forms.
- 2) Minnesota Gambling Control Board (GCB), form for each gambling event to be conducted.

**LG220 - Exempt Gambling** (Most temporary gambling events).

**LG230 - Off-Site Gambling** (State Licensed Gambling Organizations only; no fee).

**LG240B - Excluded Bingo** (Four or fewer bingo occasions per year).

**No Form - Excluded Raffle** [Total prize values awarded for year under \$1,500 or a 501(c)3 may conduct a single event during year with prize value under \$5,000; must provide prize amounts and number of events].

**State of Minnesota lawful gambling forms and requirements are available at 651-539-1900 and [www.mn.gov/gcb](http://www.mn.gov/gcb). State applications and payment must be submitted by applicant directly to the Minnesota Gambling Control Board, 1711 W. Co. Rd B, Suite #300 South, Roseville, MN 55113.**

- 3) Notarized Affidavit for Conduct of Lawful Gambling Temporary Event signed by CEO or President.
- 4) Proof of organization's current non-profit status.
- 5) Letter from ownership of location where event will occur granting the organization permission to conduct lawful gambling on premises. Not applicable if event to be conducted on property owned or leased by the organization.
- 6) License fee \$59.00, payable to the "City of St. Paul" (Per State Statute, NO FEE for LG230 events).

**If any questions, contact DSI Licensing at 651-266-8989 or  
[DSI-InformationAndComplaints@ci.stpaul.mn.us](mailto:DSI-InformationAndComplaints@ci.stpaul.mn.us)**



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**PROCESSING INFORMATION & EVENT CONTACT**

A completed application form with all required documents must be submitted and reviewed before the City of Saint Paul license is approved by the Department of Safety and Inspections (DSI) after which applicable Minnesota Gambling Control Board (GCB) forms are endorsed and forwarded via email to the organization's contact for them to later provide to the State. City applications may be delivered by hand to DSI with free parking available at the Southwest corner of 6th & Jackson Streets in downtown, mailed or sent via secured fax (651-266-9124). It is recommended that the application and all required materials be submitted to DSI a minimum of forty-five (45) days prior to the event.

After the license application is entered into the database and fee processed, it is forwarded to DSI Licensing for a compliance review and an Inspector will contact you if additional information or materials are required. If any questions, request a DSI Licensing Inspector at 651-266-8989 or email [DSI-InformationAndComplaints@ci.stpaul.mn.us](mailto:DSI-InformationAndComplaints@ci.stpaul.mn.us).

State of Minnesota Gambling Control Board (GCB) applications and payment must be submitted by applicants directly to the GCB at 1711 W. Co. Rd B, Suite #300 South, Roseville, MN 55113. It is recommended that the original GCB application forms be immediately submitted to that office as additional State fees will apply if not submitted thirty (30) days prior to the event. Copies of GCB application forms must also be submitted to DSI for endorsement. State forms requiring City of Saint Paul signature will be forwarded via email to the organization's designated contact after approval of the City license for them to provide to the GCB Licensing Specialist assigned to the State license. If there are questions regarding the conduct of gambling itself and required record keeping, applicants are strongly encouraged to contact the GCB Licensing Section directly at 651-539-4000 or to visit the Minnesota Gambling Control Board website (<http://mn.gov/gcb/>).

Once the event is deemed compliant an email notice is sent to the organization contact by a DSI Licensing Inspector and a hard copy of the City license is posted via US Mail to the organization.

Please identify the following:

- 1) Name of Organization \_\_\_\_\_
- 2) Event Contact Person \_\_\_\_\_
- 3) Contact Person Title \_\_\_\_\_
- 4) Contact Person Phone \_\_\_\_\_
- 5) Contact Person E-Mail \_\_\_\_\_
- 6) Contact Person Fax \_\_\_\_\_



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**TEMPORARY LAWFUL  
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LICENSE APPLICATION**

**ORGANIZATION & EVENT DETAILS**

- 1) Organization name \_\_\_\_\_
- 2) Organization mailing address \_\_\_\_\_
- 3) Organization Phone \_\_\_\_\_ Fax \_\_\_\_\_
- 4) Organization CEO/President \_\_\_\_\_
- 5) CEO/President Phone \_\_\_\_\_ Email \_\_\_\_\_
- 6) Organization Tax Identification Number \_\_\_\_\_
- 7) Name of organization contact conducting event \_\_\_\_\_
- 8) Address where event to be conducted \_\_\_\_\_
- 9) Name of location where event to be conducted \_\_\_\_\_
- 10) Event Date(s) and time(s) \_\_\_\_\_

*\*Specify raffle drawing date(s) as each day a drawing is conducted may require a separate license\**

- 11) Type(s) of lawful gambling to be conducted:  Bingo  Paddlewheel  Pull-Tabs  Raffle  Tipboards
- 12) Total cash and retail value of merchandise to be awarded as prize(s) \_\_\_\_\_
- 13) Total lawful gambling events to be conducted during calendar year \_\_\_\_\_
- 14) Use of Proceeds \_\_\_\_\_

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[DSI-InformationAndComplaints@ci.stpaul.mn.us](mailto:DSI-InformationAndComplaints@ci.stpaul.mn.us)**

<b>DSI USE ONLY</b>
Approved By: _____
Date: _____
Date: _____

<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	Expiration Month/Year ▶▶								Security Code ▶▶						
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa		▶▶									▶▶				
Enter Account Number ▶																

Signature of Cardholder (required for all charges): \_\_\_\_\_



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**LAWFUL GAMBLING CONDUCT AFFIDAVIT BY**

**ORGANIZATION CEO/PRESIDENT**

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

I, as CEO/President of the below named organization, acknowledge that the organization's officers and agents are responsible parties to the organization's activities and hereby certify that the organization will conduct the lawful gambling event(s) in accordance with applicable State of Minnesota and City of Saint Paul regulations.

Organization Name (please print) \_\_\_\_\_

Name & Title (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)