



# AFFIDAVIT FOR 10% GAMBLING CONTRIBUTIONS

2020 10% Eligibility Application

Date:

This affidavit must be filed annually for each officer of the organization. It is your responsibility to notify us of any change in officers.

1) Name of organization:

2) Name and title of officer authorized by the organization to accept gambling donations.

First Name: Last Name: Title:

I, (full name) (title)

Of (name of organization)

Do certify that I have read section 409.235 of the Saint Paul legislative Code pertaining to the receipt of gambling funds and I certify that I am authorized to act for (name of organization) in this matter.

That information provided in this affidavit is true and correct; that all gambling contributions will be expended for the lawful purpose as defined by State Statute 349.12; that all previous contributions (if any) have been expended for the lawful purpose; that no contribution will be or has been used for capital expenses, salaries, or travel expenses except as allowed in Section 409.235 of the Legislative Code; that the (name of organization)

Does not operate or participate in any gambling activities; and that 10% contributions / grants will not be accepted by this organization in any calendar year in excess of the amount allowed under the ordinance.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

State of Minnesota )  
)

County of Ramsey )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Notary Public \_\_\_\_\_ County, MN

My Commission expires: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

Please return affidavit to : St. Paul Parks and Recreation  
ATTN: Eric Thompson  
500 City Hall Annex, 25 W. 4<sup>th</sup> St.  
Saint Paul, MN 55102  
[eric.thompson@ci.stpaul.mn.us](mailto:eric.thompson@ci.stpaul.mn.us)