AFFIDAVIT FOR 10% GAMBLING CONTRIBUTIONS



State of Minnesota)

County of Ramsey)

(For 2019 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: Title: Last Name: 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 _____

Please return affldavit to:

Subscribed and sworn to before me this ______ day of _____ , 2018

Notary Public County, MN

Signature of Notary Public:

My Commission expires:

St. Paul Parks and Recreation ATTN: Eric Thompson 500 City Hall Annex, 25 W. 4th St. Saint Paul, MN 55102

eric.thompson@ci.stpaul.mn.us