



CITY OF SAINT PAUL

**CHARITABLE GAMBLING ORGANIZATION  
NEW SITE CHECK LIST**

- 1) Gambling Manager Name \_\_\_\_\_
- 2) Gambling Manager Phone \_\_\_\_\_ Email \_\_\_\_\_
- 3) Gambling Proceeds to be Used For \_\_\_\_\_
- 4) Organization Application (Copy) **STATE FORM LG200A** Yes\_\_\_ No\_\_\_  
Officers Affidavit (Copy) **STATE FORM LG200B**  
President Yes\_\_\_ No\_\_\_  
Treasurer Yes\_\_\_ No\_\_\_
- 5) Premise Permit Application (Copy) **STATE FORM LG214** Yes\_\_\_ No\_\_\_  
Site Name \_\_\_\_\_
- 6) Lease Signed by Lessee & Lessor (Copy) **STATE FORM LG215.** Yes\_\_\_ No\_\_\_
- 7) Site Floorplan/Sketch of Leased Premises. Yes\_\_\_ No\_\_\_
- 8) 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\_\_\_
- 9) Internal Control Guidelines Worksheet (Copy) **STATE FORM LG202.** Yes\_\_\_ No\_\_\_
- 10) City Affidavit Gambling Manager and Organization President/CEO. Yes\_\_\_ No\_\_\_  
City Affidavit Liquor Licensee/Bar Owner. Yes\_\_\_ No\_\_\_
- 11) Membership List including Officers' contact information. Yes\_\_\_ No\_\_\_
- 12) Copy of organization's membership minutes approving this site. Yes\_\_\_ No\_\_\_
- 13) Proof of Non-Profit Status. Yes\_\_\_ No\_\_\_
- 14) Active Gambling Location License at Site. Yes\_\_\_ No\_\_\_

**For further information regarding City charitable gambling requirements please contact 651-266-8989. State of Minnesota Gambling Control Board (651-539-1900) charitable gambling forms and requirements are available at [www.mn.gov/gcb](http://www.mn.gov/gcb) and 1711 W. Co. Rd B, Suite #300 South, Roseville, MN 55113.**

**CHARITABLE GAMBLING COMPLIANCE AFFIDAVIT TO BE COMPLETED BY  
ORGANIZATION PRESIDENT AND GAMBLING MANAGER**

I understand and will uphold Saint Paul Legislative Code requirements pertaining to charitable gambling including Chapter 402 and Chapter 409, Sections 409.21 - 409.235 relating to pulltabs, tipboards, etc. in on sale liquor establishments.

Further, I understand that my jarbar and/or pulltab dispensing machine must meet city standards; that 10% of the net profit from pulltab sales must be returned to the 10% Club/Youth Fund on a monthly basis; that monthly financial statements must be filed with the City; that 51% of the net proceeds from charitable 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 charitable gambling at Saint Paul locations shall be expended to or for purposes which benefit programs or activities occurring in the Saint Paul trade area.

\_\_\_\_\_  
Print Name / Signature – Gambling Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name / Signature - Organization President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Gambling Location

Return to:

Department of Safety and Inspections (DSI)  
Licensing - Charitable Gambling  
375 Jackson Street, Suite #220  
Saint Paul, MN 55101

CITY OF SAINT PAUL  
GAMBLING LOCATION LICENSE (**NEW BAR ENDORSEMENT ONLY**)  
(TO BE USED WITH A NEW STATE GAMBLING PREMISE PERMIT  
IN ON-SALE LIQUOR LICENSEES)

- |   |              |
|---|--------------|
| 1) Bar site application<br>(If bar does not have a Gambling Location License) | Yes___ No___ |
| 2) Bar compliance affidavit <b>CITY FORM</b>                                  | Yes___ No___ |
| 3) Payment Attached/Gambling Location Fee<br>(Bar Owner Pays) \$77.00         | Yes___ No___ |

**LIQUOR LICENSEE / BAR OWNER**

**CITY OF SAINT PAUL, MINNESOTA  
CHARITABLE GAMBLING LOCATION**

Directions: This form must be filled out with a typewriter or by printing in ink by the sole owner, by each partner, and by each person who 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*

1. Application for (name of license) \_\_\_\_\_
2. Located at (address) \_\_\_\_\_
3. Name under which business is operated \_\_\_\_\_
4. True Name \_\_\_\_\_ Phone \_\_\_\_\_  
                    First           Middle           Maiden           Last
5. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
                    (Month, Day, Year)
6. Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_
7. Have you ever been convicted of any gambling violations? \_\_\_\_\_
8. List licenses which you currently hold at this location. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Do you have a direct or indirect financial interest in the distribution or manufacture of gambling equipment? \_\_\_\_\_
10. Submit a site plan/floorplan showing where the gambling booth and/or machine(s) will be located and the dimensions of the leased space.

**ANY FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL  
RESULT IN DENIAL OF THIS APPLICATION.**

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Saint Paul, MN 55101

**CHARITABLE GAMBLING COMPLIANCE AFFIDAVIT  
TO BE COMPLETED BY LIQUOR LICENSEE / BAR OWNER**

I understand and will uphold Saint Paul Legislative Code requirements pertaining to charitable gambling including Chapter 402 and Chapter 409, Sections 409.21 - 409.235 relating to pulltabs, tipboards, etc. in on sale liquor establishments.

I further understand that failure to comply may result in adverse action, suspension and/or revocation of Gambling Location, On Sale Liquor and corresponding licenses.

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On-Sale Liquor Establishment Name & Address

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Print Name

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Signature

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Date

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Licensing - Charitable Gambling  
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