



TEMPORARY GAMBLING PERMIT

Dear Applicant:

A complete application packet must be submitted and reviewed before the City permit is approved then State endorsement granted when applicable. City applications may be delivered by hand to DSI's customer service counter (free parking at Southwest corner of 6th & Jackson), mailed or sent via secured fax (651-266-9124) and prompt handing of your application will occur as indicated below.

1. After the license application is entered into the database by service counter staff, DSI Licensing will contact you if additional information and/or documents are required.
2. State of Minnesota Gambling Control Board (GCB) applications, required materials and payment must be submitted by applicants directly to the GCB at 1711 W. Co. Rd B, Suite #300 South, Roseville, MN 55113. Please note, additional State fees may apply if not submitted to the GCB 30 days or more prior to the event. Copies of the State forms must also be submitted to DSI and those requiring City of Saint Paul signature will be forwarded via email to the GCB after approval of the City license/permit. If there are questions in regard to the conduct of gambling itself, applicants are strongly encouraged to contact the Licensing Section of the State's GCB at 651-539-4000 directly and/or visit the Minnesota Gambling Control Board website (<http://mn.gov/gcb/>).
3. Once all items required by the City have been received and the event permit approved by DSI Licensing, a hardcopy of the City license/permit will be mailed to the organization unless it is requested to be picked up at DSI's customer service counter (375 Jackson Street, Suite 220).

Please identify the following:

1. Name contact person _____
2. Telephone number of contact person _____
3. Mailing Address _____

4. E-Mail Address _____
5. Fax number _____

If any questions, contact the Department of Safety and Inspections (DSI) at 651-266-8989 or dsicomplaints@ci.stpaul.mn.us for more detail.



TEMPORARY GAMBLING PERMIT APPLICATION

* REQUIRED APPLICATION INFORMATION TO CONDUCT GAMBLING EVENT IN SAINT PAUL*

It is recommended that this application and all required materials be submitted to the Department of Safety and Inspections thirty days prior to the requested date of the gambling event.

1) Name of organization _____

2) Is applicant association organized under the laws of the State of Minnesota as a nonprofit organization? ____
Submit proof of nonprofit status.

3) How long has the organization been in existence? _____

4) What is the purpose of the organization? _____

5) Address where gambling event will be held _____

6) Name of officer making application _____

7) Address of officer _____

8) Name of manager who will conduct gambling event _____

9) Address of manager _____

10) Mailing Address: Name _____ Phone # _____

Address _____

11) In connection with what event is this gambling activity being held? _____

12) What form of gambling? Tipboard ____ Bingo ____ Pulltabs ____ Raffle ____ Paddlewheel ____
(Check all that apply.)

13) Specify when gambling event will take place: Day(s) _____ Date(s) _____

14) Will prizes be paid in money or merchandise? Total prize value? _____

15) Attach a cover letter defining the event for which you are requesting this license and what the proceeds will be used for.

16) Attach a letter of permission/lease to conduct gambling event at requested address.

17) Attach the signed, notarized "affidavit for the conduct of single event lawful gambling".

Organization _____

By: (Officer/Title) _____

Signature _____

| | |
|--------------|-------------|
| DSI USE ONLY | |
| Approved By: | |
| _____ | Date: _____ |
| _____ | Date: _____ |

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AFFIDAVIT FOR CONDUCT OF LAWFUL GAMBLING ONE DAY EVENTS

BY ORGANIZATION CEO/PRESIDENT

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

I, as CEO/President of the organization named below, hereby certify the organization will conduct its one day event exempt or excluded lawful gambling in accordance of an in full compliance with all 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)