



TEMPORARY GAMBLING PERMIT

Applications should be submitted to 375 Jackson Street East, Suite 220, thirty (30) days prior to the event. Saint Paul's gambling ordinances are online at www.stpaul.gov and www.municode.com. Search "Chapter 402. - Lawful Gambling" for City specific temporary gambling event and raffle requirements. The maximum number of temporary events conducted in a calendar year is limited by the State and events lasting more than three (3) contiguous days require a separate permit. For questions regarding the conduct of gambling it is advised to contact the State of Minnesota Gambling Control Board (GCB) directly at 651-539-1900 as City Licensees must comply with all federal, state and local laws.

REQUIRED DOCUMENTS/FORMS

- 1) City of Saint Paul, Temporary Gambling Permit and Application forms.
- 2) State form for each gambling event 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 under \$1,500 per year or a 501(c)3 conducting a single event for year with prizes valued under \$5,000; must verify prize amounts and number of events to be conducted in writing).

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

- 3) Affidavit for Conduct of Lawful Gambling Temporary Event.
Organization CEO or President must sign and be notarized.
- 4) Proof of organization's current non-profit status.
- 5) Letter from organization describing event and what proceeds will be used for.
- 6) Letter or lease from ownership of location where event will occur granting the organization permission to conduct gambling on their premises. Not applicable if event to be conducted on property owned by the organization itself.
- 7) City Gambling Permit fee of \$53.00 (*Per State Statute, NO FEE for LG230 events*).

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

AA-ADA-EEO Employer

Signature of Cardholder (required for all charges):

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



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: _____

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



CITY OF SAINT PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS

Ricardo X. Cervantes, Director

375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806

Telephone: 651-266-8989

Facsimile: 651-266-9124

Web: www.stpaul.gov/dsi

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)