



City of Maplewood | **Office of the City Clerk**  
 1830 County Road B East | Maplewood, MN 55109  
 651-249-2005 | 651-249-2009 (fax)

**TEMPORARY LAWFUL GAMBLING - LOCAL**

Guidance relating to Lawful Gambling is contained in the Maplewood City Code, Chapter 22. All permit holders are required to be familiar with the provisions of this Chapter and with applicable Minnesota Statutes and federal regulations.

In submitting a permit application, the applicant and their business associates declare that they meet the requirements for issue of said permit and that such business will be operated in compliance with the above regulations, statutes and ordinances. Knowingly submitting an incomplete or inaccurate application constitutes fraudulent application; failure to comply with the aforesaid regulations, statutes and ordinances; or conviction for related felony or misdemeanor violations constitutes grounds for denial, suspension, or revocation of permits.

**PERMIT APPLICATION CHECKLIST:**

**To prevent delay, please ensure the following information is submitted.  
 Incomplete applications are not accepted and will be returned immediately.**

- Lawful Gambling - Local permit application
- Permit Fee of \$58.00
- Signed lease or letter of agreement (if operating on property not owned by applicant or in conjunction with an event not coordinated by applicant)
- Proof of Nonprofit Status
- Gambling Control Board application relevant to gambling activity:
  - LG220 – Application for Exempt Permit
  - LG240B—Application to Conduct Excluded Gambling

**Applicant Information** (serves as gambling manager)

Name of Applicant \_\_\_\_\_  
 Job Title \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone (\_\_\_\_\_) \_\_\_\_\_ Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

**Organization Information**

Name of Organization \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
 Telephone (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
 MN Tax ID Number \_\_\_\_\_ Federal Tax ID Number \_\_\_\_\_  
 Type of non-profit organization     Fraternal     Veterans     Religious     Other \_\_\_\_\_  
 Purpose of Organization \_\_\_\_\_  
 No. of Active Members \_\_\_\_\_ How Long Has Organization Been in Existence? \_\_\_\_\_



**Event Information** (to be held in Maplewood)

Event Title \_\_\_\_\_

Event Location \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Event Address \_\_\_\_\_

Event Date(s) \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_

Type of Gambling Activity  Bingo  Raffle  Paddlewheels  Pull-Tabs  Tipboards

Estimated Value of Prizes to be Awarded \_\_\_\_\_

Purpose of event and how proceeds will be used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and address of any officer/person who will account for receipts, expenses, and profits for the event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The data in this application will be used to approve your permit. Upon approval of permit, the information contained in this application shall be deemed public unless private by State Statute. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your permit if you do not provide it.

I have received a copy of *Maplewood City Code, Chapter 22 (Lawful Gambling)* and will familiarize myself with the provisions contained within it.

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Maplewood to investigate and make whatever inquiries necessary to verify the information provided.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

Approved by City Council \_\_\_\_\_ Date \_\_\_\_\_

Approved by City Manager or Designee \_\_\_\_\_ Date \_\_\_\_\_

Fee Paid \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date \_\_\_\_\_ Permit No. \_\_\_\_\_

An exempt permit may be issued to a nonprofit organization that:

- conducts lawful gambling on five or fewer days, and
- awards less than \$50,000 in prizes during a calendar year.

If total raffle prize value for the calendar year will be \$1,500 or less, contact the Licensing Specialist assigned to your county by calling 651-539-1900.

**Application Fee (non-refundable)**

Applications are processed in the order received. If the application is postmarked or received 30 days or more before the event, the application fee is **\$100**; otherwise the fee is **\$150**.

Due to the high volume of exempt applications, payment of additional fees prior to 30 days before your event will not expedite service, nor are telephone requests for expedited service accepted.

**ORGANIZATION INFORMATION**

Organization Name: \_\_\_\_\_ Previous Gambling Permit Number: \_\_\_\_\_

Minnesota Tax ID Number, if any: \_\_\_\_\_ Federal Employer ID Number (FEIN), if any: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Name of Chief Executive Officer (CEO): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**NONPROFIT STATUS**

Type of Nonprofit Organization (check one):

Fraternal       Religious       Veterans       Other Nonprofit Organization

**Attach a copy of one of the following showing proof of nonprofit status:**

(DO NOT attach a sales tax exempt status or federal employer ID number, as they are not proof of nonprofit status.)

**A current calendar year Certificate of Good Standing**  
Don't have a copy? Obtain this certificate from:  
MN Secretary of State, Business Services Division      Secretary of State website, phone numbers:  
60 Empire Drive, Suite 100      [www.sos.state.mn.us](http://www.sos.state.mn.us)  
St. Paul, MN 55103      651-296-2803, or toll free 1-877-551-6767

**IRS income tax exemption (501(c)) letter in your organization's name**  
Don't have a copy? To obtain a copy of your federal income tax exempt letter, have an organization officer contact the IRS toll free at 1-877-829-5500.

**IRS - Affiliate of national, statewide, or international parent nonprofit organization (charter)**  
If your organization falls under a parent organization, attach copies of both of the following:  
1. IRS letter showing your parent organization is a nonprofit 501(c) organization with a group ruling, and  
2. the charter or letter from your parent organization recognizing your organization as a subordinate.

**GAMBLING PREMISES INFORMATION**

Name of premises where the gambling event will be conducted (for raffles, list the site where the drawing will take place): \_\_\_\_\_

Address (do not use P.O. box): \_\_\_\_\_

City or Township: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Date(s) of activity (for raffles, indicate the date of the drawing): \_\_\_\_\_

Check each type of gambling activity that your organization will conduct:

Bingo\*       Paddlewheels\*       Pull-Tabs\*       Tipboards\*

Raffle (**total value of raffle prizes awarded for the calendar year: \$\_\_\_\_\_**)

\* **Gambling equipment** for bingo paper, paddlewheels, pull-tabs, and tipboards must be obtained from a distributor licensed by the Minnesota Gambling Control Board. EXCEPTION: Bingo hard cards and bingo number selection devices may be borrowed from another organization authorized to conduct bingo. To find a licensed distributor, go to [www.mn.gov/gcb](http://www.mn.gov/gcb) and click on **Distributors** under **LIST OF LICENSEES**, or call 651-539-1900.

**LOCAL UNIT OF GOVERNMENT ACKNOWLEDGMENT (required before submitting application to the Minnesota Gambling Control Board)**

<p style="text-align: center;"><b>CITY APPROVAL for a gambling premises located within city limits</b></p> <p>_____ The application is acknowledged with no waiting period.</p> <p>_____ The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days (60 days for a 1st class city).</p> <p>_____ The application is denied.</p> <p>Print City Name: _____</p> <p>Signature of City Personnel: _____</p> <p>_____</p> <p>Title: _____ Date: _____</p> <div style="border: 1px solid black; padding: 10px; text-align: center; margin-top: 20px;"> <p><b>The city or county must sign before submitting application to the Gambling Control Board.</b></p> </div>	<p style="text-align: center;"><b>COUNTY APPROVAL for a gambling premises located in a township</b></p> <p>_____ The application is acknowledged with no waiting period.</p> <p>_____ The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days.</p> <p>_____ The application is denied.</p> <p>Print County Name: _____</p> <p>Signature of County Personnel: _____</p> <p>_____</p> <p>Title: _____ Date: _____</p> <p><b>TOWNSHIP (if required by the county)</b> On behalf of the township, I acknowledge that the organization is applying for exempted gambling activity within the township limits. (A township has no statutory authority to approve or deny an application, per Minn. Statutes, section 349.213.)</p> <p>Print Township Name: _____</p> <p>Signature of Township Officer: _____</p> <p>Title: _____ Date: _____</p>
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**CHIEF EXECUTIVE OFFICER'S SIGNATURE (required)**

The information provided in this application is complete and accurate to the best of my knowledge. I acknowledge that the financial report will be completed and returned to the Board within 30 days of the event date.

Chief Executive Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature must be CEO's signature; designee may not sign)

Print Name: \_\_\_\_\_

<b>REQUIREMENTS</b>	<b>MAIL APPLICATION AND ATTACHMENTS</b>
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<p><b>Complete a separate application for:</b></p> <ul style="list-style-type: none"> <li>• all gambling conducted on two or more consecutive days, or</li> <li>• all gambling conducted on one day.</li> </ul> <p>Only one application is required if one or more raffle drawings are conducted on the same day.</p> <p><b>Financial report to be completed within 30 days after the gambling activity is done:</b> A financial report form will be mailed with your permit. Complete and return the financial report form to the Gambling Control Board.</p> <p>Your organization must keep all exempt records and reports for 3-1/2 years (Minn. Statutes, section 349.166, subd. 2(f)).</p>	<p><b>Mail application with:</b></p> <p>_____ a copy of your proof of nonprofit status, and _____ application fee (non-refundable). If the application is postmarked or received 30 days or more before the event, the application fee is <b>\$100</b>; otherwise the fee is <b>\$150</b>. Make check payable to <b>State of Minnesota</b>.</p> <p><b>To:</b> Gambling Control Board 1711 West County Road B, Suite 300 South Roseville, MN 55113</p> <p><b>Questions?</b> Call the Licensing Section of the Gambling Control Board at 651-539-1900.</p>
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<p>Data privacy notice: The information requested on this form (and any attachments) will be used by the Gambling Control Board (Board) to determine your organization's qualifications to be involved in lawful gambling activities in Minnesota. Your organization has the right to refuse to supply the information; however, if your organization refuses to supply this information, the Board may not be able to determine your organization's qualifications and, as a consequence, may refuse to issue a permit. If your organization supplies the information requested, the Board will be able to process the</p>	<p>application. Your organization's name and address will be public information when received by the Board. All other information provided will be private data about your organization until the Board issues the permit. When the Board issues the permit, all information provided will become public. If the Board does not issue a permit, all information provided remains private, with the exception of your organization's name and address which will remain public. Private data about your organization are available to Board members, Board staff whose work requires access to the information; Minnesota's Depart-</p>	<p>ment of Public Safety; Attorney General; Commissioners of Administration, Minnesota Management &amp; Budget, and Revenue; Legislative Auditor, national and international gambling regulatory agencies; anyone pursuant to court order; other individuals and agencies specifically authorized by state or federal law to have access to the information; individuals and agencies for which law or legal order authorizes a new use or sharing of information after this notice was given; and anyone with your written consent.</p>
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This form will be made available in alternative format (i.e. large print, braille) upon request.

**ORGANIZATION INFORMATION**

Organization Name: _____	Previous Gambling Permit Number: _____
Minnesota Tax ID Number, if any: _____	Federal Employer ID Number (FEIN), if any: _____
Mailing Address: _____	
City: _____	State: _____ Zip: _____ County: _____
Name of Chief Executive Officer (CEO): _____	
Daytime Phone: _____	Email: _____

**NONPROFIT STATUS**

Type of Nonprofit Organization (check one):

 Fraternal     Religious     Veterans     Other Nonprofit Organization
**Attach a copy of at least one of the following showing proof of nonprofit status:**

(DO NOT attach a sales tax exempt status or federal employer ID number, as they are not proof of nonprofit status.)

 **Current calendar year Certificate of Good Standing**

Don't have a copy? This certificate must be obtained each year from:

MN Secretary of State, Business Services Division  
60 Empire Drive, Suite 100  
St. Paul, MN 55103

Secretary of State website, phone numbers:

[www.sos.state.mn.us](http://www.sos.state.mn.us)

651-296-2803, or toll free 1-877-551-6767

 **Internal Revenue Service-IRS income tax exemption 501(c) letter in your organization's name**

Don't have a copy? Obtain a copy of your federal income tax exempt letter by having an organization officer contact the IRS at 877-829-5500.

 **Internal Revenue Service-Affiliate of national, statewide, or international parent nonprofit organization (charter)**If your organization falls under a parent organization, attach copies of both of the following:

1. IRS letter showing your parent organization is a nonprofit 501(c) organization with a group ruling, and
2. the charter or letter from your parent organization recognizing your organization as a subordinate.

**EXCLUDED BINGO ACTIVITY**Has your organization held a bingo event in the current calendar year?  Yes  No

If yes, list the dates when bingo was conducted: \_\_\_\_\_

The proposed bingo event will be:

 one of four or fewer bingo events held this year. Dates: \_\_\_\_\_**-OR-** conducted on up to 12 consecutive days in connection with a: county fair                      Dates: \_\_\_\_\_ civic celebration                  Dates: \_\_\_\_\_ Minnesota State Fair              Dates: \_\_\_\_\_

Person in charge of bingo event: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Name of premises where bingo will be conducted: \_\_\_\_\_

Premises street address: \_\_\_\_\_

City: \_\_\_\_\_ If township, township name: \_\_\_\_\_ County: \_\_\_\_\_

**LOCAL UNIT OF GOVERNMENT ACKNOWLEDGMENT (required before submitting application to the Minnesota Gambling Control Board)**

<p style="text-align: center;"><b>CITY APPROVAL for a gambling premises located within city limits</b></p> <p>On behalf of the city, I approve this application for excluded bingo activity at the premises located within the city's jurisdiction.</p> <p>Print City Name: _____</p> <p>Signature of City Personnel: _____</p> <p>Title: _____ Date: _____</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 20px;"> <p><b>The city or county must sign before submitting application to the Gambling Control Board.</b></p> </div>	<p style="text-align: center;"><b>COUNTY APPROVAL for a gambling premises located in a township</b></p> <p>On behalf of the county, I approve this application for excluded bingo activity at the premises located within the county's jurisdiction.</p> <p>Print County Name: _____</p> <p>Signature of County Personnel: _____</p> <p>Title: _____ Date: _____</p> <p><b>TOWNSHIP (if required by the county)</b> On behalf of the township, I acknowledge that the organization is applying for excluded bingo activity within the township limits. (A township has no statutory authority to approve or deny an application, per Minnesota Statutes, Section 349.213.)</p> <p>Print Township Name: _____</p> <p>Signature of Township Officer: _____</p> <p>Title: _____ Date: _____</p>
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**CHIEF EXECUTIVE OFFICER'S SIGNATURE (required)**

The information provided in this application is complete and accurate to the best of my knowledge.

Chief Executive Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature must be CEO's signature; designee may not sign)

Print Name: \_\_\_\_\_

**MAIL OR FAX APPLICATION & ATTACHMENTS**

<p>Mail or fax application and a copy of your proof of nonprofit status to:</p> <p style="padding-left: 20px;">Gambling Control Board 1711 West County Road B, Suite 300 South Roseville, MN 55113 Fax: 651-639-4032</p> <p>An excluded bingo permit will be mailed to your organization. Your organization must keep its bingo records for 3-1/2 years.</p> <p><b>Questions?</b> Call a Licensing Specialist at 651-539-1900.</p>	<p>Bingo hard cards and bingo number selection devices may be borrowed from another organization authorized to conduct bingo. Otherwise, bingo hard cards, bingo paper, and bingo number selection devices must be obtained from a distributor licensed by the Minnesota Gambling Control Board. To find a licensed distributor, go to <a href="http://www.mn.gov/gcb">www.mn.gov/gcb</a> and click on <b>Distributors</b> under the <b>LIST OF LICENSEES</b>, or call 651-539-1900.</p> <p style="text-align: center;">This form will be made available in alternative format (i.e. large print, braille) upon request.</p>
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