To conduct lawful gambling in Minnesota, your organization must apply for and receive:

- 1. an organization license,
- 2. a gambling manager license, and
- 3. at least one premises permit.

Use this checklist to complete the required attachments to each application.

## LG200A Organization License Application and the following attachments

- \_\_\_\_ LG200B Organization Officers Affidavit for chief executive officer (CEO) and treasurer.
- \_\_\_\_ Proof of nonprofit status.
- \_\_\_\_ Organization bylaws, signed and dated by your CEO.
- \_\_\_\_ Membership list showing at least 15 active voting members including date of membership for each member; the list must be signed and dated by your CEO.
- \_\_\_\_\_ \$350 annual license fee (non-refundable); make check payable to "State of Minnesota".

FEE WAIVER: If your organization receives less than \$100,000 in gross annual receipts, you may request a waiver of the organization license fee after your first licensed year.

## LG212 Gambling Manager Application and the following attachments

- \_\_\_\_ A copy of the dishonesty bond, in the position or name of gambling manager, for \$10,000 in favor of your organization.
- \_\_\_\_ \$100 annual license fee (non-refundable); make check payable to "State of Minnesota".

## LG214 Premises Permit Application and the following attachments

- \_\_\_\_ LG215 Lease for Lawful Gambling Activity (if premises is leased).
- \_\_\_\_ \$150 annual permit fee for **each** premises permit (non-refundable); make check payable to "State of Minnesota".

## Mail applications and attachments to:

NOTE: Fees may be combined in one check. Minnesota Gambling Control Board Suite 300 South 1711 West County Road B Roseville, MN 55113

#### Did your organization discontinue gambling more than 90 days ago?

If yes, an LG204 License Termination Plan must be submitted and approved before any licenses and premises permits can be issued. Contact a Licensing Specialist at 651-539-1900.

## **Questions?**

Check our website at mn.gov/gcb or contact a Licensing Specialist at 651-539-1900.

# LG200A Organization License Application Annual Fee \$350 (NON-REFUNDABLE)

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ORGANIZATION INFORMATI	ON			
Legal Name:		Other Names Used:		
Minnesota Sales & Use Tax Permit:	Federal Employer Identification #:	Business Phone:		
The organization business address cann address, list the home address of your (		anager's address. If your organization does not have an		
Mailing Address (Street or P.O. box):				
City:	State:	_ Zip: County:		
BYLAWS: ATTACH A COPY OF YOUR	ORGANIZATION'S OFFICIAL B	YLAWS, SIGNED AND DATED BY THE CEO		
Board staff will review your bylaws to determine your organization's compliance with statutes and rules to be licensed, including membership requirements and voting rights, type and frequency of meetings conducted, and treasurer duties.				
<b>OFFICER INFORMATION - CH</b>	IEF EXECUTIVE OFFICER	(CEO)		
<ul> <li>The CEO: • must complete an LG200B Organization Officers Affidavit;</li> <li>is the person responsible for your organization, such as the president or commander;</li> <li>cannot be your gambling manager; and</li> <li>must attend a Gambling Manager's Seminar before an organization license may be issued.</li> </ul>				
First Name:	Full Middle:	Last:		
Maiden or Previous Name(s):				
Date CEO attended Gambling Manager's	Seminar:			
OFFICER INFORMATION - TREASURER				
<ul> <li>The treasurer: • must complete an LG200B Organization Officers Affidavit;</li> <li>is the person who handles nongambling monies for your organization, such as bookkeeper or accountant; and</li> <li>may not be your gambling manager and may not sign checks from your gambling account.</li> <li>The CEO may be the same person as the treasurer, depending on your organization's size and structure.</li> <li>If the CEO is the treasurer, then the CEO may not be a signatory on your organization's gambling account.</li> </ul>				
First Name:	Full Middle:	Last:		
Maiden or Previous Name(s):				
NONPROFIT STATUS				
Type of Nonprofit Organization (check o	ne):			
Fraternal Religious	s Veterans Oth	ner Nonprofit Organization		
Attach a copy of at least one of the	following showing proof of non	profit status of at least three years:		
(DO NOT attach a sales tax exempt stat	us or federal employer ID number,	as they are not proof of nonprofit status.)		
Current calendar year Certification Don't have a copy? This certification MN Secretary of State, But 60 Empire Drive, Suite 100 St. Paul, MN 55103	cate must be obtained each year fr siness Services Division	rom: Secretary of State website, phone numbers: <u>www.sos.state.mn.us</u> 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.				
<ul> <li>Internal Revenue Service-Affiliate of national, statewide, or international parent nonprofit organization (charter)         If your organization falls under a parent organization, attach copies of <u>both</u> of the following:         I. IRS letter showing your parent organization is a nonprofit 501(c) organization with a group ruling, and         the charter or letter from your parent organization recognizing your organization as a subordinate.     </li> </ul>				

## LG200A Organization License Application

refuse to issue a license (or permit). If your

organization supplies the information requested, the Board will be able to process

MEETINGS		
When does your organization hold regular meetings? Example: 2nd T	hursday 8:00 p.m.	
Day Time:	a.m p.m.	
Day Time:	a.m p.m.	
VOTING RIGHTS		
Are all organization members eligible to vote on all matters?		
Yes		
No If no, then your "board members" are considered the manager must be a member of your board.	active members for gambling purposes, plus the gambling	
MEMBERSHIP LIST		
Attach a membership list that contains the first and last n date of membership for each member. The list must be s	ames of at least 15 active voting members, and the original igned and dated by your CEO.	
If you answered "no" to the voting rights question above, board membership date.	the list must specifically identify all board members with	
MEMBERS		
List the number of full active members your organization has:	(Must have at least 15 active voting members.)	
ACKNOWLEDGMENT		
I declare that:		
• I am the chief executive officer of the organization.	• A termination plan will be submitted to the Board within	
All required information has been fully disclosed.	30 calendar days of termination of gambling.	
• I assume full responsibility for the fair and lawful operation of all activities to be conducted.	• I understand the fee is nonrefundable regardless of license approval/denial.	
• I will familiarize myself with the laws of Minnesota governing lawful gambling and rules of the Board, and agree, if licensed, to abide by those laws and rules, including amendments to them.	For 501(c)(3) organizations and 501(c)(4) festival organizations: I acknowledge the requirements of Minnesota Rules, part 7861.0320, subpart 14, i.e. if our organization intends to transfer gambling funds to our general account for its primary purpose, that our organization has met the standards and will obtain written	
<ul> <li>Failure to provide required information or providing false or misleading information may result in the denial or revocation of the license.</li> </ul>		
<ul> <li>I affirm that the gambling manager will be bonded and licensed as required per Minnesota Statutes.</li> <li>approval from the Board (using form LG2000 making any transfers.</li> </ul>		
SIGNATURE OF CHIEF EXECUTIVE OFFICER (CEO)		
I have read this application and all information submitted to the Boarc and complete. Any changes in the information in this application will l change.		
Signature of CEO: (must be CEO's signature; designee may not sign	Date:	
Data privacy notice: The information your organization's applica		
requested on this form (and any attach- ments) will be used by the Gambling Control Board (Board) to determine your qualifica- tions 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	ddress will be ceived by the on provided will be ganization until e (or permit).mation; Minnesota's Department of Public Safety; Attorney General; Commissioners of Administration, Minnesota Management & Budget, and Revenue; Legislative Auditor, national and international gambling regulato- ry agencies; anyone pursuant to court order; other individuals and agencies specifically authorized by state or federal law to have	
qualifications and, as a consequence, may refuse to issue a license (or permit). If your tion's name and address w		

This publication will be made available in alternative format, i.e. large print, braille, upon request.

are available to: Board members; Board

public. Private data about your organization

this notice was given; and anyone with your

written consent.