

LG270 Request to Contribute Gambling Funds to Another Licensed Gambling Organization

Purpose of Contribution

1. Amount of proposed contribution: \$ _____

2. Funds will be used specifically for:

3. Check the code for which funds will be used exclusively for lawful purpose as defined in Minnesota Statutes, Section 349.12, subdivision 25:

<u>Code</u>	<u>Code</u>
<input type="checkbox"/> 1 Contribution to a 501(c)(3) organization or to a 501 (c)(4) festival organization that does not have more than 49% of its membership in common with the contributing organization, does not have officers in common, and does not exist primarily for the purpose of receiving and distributing gambling profits.	<input type="checkbox"/> 11 Church.
<input type="checkbox"/> 2 Poverty, homelessness, or disability.	<input type="checkbox"/> 12 Citizen monitoring of surface water quality by individuals or nongovernmental organizations (attach LG555).
<input type="checkbox"/> 3 State-approved program for the education, prevention, or treatment of problem gambling.	<input type="checkbox"/> 13 Wildlife management project or activity; grooming and maintaining snowmobile and ATV trails including purchase or lease of equipment; or DNR safety training and education programs; approved by DNR (attach LG555).
<input type="checkbox"/> 4 Public or private nonprofit school.	<input type="checkbox"/> 14 Congregate dining programs and nutritional programs for elderly or disabled.
<input type="checkbox"/> 5 Contribution to defray cost of education for individuals.	<input type="checkbox"/> 15 Community arts organization or program.
<input type="checkbox"/> 6 Recognition of military service, or for active military personnel in need.	<input type="checkbox"/> 19 Humanitarian service—recognizing volunteerism or philanthropy.
<input type="checkbox"/> 7 Recreational, community and athletic facilities and activities intended primarily for persons under age 21.	<input type="checkbox"/> 25 Building made uninhabitable by fire or other catastrophic event (project approved by the Gambling Control Board).

Organization Making Contribution

Organization:	License Number:	
Address:	City:	Zip:

I affirm that the information is true and correct, that our organization will not receive anything in return for the contribution, and that the contribution does not result in any monetary, economic, financial or material benefit for our organization.

Chief Executive Officer Signature: _____ Date: _____

Gambling Manager Signature: _____ Date: _____

Organization Receiving Contribution

Organization:	License Number:	
Address:	City:	Zip:

I affirm that the information is true and correct, that the funds will not be used for fundraising, and that the contribution will not result in any monetary, economic, financial, or material benefit to the organization making the contribution.

Chief Executive Officer Signature: _____ Date: _____

Gambling Manager Signature: _____ Date: _____

Mail to: Minnesota Gambling Control Board 1711 West County Road B, Suite 300 So. Roseville, MN 55113	Gambling Control Board Recommendation: Approve: _____ Director Review: _____ Staff initials: _____ Deny: _____ Date: _____
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Questions: Contact the Minnesota Gambling Control Board at 651-539-1900. This form will be made available in alternative format (i.e. large print, braille) upon request. **Data privacy notice:** The information requested on this form and any attachments will become public information when received by the Board, and will be used to determine your compliance with Minnesota statutes and rules governing lawful gambling activities.