



Application for Approval of State Gambling Premises Permit

City of Long Lake
450 Virginia Avenue, PO Box 606
Long Lake, MN 55356
Phone / 952.473.6961

FOR CITY STAFF USE ONLY

☒ New Application
(\$100.00)

Date Paid: 7/25/04
☒ Check # 7006
☐ Credit Card
☐ Cash Receipt #

Applicant Information

Organization Name Orono Hockey Boosters, Inc.
Address 1025 N. Old Crystal Bay Rd City, State, Zip Long Lk MN 55356
License Number / MN Sales & Use Tax Permit Number 23-7424401
Organization Primary Contact Erika Kringen Title Gambling Manager
Contact Phone _____ Email gambling@oronohockey.org
Name of Leased Premises Bucks Pub
Address 2067 Wayzata Blvd W Ste 2 City, State, Zip Long Lk MN 55356

Officer Information

Chief Executive Officer Information

Full Name Sean Frederick Rohland Phone _____
Email sean.rohland@oronohockey.org
Address _____ City, State, Zip _____

Treasurer Information

Full Name Luke Beltnick Phone _____
Email ltreasurer@oronohockey.org
Address _____ City, State, Zip _____

Gambling Manager Information

Full Name Erika Lynn Kringen Phone _____
Email gambling@oronohockey.org
Address _____ City, State, Zip Long Lk MN 55356

Attach proof that Gambling Manager is licensed as required by Minnesota Statute. Gambling Manager must complete the attached Consent to Obtain Data form for the release of information.

Acknowledgement & Signature

By submitting this application and by my initials next to each statement below, I commit that the organization I'm applying on behalf of will continually comply with the following; and affirm that the facts set forth are true, correct and complete.

- _____ I certify this organization is in full compliance with the provisions of all local and State laws relating to lawful gambling.
- ✓ I understand this organization must maintain a principal business or operation within the City of Long Lake for the continuous duration of this gambling permit.
- ✓ I understand 10% of this organization's net gambling profit derived from lawful gambling within the City must be contributed to a fund administered and regulated by the City of Long Lake for disbursement by the City for lawful purposes. These 10% contributions must be made to the City at the same time of filing the monthly State

gambling report, and at no time shall the 10% contribution be a negative number (i.e. if the organization's permitted operation loses money on operation in a given month, the 10% contribution will be \$0.00).

✓ I understand that during any year that this organization is licensed to conduct lawful gambling, this organization shall expend no less than 40% of its net profits from gambling operations in the City of Long Lake on lawful purposes conducted or located within the city trade area. The city trade area is defined as the city limits and the contiguous City of Orono. Net profits are defined as gross profits less amounts expended for allowable expenses. I understand that annual and semi-annual reporting/accounting must reflect that this expenditure requirement has been met each year for the duration of this organization's gambling operation in Long Lake.

✓ I understand this organization will be required to submit to the City copies of monthly State gambling reports and schedule C required to be filed with the State lawful gambling control board pursuant to Minn. Stats. Chapter 349. The records and reports will be due at the same time they are due to the gambling control board. I understand this organization will also be required to file an annual summary report of lawful purpose expenditures of gambling profits with the City Clerk no later than January 30 of each year.

✓ I understand this organization will be required to submit to the City Clerk a semi-annual accounting of gross receipts, expenses, profits and expenditures of profit from Long Lake operation(s).

✓ I understand failure to comply with the provisions of any State or local regulation regarding lawful gambling will constitute grounds for revocation of a Premises Permit or disapproval of a new or renewal permit.

Gabe Krueger
SIGNATURE

7-24-2024
DATE

Gambling Manager
TITLE

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REQUIRED Submittals Attached: Consent Form ☒ Y ☐ N (CIRCLE ONE) Gambling Manager License - Y / N (CIRCLE ONE)

Date of City Council Approval: ____/____/____

Staff Initials: JKM