LG220 Application for Exempt Permit

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: Shades of the Past, Marshall, MN	Previous Gambling Permit Number:
Minnesota Tax ID Number, if any:	Federal Employer ID Number (FEIN), if any:
Mailing Address: PO Box 434	
City: Marshall State: M	1N Zip: <u>56258</u> County: <u>Lyon</u>
Name of Chief Executive Officer (CEO): Jerry Haas	
	: haasjerry@yahoo.com (permit will be emailed to this email address unless otherwise indicated below)
Email permit to (if other than the CEO): patfdero@gmail.c	om
NONPROFIT STATUS	
Type of Nonprofit Organization (check one): Fraternal Religious \u2214	/eterans Other Nonprofit Organization
Attach a copy of <u>one</u> of the following showing proof of	nonprofit status:
IRS toll free at 1-877-829-5500. IRS - Affiliate of national, statewide, or internation of the statewide of	vision Secretary of State website, phone numbers: www.sos,state.mn.us 651-296-2803, or toll free 1-877-551-6767 r organization's name ral income tax exempt letter, have an organization officer contact the onal parent nonprofit organization (charter) tion, attach copies of both of the following: a nonprofit 501(c) organization with a group ruling; and attion recognizing your organization as a subordinate.
Physical Address (do not use P.O. box): 1101 East Main St	reet
	Zip: <u>56258</u> County: <u>Lyon</u> Zip: County:
Date(s) of activity (for raffles, indicate the date of the drawin	ng): June 1, 2019
Check each type of gambling activity that your organization v	vill conduct:
Bingo Paddlewheels Pull-Tabs	Tipboards Raffle
	boards, paddlewheels, pull-tabs, and tipboards must be obtained rol Board. EXCEPTION: Bingo hard cards and bingo ball selection zed to conduct bingo. To find a licensed distributor, go to st of Licensees tab, or call 651-539-1900.

LG220 Application for Exempt Permit

LOCAL UNIT OF GOVERNMENT ACKNOWLEDGM! the Minnesota Gambling Control Board)	ENT (required before submitting application to	
CITY APPROVAL for a gambling premises located within city limits	COUNTY APPROVAL for a gambling premises located in a township	
The application is acknowledged with no waiting period.	The application is acknowledged with no waiting period.	
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).	The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days.	
The application is denied.	The application is denied.	
Print City Name:	Print County Name:	
Signature of City Personnel:	Signature of County Personnel:	
Title:Date:	Title: Date:	
The city or county must sign before submitting application to the Gambling Control Board.	TOWNSHIP (if required by the county) 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.) Print Township Name:	
	Signature of Township Officer:	
CHIEF EXECUTIVE OFFICER'S SIGNATURE (requ		
report will be completed and returned to the Board within 30 days	ate to the best of my knowledge. I acknowledge that the financial of the event date.	
Chief Executive Officer's Signature: Signature Must be CEO's signature	Date: DI-ID-19	
Print Name: Jerry Haas, President Shades of the Past		
REQUIREMENTS	MAIL APPLICATION AND ATTACHMENTS	
Complete a separate application for:	Mail application with:	
 all gambling conducted on two or more consecutive days; or all gambling conducted on one day. 	a copy of your proof of nonprofit status; and	
Only one application is required if one or more raffle drawings are conducted on the same day.	the application fee is \$100 ; otherwise the fee is \$150 .	
Financial report to be completed within 30 days after the gambling activity is done: A financial report form will be mailed with your permit. Complete and return the financial report form to the Gambling Control Board.	Make check payable to State of Minnesota . To: Minnesota Gambling Control Board 1711 West County Road B, Suite 300 South Roseville, MN 55113	
Your organization must keep all exempt records and reports for 3-1/2 years (Minn. Statutes, section 349.166, subd. 2(f)).	Questions? Call the Licensing Section of the Gambling Control Board at 651-539-1900.	

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

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-

ment of Public Safety; Attorney General; Commissioners of Administration, Minnesota Management & 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.

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

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Shades of the Past of Marshall, Inc.

Date Formed: 01/12/1987

Chapter Governed By: 317A

This certificate has been issued on 01/17/01.



Mary Kiffmager Secretary of State.

Business Record Details »

Minnesota Business Name

Shades of the Past of Marshall, Inc.

Business Type

Nonprofit Corporation (Domestic)

MN Statute

317A

File Number

1A-524

Home Jurisdiction

Minnesota

Filing Date

01/12/1987

Status

Active / In Good Standing

Renewal Due Date

12/31/2019

Registered Office Address

2623 State Hwy 23 Marshall, MN 56258

USA

Registered Agent(s)

(Optional) None provided

President

Mark Mather 503 Central Ave

Marshall, MN 56258

USA

Renewal History

Renewal History

Filing Date	Filing
04/19/1990	Annual Renewal - Nonprofit Corporation (Domestic)
02/05/1991	Annual Renewal - Nonprofit Corporation (Domestic)
02/19/1992	Annual Renewal - Nonprofit Corporation (Domestic)
07/28/1993	Annual Renewal - Nonprofit Corporation (Domestic)
08/08/1994	Annual Renewal - Nonprofit Corporation (Domestic)

Filing Date	Filing
08/11/1995	Annual Renewal - Nonprofit Corporation (Domestic)
10/02/1996	Annual Renewal - Nonprofit Corporation (Domestic)
10/22/1997	Annual Renewal - Nonprofit Corporation (Domestic)
08/24/1998	Annual Renewal - Nonprofit Corporation (Domestic)
03/20/2000	Annual Renewal - Nonprofit Corporation (Domestic)
07/19/2000	Annual Renewal - Nonprofit Corporation (Domestic)
08/01/2001	Annual Renewal - Nonprofit Corporation (Domestic)
05/14/2003	Annual Renewal - Nonprofit Corporation (Domestic)
01/01/2004	Nonprofit Corporation (Domestic) Annual Renewal Deferred
12/23/2004	Annual Renewal - Nonprofit Corporation (Domestic)
06/06/2005	Annual Renewal - Nonprofit Corporation (Domestic)
04/21/2006	Annual Renewal - Nonprofit Corporation (Domestic)
05/04/2007	Annual Renewal - Nonprofit Corporation (Domestic)
07/23/2008	Annual Renewal - Nonprofit Corporation (Domestic)
08/31/2009	Annual Renewal - Nonprofit Corporation (Domestic)
05/18/2010	Annual Renewal - Nonprofit Corporation (Domestic)
05/12/2011	Annual Renewal - Nonprofit Corporation (Domestic)
1/2/2013	Annual Renewal - Nonprofit Corporation (Domestic)
9/15/2014	Annual Reinstatement - Nonprofit Corporation (Domestic)
8/19/2015	Annual Renewal - Nonprofit Corporation (Domestic)
8/1/2016	Annual Renewal - Nonprofit Corporation (Domestic)
6/28/2017	Annual Renewal - Nonprofit Corporation (Domestic)
9/12/2018	Annual Renewal - Nonprofit Corporation (Domestic)