

MINNESOTA LAWFUL GAMBLING  
**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: Church of St Wenceslaus Previous Gambling Permit Number: X-70005-22-047  
Minnesota Tax ID Number, if any: 8348249 Federal Employer ID Number (FEIN), if any: 41-0695519  
Mailing Address: 215 Main Street East  
City: New Prague State: MN Zip: 56071 County: Scott  
Name of Chief Executive Officer (CEO): Fr Eugene Theisen  
CEO Daytime Phone: 952-758-3225 CEO Email: Eugene.Theisen@npcatholic.org  
(permit will be emailed to this email address unless otherwise indicated below)  
Email permit to (if other than the CEO): ruth.weinandt@npcatholic.org

**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  
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

**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): Church of St Wenceslaus  
Physical Address (do not use P.O. box): 215 Main Street East, New Prague MN 56071  
Check one:  
 City: New Prague Zip: 56071 County: Scott  
 Township: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Date(s) of activity (for raffles, indicate the date of the drawing): January 31, 2024  
Check each type of gambling activity that your organization will conduct:  
 Bingo  Paddlewheels  Pull-Tabs  Tipboards  Raffle

**Gambling equipment** for bingo paper, bingo boards, raffle boards, paddlewheels, pull-tabs, and tipboards must be obtained from a distributor licensed by the Minnesota Gambling Control Board. EXCEPTION: Bingo hard cards and bingo ball 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 the **List of Licensees** tab, or call 651-539-1900.

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

| CITY APPROVAL<br>for a gambling premises<br>located within city limits                                                                                                                                                                                                                                                            | COUNTY APPROVAL<br>for a gambling premises<br>located in a township                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> The application is acknowledged with no waiting period.<br><input type="checkbox"/> 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).<br><input type="checkbox"/> The application is denied. | <input type="checkbox"/> The application is acknowledged with no waiting period.<br><input type="checkbox"/> The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days.<br><input type="checkbox"/> The application is denied.                                                                                                                                          |
| Print City Name: <u>City of New Prague</u>                                                                                                                                                                                                                                                                                        | Print County Name: _____                                                                                                                                                                                                                                                                                                                                                                                                         |
| Signature of City Personnel:<br>_____                                                                                                                                                                                                                                                                                             | Signature of County Personnel:<br>_____                                                                                                                                                                                                                                                                                                                                                                                          |
| Title: <u>City Administrator</u> Date: _____                                                                                                                                                                                                                                                                                      | Title: _____ Date: _____                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>The city or county must sign before submitting application to the Gambling Control Board.</b></p>                                                                                                                                                                                                                           | <p><b>TOWNSHIP (if required by the county)</b><br/>                     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> Print Township Name: _____<br>Signature of Township Officer: _____<br>Title: _____ Date: _____ |

**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: Fr Eugene Theisen

| REQUIREMENTS | MAIL APPLICATION AND ATTACHMENTS |
|--------------|----------------------------------|
|--------------|----------------------------------|

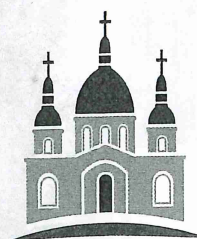
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| <p><b>Complete a separate application for:</b></p> <ul style="list-style-type: none"> <li>all gambling conducted on two or more consecutive days; or</li> <li>all gambling conducted on one day.</li> </ul> <p>Only one application is required if one 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><br/>                     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<br/>                     _____ 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> Minnesota Gambling Control Board<br/>                     1711 West County Road B, Suite 300 South<br/>                     Roseville, MN 55113</p> <p><b>Questions?</b><br/>                     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.



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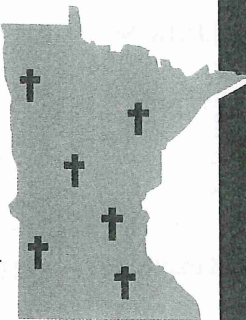


2020

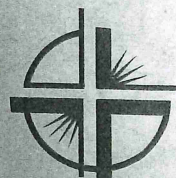
MINNESOTA



ATHOLIC  
DIRECTORY



Published by the Office of Communications, Archdiocese of St. Paul and Minneapolis



**Catholic Finance**

C O R P O R A T I O N

*Financial Advisor to Catholic Institutions*

CROOKSTON • DULUTH • NEW ULM • SAINT CLOUD • SAINT PAUL & MINNEAPOLIS • WINONA / ROCHESTER

Archdiocese of  
Saint Paul and Minneapolis

8701 36th Ave. N, New Hope  
55427-1769  
(763) 544-3352, Fax 544-3435

Little Church:  
13015 Rockford Rd., Plymouth  
trasmussen@stjosephparish.com  
www.stjosephparish.com

- Rev. Terry Rassmussen  
(763) 559-0318  
trasmussen@stjosephparish.com
- Deacon Robert Bramwell

**MASSES:**

Parish Center-New Hope

- Sat, 4:30 p.m.
- Sun: 10 a.m., 6 p.m.
- Weekday: Tue, 5:30 p.m.; Wed, Thu, 8:30 a.m.

Little Church-Plymouth

- Sun: 8, 9:30 a.m.

**SACRAMENT OF RECONCILIATION:**

Parish Center-New Hope

- 1st Sat of Month, 3:30-4:30 p.m.

**NEW MARKET**  
Scott Co.

**ST. NICHOLAS** &

51 Church St., Elko New Market 55054  
(952) 461-2403  
www.stncc.net  
www.facebook.com/stncc.net

- Rev. Patrick Barnes

**MASSES:**

- Sat, 5 p.m.
- Sun: 8, 10 a.m.
- Weekday: Tue-Sat, 8 a.m.

**SACRAMENT OF RECONCILIATION:**

- Tue-Fri, 7:35-7:50 a.m.; Wed, 4:45-5:30 p.m.; Sat, 8:35 a.m., 3:30-4:40 p.m.

SCHOOL: Holy Cross

See *SCHOOLS* section

**NEW PRAGUE**  
Scott Co.

**ST. BENEDICT**, see *St. Benedict***ST. WENCESLAUS** &

St. Wenceslaus campus:  
215 Main St. E, New Prague  
56071-1837  
(952) 758-3225, Fax 758-2960  
www.npcatholic.org  
St. Scholastica campus  
31525 181st Ave., Heidelberg 56071  
(952) 758-4292

*Parish records available at St. Wenceslaus*

St. John the Evangelist campus:  
20087 Hub Dr., Union Hill 56071  
(952) 758-4642

- Rev. Eugene Theisen, Parochial Administrator, (952) 758-0469  
eugene.theisen@npcatholic.org

**MASSES:**

St. Wenceslaus campus:

- Sat, 5 p.m. (4 p.m. DST)
- Sun: 8:30, 10:30 a.m.

**SACRAMENT OF RECONCILIATION:**

- Sat, 4-4:30 p.m. (3-3:30 p.m. DST)

St. Scholastica Campus:

- Sat, 8:15 p.m. (Nov-Apr)
- Sun, 10 a.m., 7:30 p.m. (Nov-Apr)

SCHOOL: St. Wenceslaus

See *SCHOOLS* section

**NEW TRIER**  
Dakota Co.

**ST. MARY**

St. Mary's Church  
23315 Northfield Blvd.  
Hampton 55031  
parishoffice@stmthias.com

- Rhonda Rother  
Parish Business Administrator
- Rev. Cole Kracke

**MASSES:**

- Sun, 8 a.m.
- Weekday: Fri, 7:30 a.m.; 1st Sat, 8:30 a.m.

**Internal Revenue Service**  
**P.O. Box 2508**  
**Cincinnati, OH 45201**

**Department of the Treasury**

**Date: June 2, 2017**

**Person to Contact:**

R. Meyer ID# 0110429

**Toll Free Telephone Number:**

877-829-5500

United States Conference of Catholic  
Bishops  
3211 4<sup>th</sup> Street, NE  
Washington, DC 20017-1194

**Group Exemption Number:**

0928

Dear Sir/Madam:

This responds to your June 2, 2017, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2017*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2017* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gifts tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

A handwritten signature in cursive script that reads "Stephen A. Martin".

Stephen A. Martin  
Director, Exempt Organizations  
Rulings and Agreements