

**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: Ducks Unlimited New Prague Chapter 263 Previous Gambling Permit Number: X- 32334-24-022

Minnesota Tax ID Number, if any: \_\_\_\_\_ Federal Employer ID Number (FEIN), if any: 27-2774985

Mailing Address: 20676 340th St

City: Le Center State: MN Zip: 56057 County: Le Sueur

Name of Chief Executive Officer (CEO): Ruth Hoefs

CEO Daytime Phone: 612-756-1500 CEO Email: rashoefs@gmail.com  
(permit will be emailed to this email address unless otherwise indicated below)

Email permit to (if other than the CEO): \_\_\_\_\_

**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): American Legion Post 45/New Prague Park Ballroom

Physical Address (do not use P.O. box): 300 Lexington Ave S

Check one:  
 City: New Prague Zip: 56071 County: Le Sueur  
 Township: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Date(s) of activity (for raffles, indicate the date of the drawing): Friday, March 7, 2025

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.



# LG220 Application for Exempt Permit

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

**CITY APPROVAL  
for a gambling premises  
located within city limits**

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 denied.

Print City Name: City of New Prague

Signature of City Personnel: \_\_\_\_\_

Title: City Administrator Date: 1-21-25

**The city or county must sign before submitting application to the Gambling Control Board.**

**COUNTY APPROVAL  
for a gambling premises  
located in a township**

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.

The application is denied.

Print County Name: \_\_\_\_\_

Signature of County Personnel: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**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: \_\_\_\_\_

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: Ruth Hoefs Date: 1/16/2025  
(Signature must be CEO's signature; designee may not sign)

Print Name: Ruth Hoefs

## REQUIREMENTS

**Complete a separate application for:**

- all gambling conducted on two or more consecutive days; or
- all gambling conducted on one day.

Only one application is required if one or more raffle drawings are conducted on the same day.

**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.

Your organization must keep all exempt records and reports for 3-1/2 years (Minn. Statutes, section 349.166, subd. 2(f)).

## MAIL APPLICATION AND ATTACHMENTS

**Mail application with:**

- \_\_\_\_\_ a copy of your proof of nonprofit status; and
- \_\_\_\_\_ application fee (non-refundable). If the application is postmarked or received 30 days or more before the event, the application fee is **\$100**; otherwise the fee is **\$150**. Make check payable to **State of Minnesota**.

**To:** Minnesota Gambling Control Board  
1711 West County Road B, Suite 300 South  
Roseville, MN 55113

**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 Department 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.

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
KANSAS CITY MO 64999

DATE OF THIS NOTICE: 04-10-96  
NUMBER OF THIS NOTICE: CP 575 E  
EMPLOYER IDENTIFICATION NUMBER: 36-4073499  
FORM: SS-4  
0916526320 0

DUCKS UNLIMITED INC  
NEW PRAGUE CHAPTER MN 263  
ONE WATERFOWL WAY  
MEMPHIS TN 38120

APR 12 1996

FOR ASSISTANCE CALL US AT:  
1-800-829-1040

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)**

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 36-4073499. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

If you want to receive a ruling or a determination letter recognizing your organization as tax exempt, you should file Form 1023/1024, Application for Recognition of Exemption, with your IRS Key District office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

Thank you for your cooperation.

Keep this part for your records.

CP 575 E (Rev. 1-95)

Return this part with any correspondence  
so we may identify your account. Please  
correct any errors in your name or address.

CP 575 E

0916526320

Your Telephone Number Best Time to Call  
( ) -

DATE OF THIS NOTICE: 04-10-96  
EMPLOYER IDENTIFICATION NUMBER: 36-4073499  
FORM: SS-4

INTERNAL REVENUE SERVICE  
KANSAS CITY MO 64999

DUCKS UNLIMITED INC  
NEW PRAGUE CHAPTER MN 263  
ONE WATERFOWL WAY  
MEMPHIS TN 38120



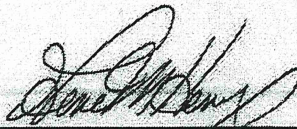
# DUCKS UNLIMITED, INC. CHAPTER CHARTER

Ducks Unlimited, Inc., a District of Columbia not-for-profit corporation, does hereby officially recognize and charter the "New Prague" Chapter of New Prague (City), Minnesota (State) as an official Chapter of Ducks Unlimited, Inc. This Charter shall remain in force and effect for so long as the aforementioned Chapter shall abide by and comply with the then current and existing Articles of Incorporation, Code of Regulations, Operational Policies as set forth in the Operating Manual and Chapter Guidelines and Regulations of Ducks Unlimited, Inc.

IN WITNESS WHEREOF, I, GENE M. HENRY, President of Ducks Unlimited, Inc., have caused to be executed this Local Committee Charter on this 28th day of February, 1996.

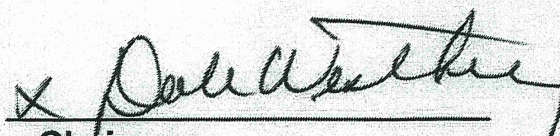
DUCKS UNLIMITED, INC.

By:

  
Gene M. Henry, President

Accepted by the "New Prague" Chapter # 263  
of New Prague (City), MN (State),  
this 4<sup>th</sup> day of March, 1996.

By:

  
Chairman



**AUTHORIZATION**


The undersigned, Chairman of the "New Prague"  
Chapter, of Ducks Unlimited, Inc., hereby authorizes Ducks Unlimited, Inc.  
to include said Chapter in an application for group income tax exemption  
under Section 501. (c) (3) of the Internal Revenue Code, thereby relieving  
said Chapter from the burden of obtaining a separate exemption  
determination.

"New Prague"  
Chapter of Ducks Unlimited, Inc.

263  
Chapter #

New Prague, Minnesota  
City State

4 MARCH 1996  
Date

  
Chairman



# Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.)

EIN **MAR 18 1996**

OMB No. 1545-0003  
 Expires 4-30-94

**Please type or print clearly.**

1 Name of applicant (True legal name) (See instructions.) <b>"New Prague" Chapter - MN 263</b>		DUCKS UNLIMITED, INC.	
2 Trade name of business, if different from name in line 1		3 Executor, trustee, "care of" name	
4a Mailing address (street address) (room, apt., or suite no.) <b>ONE WATERFOWL WAY, MEMPHIS, TN</b>		5a Address of business (See instructions.) <b>ONE WATERFOWL WAY</b>	
4b City, state, and ZIP code <b>New Prague, Minnesota 38120</b>		5b City, state, and ZIP code <b>MEMPHIS, TN 38120</b>	
6 County and state where principal business is located <b>Le Sueur, Minnesota</b>			
7 Name of principal officer, grantor, or general partner (See instructions.) ▶ <b>MATTHEW B. CONNOLLY, JR.</b>			

8a Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Individual SSN	<input type="checkbox"/> Estate	<input type="checkbox"/> Trust
<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator SSN	<input type="checkbox"/> Partnership
<input type="checkbox"/> State/local government	<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Other corporation (specify)
<input type="checkbox"/> National guard	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Church or church controlled organization
<input checked="" type="checkbox"/> Other nonprofit organization (specify)	If nonprofit organization enter GEN (if applicable)	
<input type="checkbox"/> Other (specify) ▶		

8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated ▶ Foreign country State  
 WASHINGTON, DC

9 Reason for applying (Check only one box.)

<input checked="" type="checkbox"/> Started new business	<input type="checkbox"/> Changed type of organization (specify) ▶
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Created a trust (specify) ▶
<input type="checkbox"/> Banking purpose (specify) ▶	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.) **MARCH, 1995** 11 Enter closing month of accounting year. (See instructions.) **FEBRUARY, 1996**

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (See instructions.) ▶ **CHARITABLE/SCIENTIFIC/EDUCATION'L/WILDLIFE CONSERV**

15 Is the principal business activity manufacturing?  Yes  No  
 If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.  Business (wholesale)  N/A  
 Public (retail)  Other (specify) ▶

17a Has the applicant ever applied for an identification number for this or any other business?  Yes  No  
 Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's true name and trade name, if different than name shown on prior application.

True name ▶ Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ **DALE WESTBERG**

Signature ▶ *Dale Westberg* Date ▶ **MARCH 4 1996**

Note: Do not write below this line. For official use only.

Geo.	Ind.	Class	Size	Reason for applying