

MINNESOTA LAWFUL GAMBLING  
**LG230 Application to Conduct Off-Site Gambling**

**No Fee**

**ORGANIZATION INFORMATION**

Organization Name: Spring Lake Park Lions Club License Number: 00584  
Address: 8433 Center Drive City: Spring Lake Park, MN Zip: 55432  
Chief Executive Officer (CEO) Name: Deborah Roberge Daytime Phone: 612-483-3962  
Gambling Manager Name: Amanda Jackson Daytime Phone: 763-784-9179

**GAMBLING ACTIVITY**

Twelve off-site events are allowed each calendar year not to exceed a total of 36 days.

From 06 / 11 / 22 to 06 / 12 / 22

Check the type of games that will be conducted:

Raffle     Pull-Tabs     Bingo     Tipboards     Paddlewheel

**GAMBLING PREMISES**

Name of location where gambling activity will be conducted: Lakeside Lions Park

Street address and City (or township): 7840 Pleasant View Drive Zip: 55432 County: Anoka

- Do not use a post office box.
- If no street address, write in road designations (example: 3 miles east of Hwy. 63 on County Road 42).

Does your organization own the gambling premises?

**Yes** If yes, a lease is not required.  
 **No** If no, the lease agreement below must be completed, and signed by the lessor.

**LEASE AGREEMENT FOR OFF-SITE ACTIVITY (a lease agreement is not required for raffles)**

Rent to be paid for the leased area: \$0 (if none, write "0")

All obligations and agreements between the organization and the lessor are listed below or attached.

- Any attachments must be dated and signed by both the lessor and lessee.
- This lease and any attachments is the total and only agreement between the lessor and the organization conducting lawful gambling activities.
- Other terms, if any:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lessor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Lessor's Name: \_\_\_\_\_

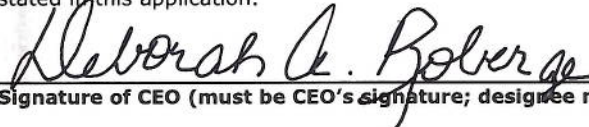
**Acknowledgment by Local Unit of Government: Approval by Resolution**

<p align="center"><b>CITY APPROVAL for a gambling premises located within city limits</b></p>	<p align="center"><b>COUNTY APPROVAL for a gambling premises located in a township</b></p>
<p>City Name: _____</p> <p>Date Approved by City Council: _____</p> <p>Resolution Number: _____ (If none, attach meeting minutes.)</p> <p>Signature of City Personnel: _____</p> <p>Title: _____ Date Signed: _____</p>	<p>County Name: _____</p> <p>Date Approved by County Board: _____</p> <p>Resolution Number: _____ (If none, attach meeting minutes.)</p> <p>Signature of County Personnel: _____</p> <p>Title: _____ Date Signed: _____</p>
<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p><b>Local unit of government must sign.</b></p> </div>	<p>TOWNSHIP NAME: _____</p> <p><b>Complete below only if required by the county.</b> On behalf of the township, I acknowledge that the organization is applying to conduct gambling activity within the township limits. (A township has no statutory authority to approve or deny an application, per Minnesota Statutes 349.213, Subd. 2.)</p> <p>Print Township Name: _____</p> <p>Signature of Township Officer: _____</p> <p>Title: _____ Date Signed: _____</p>

**CHIEF EXECUTIVE OFFICER (CEO) ACKNOWLEDGMENT**

The person signing this application must be your organization's CEO and have their name on file with the Gambling Control Board. If the CEO has changed and the current CEO has not filed a LG200B Organization Officers Affidavit with the Gambling Control Board, he or she must do so at this time.

I have read this application, and all information is true, accurate, and complete and, if applicable, agree to the lease terms as stated in this application.


04-15-22

\_\_\_\_\_  
 Signature of CEO (must be CEO's signature; designee may not sign)
 \_\_\_\_\_  
 Date

<p><b>Mail or fax to:</b></p> <p>Minnesota Gambling Control Board Suite 300 South 1711 West County Road B Roseville, MN 55113 Fax: 651-639-4032</p>	<p><b>No attachments required.</b></p> <p>Questions? Contact a Licensing Specialist at 651-539-1900.</p>
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This publication will be made available in alternative format (i.e. large print, braille) upon request.

<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 your organization's application.</p> <p>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.</p>	<p>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.</p> <p>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 &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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