LG220 Application for Exempt Permit

Page 1 of 3

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

If total raffle prize value for the calendar year will be \$1,500 or less, contact the Licensing Specialist assigned to

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.

your county by calling 651-539-1900.	
ORGANIZATION INFORMATION	
Organization Sons of The American Legion Previous Gambling Permit Number: X- 95525-25-007 Minnesota Tax ID Federal Employer ID Number, if any:	
Mailing Address: 3073 Bridge Street NW	
City: Saint Francis State: MN zip: 35070 County: Anoka	
Name of Chief Executive Officer (CEO): David Alan Behnke	
CEO Daytime Phone: 612-599-1308 CEO Email: (permit will be emailed to this email address unless otherwise indicated below)	
Email permit to (if other than the CEO): brentoclke/sahotmail.com	
NONPROFIT STATUS	
Type of Nonprofit Organization (check one): Fraternal Religious Veterans Other Nonprofit Organization	
Attach a copy of <u>one</u> 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 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 recognizing your organization as a subordinate.	
GAMBLING PREMISES INFORMATION	
Name of premises where the gambling event will be conducted Sqint Francis American Legian Post 627 (for raffles, list the site where the drawing will take place):	
Check one: Zip: 55070 County: Ano Ka	
Township: Zip: County:	
Date(s) of activity (for raffles, indicate the date of the drawing): October 12, 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/acb 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 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 a 30-day waiting	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).	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	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
submitting application to the	deny an application, per Minn. Statutes, section 349.213.)
Gambling Control Board.	Print Township Name:
	Signature of Township Officer:
	Title: Date:
CHIEF EXECUTIVE OFFICER'S SIGNATURE (requ	ired)
The information provided in this application is complete and accur 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 eyent date.
The information provided in this application is complete and accur	ate to the best of my knowledge. I acknowledge that the financial of the eyent date.
The information provided in this application is complete and accur report will be completed and returned to the Board within 30 days Chief Executive Officer's Signature: Signature must be CEO's signature	ate to the best of my knowledge. I acknowledge that the financial of the eyent date.
The information provided in this application is complete and accurreport will be completed and returned to the Board within 30 days. Chief Executive Officer's Signature: (Signature must be CEO's signature) Print Name: REQUIREMENTS Complete a separate application for: all gambling conducted on two or more consecutive days; or all gambling conducted on one day.	ired) ate to the best of my knowledge. I acknowledge that the financial of the event date. Date: 4-12-2025 re; designee may not sign) MAIL APPLICATION AND ATTACHMENTS Mail application with: a copy of your proof of nonprofit status; and application fee (non-refundable). If the application is
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The information provided in this application is complete and accurreport will be completed and returned to the Board within 30 days. Chief Executive Officer's Signature: Print Name: 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	ired) ate to the best of my knowledge. I acknowledge that the financial of the event date. Date: 4-12-2025 re; designee may not sign) 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

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.

Office of the Minnesota Secretary of State Certificate of Incorporation

I, Steve Simon, Secretary of State of Minnesota, do certify that: The following business entity has duly complied with the relevant provisions of Minnesota Statutes listed below, and is formed or authorized to do business in Minnesota on and after this date with all the powers, rights and privileges, and subject to the limitations, duties and restrictions, set forth in that chapter.

The business entity is now legally registered under the laws of Minnesota.

Name:

Sons of the American Legion/Post 622 Saint Francis

Here Pimm

File Number:

1483415800024

Minnesota Statutes, Chapter:

317A

This certificate has been issued on:

07/22/2024



Steve Simon

Secretary of State State of Minnesota

Business Record Details »

Minnesota Business Name

Sons of the American Legion/Post 622 Saint Francis

Business Type

Nonprofit Corporation (Domestic)

File Number

1483415800024

Filing Date

7/22/2024

Renewal Due Date

12/31/2025

MN Statute

317A

Home Jurisdiction

Minnesota

Status

Active / In Good Standing

Registered Office Address

3073 BRIDGE ST NW

SAINT FRANCIS, MN 55070-7706

USA

Registered Agent(s)

(Optional) Currently No Agent

Filing History

Filing History

Select the item(s) you would like to order: Order Selected Copies

Filing Date

Filing

Effective Date

7/22/2024

Original Filing - Nonprofit Corporation (Domestic)

(Business Name: Sons of the American Legion/Post 622

Saint Francis)