

**LG240B Application to Conduct Excluded Bingo**

**No Fee**

**ORGANIZATION INFORMATION**

Organization Name: St Francis Lions Club Previous Gambling Permit Number: xb-02688-23-024  
 Minnesota Tax ID Number, if any: \_\_\_\_\_ Federal Employer ID Number (FEIN), if any: 93-4267096  
 Mailing Address: PO Box 173  
 City: St. Francis State: MN Zip: 55070 County: Anoka  
 Name of Chief Executive Officer (CEO): Anoka  
 CEO Daytime Phone: 763-238-0650 CEO Email: melissahairchair@gmail.com  
(permit will be emailed to this email address unless otherwise indicated below)  
 Email permit to (if other than the CEO): doxierex2@hotmail.com

**NONPROFIT STATUS**

Type of Nonprofit Organization (check one):  
 Fraternal  Religious  Veterans  Other Nonprofit Organization

**Attach a copy of at least 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.)

**Current calendar year Certificate of Good Standing**  
 Don't have a copy? This certificate must be obtained each year from:  
 MN Secretary of State, Business Services Division Secretary of State website, phone numbers:  
 60 Empire Drive, Suite 100 [www.sos.state.mn.us](http://www.sos.state.mn.us)  
 St. Paul, MN 55103 651-296-2803, or toll free 1-877-551-6767

**Internal Revenue Service-IRS income tax exemption 501(c) letter in your organization's name**  
 Don't have a copy? Obtain a copy of your federal income tax exempt letter by having an organization officer contact the IRS at 877-829-5500.

**Internal Revenue Service-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.

**EXCLUDED BINGO ACTIVITY**

Has your organization held a bingo event in the current calendar year?  Yes  No

If yes, list the dates when bingo was conducted: 3/23/24

The proposed bingo event will be:

one of four or fewer bingo events held this year. Dates: 11/16/24  
**-OR-**  
 conducted on up to 12 consecutive days in connection with a:  
 county fair Dates: \_\_\_\_\_  
 civic celebration Dates: \_\_\_\_\_  
 Minnesota State Fair Dates: \_\_\_\_\_

Person in charge of bingo event: Millisa Schrunk Daytime Phone: 763-238-0650  
 Name of premises where bingo will be conducted: St. Francis American Legion  
 Premises street address: 3073 Bridge St. NW  
 City: St. Francis If township, township name: \_\_\_\_\_ County: Anoka

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

<p style="text-align: center;"><b>CITY APPROVAL for a gambling premises located within city limits</b></p> <p>On behalf of the city, I approve this application for excluded bingo activity at the premises located within the city's jurisdiction.</p> <p>Print City Name: _____</p> <p>Signature of City Personnel: _____</p> <p>Title: _____ Date: _____</p>	<p style="text-align: center;"><b>COUNTY APPROVAL for a gambling premises located in a township</b></p> <p>On behalf of the county, I approve this application for excluded bingo activity at the premises located within the county's jurisdiction.</p> <p>Print County Name: _____</p> <p>Signature of County Personnel: _____</p> <p>Title: _____ Date: _____</p>
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p><b>The city or county must sign before submitting application to the Gambling Control Board.</b></p> </div>	
<p><b>TOWNSHIP (if required by the county)</b> On behalf of the township, I acknowledge that the organization is applying for excluded bingo activity within the township limits. (A township has no statutory authority to approve or deny an application, per Minnesota Statutes, Section 349.213.)</p> <p>Print Township Name: _____</p> <p>Signature of Township Officer: _____</p> <p>Title: _____ Date: _____</p>	

**CHIEF EXECUTIVE OFFICER'S SIGNATURE (required)**

The information provided in this application is complete and accurate to the best of my knowledge.

Chief Executive Officer's Signature: *Melissa Schrunk* Date: 9/19/24  
(Signature must be CEO's signature; designee may not sign)

Print Name: Melissa Schrunk

**MAIL OR FAX APPLICATION & ATTACHMENTS**

<p>Mail or fax application and a copy of your proof of nonprofit status to:</p> <p style="padding-left: 20px;">Minnesota Gambling Control Board 1711 West County Road B, Suite 300 South Roseville, MN 55113 Fax: 651-639-4032</p> <p>An excluded bingo permit will be mailed to your organization. Your organization must keep its bingo records for 3-1/2 years.</p> <p><b>Questions?</b> Call a Licensing Specialist at 651-539-1900.</p>	<p>Bingo hard cards and bingo number selection devices may be borrowed from another organization authorized to conduct bingo. Otherwise, bingo hard cards, bingo paper, and bingo number selection devices must be obtained from a distributor licensed by the Minnesota Gambling Control Board. A list of licensed distributors is available on the Gambling Control Board's website at <a href="http://www.mn.gov/gcb">www.mn.gov/gcb</a>.</p> <p style="text-align: center;">This form will be made available in alternative format (i.e. large print, braille) upon request.</p>
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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.

**Business Record Details »**

Minnesota Business Name  
**St. Francis Lions Club**

**Business Type**  
Nonprofit Corporation (Domestic)

**MN Statute**  
317A

**File Number**  
1-898

**Home Jurisdiction**  
Minnesota

**Filing Date**  
12/29/1970

**Status**  
Active / In Good Standing

**Renewal Due Date**  
12/31/2025

**Registered Office Address**  
3726 Bridge Street NW  
PO 173  
St Francis, MN 55070-0173  
USA

**Number of Shares**  
NONE

**Registered Agent(s)**  
Darlene P Behnke

**President**  
Rex A Larson  
PO BOX 173  
SAINT FRANCIS, MN 55070-0173  
USA

**Filing History**

**Filing History**

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

<input type="checkbox"/>	Filing Date	Filing	Effective Date
<input type="checkbox"/>	12/29/1970	Original Filing - Nonprofit Corporation (Domestic)	
<input type="checkbox"/>	12/29/1970	Nonprofit Corporation (Domestic) Business Name (Business Name: St. Francis Lions Club)	
<input type="checkbox"/>	12/31/1997	Involuntary Dissolution - Nonprofit Corporation (Domestic)	
<input type="checkbox"/>	11/16/1998	Registered Office and/or Agent - Nonprofit Corporation (Domestic)	
<input type="checkbox"/>	11/16/1998	Nonprofit Corporation (Domestic) Other	
<input type="checkbox"/>	11/16/1998	Nonprofit Corporation (Domestic) Mailing Address	
<input type="checkbox"/>	01/31/2002	Registered Office and/or Agent - Nonprofit Corporation (Domestic)	
<input type="checkbox"/>	01/16/2007	Involuntary Dissolution - Nonprofit Corporation (Domestic)	
<input type="checkbox"/>	09/24/2007	Annual Reinstatement - Nonprofit Corporation (Domestic)	
<input type="checkbox"/>	12/2/2018	Registered Office - Nonprofit Corporation (Domestic)	
<input type="checkbox"/>	12/3/2018	Registered Office - Nonprofit Corporation (Domestic)	
<input type="checkbox"/>	12/7/2019	Registered Office - Nonprofit Corporation (Domestic)	
<input type="checkbox"/>	12/7/2019	Registered Office - Nonprofit Corporation (Domestic)	
<input type="checkbox"/>	2/22/2024	Involuntary Dissolution - Nonprofit Corporation (Domestic)	
<input type="checkbox"/>	3/19/2024	Annual Reinstatement - Nonprofit Corporation (Domestic)	

## Business Record Search »

Business Name

St Francis Llons Club

Search Scope:

Filing Status:

Include Prior Names:

Please see search results below. For best results, type only a portion of the business name. You may change the search criteria with the options above.

## Search Results

Business Name

St. Francis Lions Club

[Details](#)

Business Status:

Active

Business Type:

Nonprofit Corporation (Domestic)

Name Type:

Minnesota Business Name