



## APPLICATION FOR LOCAL GAMBLING PERMIT

8188 199TH Avenue NW, Nowthen, MN 55330  
(763) 441-1347

Return Permit to: [permits@nowthenmn.net](mailto:permits@nowthenmn.net)

Date of Application: \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_

### Applicant Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

### Organization Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Proposed Location

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

If the Organization does not own the facility:  
Property Owner:

\_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(Attach a copy of the rental or leasing arrangement to the application)

Name and address of any officer/person who will account for receipts, expenses, and profits for the event:

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Description of the gambling activities to be conducted (include days & hours and estimated value of prizes to be awarded):

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Provide any relevant information supporting the organization's exclusion or exemption from state licensing requirements and eligibility for a local gambling permit (Minn. Stat. § 349.166):

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I hereby certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any misstatements or omissions may result in a denial of my application. I authorize the city to investigate the information provided and contact the persons or organizations listed in this application.

The undersigned agrees that the gambling event will, if approved, conform to all applicable state and local regulations.

Applicant (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_