

MINNESOTA LAWFUL GAMBLING  
**LG214 Premises Permit Application**

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**Annual Fee \$150 (NON-REFUNDABLE)**

**REQUIRED ATTACHMENTS TO LG214**

1. If the premises is leased, attach a copy of your lease. Use **LG215 Lease for Lawful Gambling Activity**.
2. \$150 annual premises permit fee, for each permit (non-refundable). Make check payable to "**State of Minnesota**."

**Mail the application and required attachments to:**

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

**Questions?** Call 651-539-1900 and ask for Licensing.

**ORGANIZATION INFORMATION**

Organization Name: Frontenac Sportsman Club License Number: 03000  
Chief Executive Officer (CEO) Jake Davidson Daytime Phone: 651-380-2703  
Gambling Manager: John McCormick Daytime Phone: 507-259-94887

**GAMBLING PREMISES INFORMATION**

Current name of site where gambling will be conducted: Lake City Golf

List any previous names for this location:

Street address where premises is located: 33587 Lakeview DR Lake City MN 55041  
(Do not use a P.O. box number or mailing address.)

|                                           |                                               |
|-------------------------------------------|-----------------------------------------------|
| City: <b>OR</b> Township: <u>Florence</u> | County: <u>Goodhue</u> Zip Code: <u>55041</u> |
|-------------------------------------------|-----------------------------------------------|

Does your organization own the building where the gambling will be conducted?

☐ Yes ☒ No If no, attach LG215 Lease for Lawful Gambling Activity.

A lease is not required if only a raffle will be conducted.

Is any other organization conducting gambling at this site? ☐ Yes ☒ No ☐ Don't know

Note: Bar bingo can only be conducted at a site where another form of lawful gambling is being conducted by the applying organization or another permitted organization. Electronic games can only be conducted at a site where paper pull-tabs are played.

Has your organization previously conducted gambling at this site? ☐ Yes ☒ No ☐ Don't know

**GAMBLING BANK ACCOUNT INFORMATION; MUST BE IN MINNESOTA**

Bank Name: Alliance Bank Bank Account Number: 0000267791  
Bank Street Address: 105 E Loyn ave City: Lake City State: MN Zip Code:

**ALL TEMPORARY AND PERMANENT OFF-SITE STORAGE SPACES**

| Address (Do not use a P.O. box number): | City:            | State:    | Zip Code:    |
|-----------------------------------------|------------------|-----------|--------------|
| <u>728 N Garden ST</u>                  | <u>Lake City</u> | <u>MN</u> | <u>55041</u> |
| <u>30301 Territorial Rd</u>             | <u>Lake City</u> | <u>MN</u> | <u>55041</u> |
| <u></u>                                 | <u></u>          | <u>MN</u> | <u></u>      |

**ACKNOWLEDGMENT BY LOCAL UNIT OF GOVERNMENT: APPROVAL BY RESOLUTION**

| <b>CITY APPROVAL</b><br><b>for a gambling premises</b><br><b>located within city limits</b>                                                     | <b>COUNTY APPROVAL</b><br><b>for a gambling premises</b><br><b>located in a township</b>                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| City Name: _____                                                                                                                                | County Name: <u>Goodhue</u>                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Date Approved by City Council: _____                                                                                                            | Date Approved by County Board: _____                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Resolution Number: _____<br>(If none, attach meeting minutes.)                                                                                  | Resolution Number: _____<br>(If none, attach meeting minutes.)                                                                                                                                                                                                                                                                                                                                                                                                    |
| Signature of City Personnel:<br><br>_____                                                                                                       | Signature of County Personnel:<br><br>_____                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Title: _____ Date Signed: _____                                                                                                                 | Title: _____ Date Signed: _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <b>Local unit of government<br/>must sign.</b> </div> | TOWNSHIP NAME: _____<br><br><b>Complete below only if required by the county.</b><br>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.)<br><br>Print Township Name: _____<br><br>Signature of Township Officer: _____<br><br>Title: _____ Date Signed: _____ |

**ACKNOWLEDGMENT AND OATH**

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> <li>1. I hereby consent that local law enforcement officers, the Board or its agents, and the commissioners of revenue or public safety and their agents may enter and inspect the premises.</li> <li>2. The Board and its agents, and the commissioners of revenue and public safety and their agents, are authorized to inspect the bank records of the gambling account whenever necessary to fulfill requirements of current gambling rules and law.</li> <li>3. I have read this application and all information submitted to the Board is true, accurate, and complete.</li> <li>4. All required information has been fully disclosed.</li> <li>5. I am the chief executive officer of the organization.</li> </ol> | <ol style="list-style-type: none"> <li>6. I assume full responsibility for the fair and lawful operation of all activities to be conducted.</li> <li>7. I will familiarize myself with the laws of Minnesota governing lawful gambling and rules of the Board and agree, if licensed, to abide by those laws and rules, including amendments to them.</li> <li>8. Any changes in application information will be submitted to the Board no later than ten days after the change has taken effect.</li> <li>9. I understand that failure to provide required information or providing false or misleading information may result in the denial or revocation of the license.</li> <li>10. I understand the fee is non-refundable regardless of license approval/denial.</li> </ol> |
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**Signature of Chief Executive Officer (designee may not sign)** \_\_\_\_\_

**Date** \_\_\_\_\_

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. 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.