



City of Delano
234 2nd Street North, PO Box 108
Delano, MN 55328
763-972-0550
Fax: 763-972-6174
www.delano.mn.us

Application for Charitable Gambling

Applicants Information:

Applicant Name: _____
Business Phone: _____ Cell: _____
Email: _____

Organization Information:

Organization Name: _____
Address: _____
City: _____ State _____ Zip: _____
Daytime Phone: _____ Evening Phone: _____
Charter Location: _____

Certificate/License No. of Non-Profit Status (Please attach copy): _____
Supported: Local State Federal Number of Members: _____

Has the organization been denied a permit or had one revoked in the last year? Yes No
Explain: _____

Management:

Gambling Manager: _____
Home Phone: _____ Cell: _____
Has Manager Been Convicted of a felony: Yes No Explain: _____

Operation:

Name and location of premises where gambling is located. Attach a copy of lease or similar agreement: _____
Anticipated Rent: _____
Amount of space required to operate: _____ Sq. Ft.
Type of gambling instruments proposed to use: _____

Days and Hours of Operation: _____

Explain how you plan to staff operation: _____

Proceeds and Donations:

What are your plans for the proceeds or income: _____
Planned donation goals for the next two (2) years: _____

List of donations for the last two (2) years: _____

Percentage of paycheck profitability: _____

References:

List three references for your organization:

Name: _____

Address: _____ City _____ State _____ Zip _____

Daytime Phone: _____ Evening Phone: _____

Name: _____

Address: _____ City _____ State _____ Zip _____

Daytime Phone: _____ Evening Phone: _____

Name: _____

Address: _____ City _____ State _____ Zip _____

Daytime Phone: _____ Evening Phone: _____

Applicant Signature:

I (we) the undersigned will strictly comply with all the laws of the State of Minnesota, County of Wright, and the City of Delano, governing non-for profit (Charitable) Gambling, and I (we) hereby certify that I (we) have read the foregoing questions and that the answer to said questions are true and correct to the best of my (our) knowledge. I (we) also certify that any false information on this application will automatically make said license and application null and void. Furthermore, acknowledge receive of City Code 414 entitled Charitable Gambling for the City of Delano.

| | | |
|-----------|------|-------|
| Signature | Name | Title |
|-----------|------|-------|

Name _____

Title

Date

Name _____

Title

Date

Staff Use Only:

| | | |
|-----------------------|------------------|----------------|
| Date App. Received: | Amount Paid: | Receipt No.: |
| Council Meeting Date: | Approved Dates: | Permit Number: |
| Issued Date: | Staff Signature: | |