



**HASTINGS FIRE DEPARTMENT
RELIEF ASSOCIATION**



Alan E. Storlie, President
115 West 5th Street
Hastings, MN 55033-1815

Business Office (651) 480-6150
Fax (651) 480-6170

TO: Mayor Fasbender
Council Members

FROM: Hastings Fire Department Relief Association

DATE: May 16th, 2021

SUBJECT: Request for approval of One-Day Liquor License Application and Charitable Gambling Application for 80th Annual Booya.

The Hastings Fire Department Relief Association is requesting Council approval for a one-day liquor license, to allow for the sale of beer at Saint Elizabeth Ann Seton Church 2035 15th Street West, during our 80th Annual Booya, to be held on Saturday, September 11th, 2021. We also request that you waive the customary fee. In addition, we are requesting approval to allow charitable gambling at the above-mentioned site / event.

Attached you will find an application for a temporary on-sale liquor license and an application for charitable gambling. These items will need to be signed, upon your approval, and returned to us so that we may forward them to the appropriate State agencies.

Thank you for your consideration of this matter. If you should have any questions, please feel free to contact Craig Latch or Christopher Paulson at 651-480-6150.

**CITY OF HASTINGS
DAKOTA COUNTY, MINNESOTA**

RESOLUTION NO. 06 - - 21

**RESOLUTION APPROVING THE APPLICATION BY
THE HASTINGS FIRE RELIEF ASSOCIATION
FOR A ONE -DAY TEMPORARY LIQUOR LICENSE AND
A ONE-DAY GAMBLING PERMIT**

WHEREAS, the Hastings Fire Relief Association has presented applications for a one-day temporary liquor license and a one-day gambling permit for September 11, 2019 at Saint Elizabeth Ann Seton Church, 2035 15th Street West; and

WHEREAS, the associated fees for a temporary liquor license and one-day gambling permit have been waived.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Hastings, that the one-day temporary liquor license and one-day gambling permit are approved and the associated fees are waived.

ADOPTED BY THE CITY COUNCIL OF HASTINGS, MINNESOTA THIS 7th DAY OF JUNE 2021.

ATTEST:

Mary D. Fasbender, Mayor

Kelly Murtaugh, City Clerk



Minnesota Department of Public Safety
 Alcohol and Gambling Enforcement Division
 445 Minnesota Street, Suite 1600, St. Paul, MN 55101
 651-201-7507 Fax 651-297-5259 TTY 651-282-6555
**APPLICATION AND PERMIT FOR A 1 DAY
 TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

VIII-05

Name of organization Hastings Fire Department Relief Association		Date organized 2/1/1924	Tax exempt number 41-6030634
Address 115 5th Street West	City Hastings	State MN	Zip Code 55033
Name of person making application Craig Latch		Business phone 651-480-6150	Home phone
Date(s) of event 9/11/2021	Type of organization <input type="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer <input type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other non-profit		
Organization officer's name Alan Storlie, President	City Hastings	State MN	Zip Code 55033
Organization officer's name Craig Latch, Treasurer	City Hastings	State MN	Zip Code 55033
Organization officer's name Dave Janssen, Secretary	City Hastings	State MN	Zip Code 55033

Location where permit will be used. If an outdoor area, describe.
 Saint Elizabeth Ann Seton Church, 2035 15th Street West, Hastings, MN 55033

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.
 N/A

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.
 MN Liquor Liability Assigned Risk 50/100/10

APPROVAL
 APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEFORE SUBMITTING TO ALCOHOL AND GAMBLING ENFORCEMENT

Hastings	City or County approving the license	9/11/2021	Date Approved
Waived	Fee Amount		Permit Date
N/A	Date Fee Paid		City or County E-mail Address
			City or County Phone Number

Signature City Clerk or County Official

Please Print Name of City Clerk or County Official

CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event.

ONE SUBMISSION PER EMAIL, APPLICATION ONLY.
PLEASE PROVIDE A VALID E-MAIL ADDRESS FOR THE CITY/COUNTY AS ALL TEMPORARY PERMIT APPROVALS WILL BE SENT BACK VIA EMAIL. E-MAIL THE APPLICATION SIGNED BY CITY/COUNTY TO AGE.TEMPORARYAPPLICATION@STATE.MN.US

LG220 Application for Exempt Permit

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 year.

If total raffle prize value for the calendar year will be \$1,500 or less, contact the Licensing Specialist assigned to your county by calling 651-539-1900.

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.

ORGANIZATION INFORMATION

Organization Name: Hastings Fire Department Relief Association Previous Gambling Permit Number: X-19043-19-011
 Minnesota Tax ID Number, if any: 3327681 Federal Employer ID Number (FEIN), if any: 41-6030634
 Mailing Address: 115 5th Street West
 City: Hastings State: MN Zip: 55033 County: Dakota
 Name of Chief Executive Officer (CEO): Alan E. Storlie
 CEO Daytime Phone: 651-480-6150 CEO Email: astorlie@hastingsmn.gov
 (permit will be emailed to this email address unless otherwise indicated below)
 Email permit to (if other than the CEO): _____

NONPROFIT STATUS

Type of Nonprofit Organization (check one):

Fraternal Religious Veterans Other Nonprofit Organization

Attach a copy of 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.)

- 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
 Secretary of State website, phone numbers:
www.sos.state.mn.us
 651-296-2803, or toll free 1-877-551-6767
- 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 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.

GAMBLING PREMISES INFORMATION

Name of premises where the gambling event will be conducted (for raffles, list the site where the drawing will take place): Saint Elizabeth Ann Seton Church
 Physical Address (do not use P.O. box): 2035 15th Street West
 Check one:
 City: Hastings Zip: 55033 County: Dakota
 Township: _____ Zip: _____ County: _____
 Date(s) of activity (for raffles, indicate the date of the drawing): _____

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/gcb and click on **Distributors** under the **List of Licensees** tab, or call 651-539-1900.

LG220 Application for Exempt Permit

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**

- 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).
- The application is denied.

Print City Name: City of HastingsSignature of City Personnel:

Title: _____ Date: _____

**The city or county must sign before
submitting application to the
Gambling Control Board.**

**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 period, and allows the Board to issue a permit after 30 days.
- The application is denied.

Print County Name: _____

Signature of County Personnel:

Title: _____ Date: _____

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 deny an application, per Minn. Statutes, section 349.213.)

Print Township Name: _____

Signature of Township Officer: _____

Title: _____ Date: _____

CHIEF EXECUTIVE OFFICER'S SIGNATURE (required)

The information provided in this application is complete and accurate to the best of my knowledge. I acknowledge that the financial report will be completed and returned to the Board within 30 days of the event date.

Chief Executive Officer's Signature:  Date: 5/16/2021
(Signature must be CEO's signature; designee may not sign)

Print Name: Alan E. Storlie**REQUIREMENTS****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 Board.

Your organization must keep all exempt records and reports for 3-1/2 years (Minn. Statutes, section 349.166, subd. 2(f)).

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.

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
Roseville, MN 55113

Questions?

Call the Licensing Section of the Gambling Control Board at 651-539-1900.

This form will be made available in alternative format (i.e. large print, braille) upon request.