

**CITY OF BALDWIN  
APPLICATION FOR LOCAL GAMBLING PERMIT**

Date of Application: \_\_\_\_\_ \$100 Permit 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:

---

---

---

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

---

---

---

---

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):

---

---

---

---

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: \_\_\_\_\_