



RAFFLE REQUEST

Excluded raffle = Total Prizes awarded \$1,500 per year or less
Exempt raffle = Total Annual prizes over \$1,500 and under \$50,000 requires Minnesota form LG220

RAFFLE REGISTRATION FEE

\$15.00 Payable to the City of Hibbing

ORGANIZATION INFORMATION

Name of Organization:		
Type of Organization:		
Mailing Address:		
City, State, Zip		
Contact Person:		Daytime Phone Number:
Have you conducted other raffles this year		If YES, What is the total amount of prizes this year, including this Raffle

GAMBLING PREMISES INFORMATION

Name of premises where gambling activity will be conducted:

Dates of Activity:

Check Box or Boxes that Indicate the Type of Gambling Activity:

Raffle Other _____

Price Per Ticket:

Total value of prizes to be awarded:

Types of Prizes:

In signing this request, I attest that I represent the above named Non-Profit organization and it meets all requirements of the State of Minnesota to qualify to conduct lawful gambling and proof of non-profit status is available upon request.

Organization Representative

Date

Registered as Excluded Raffle

Send to Council for Approval