LG230 Application to Conduct Off-site Gambling

No Fee

Organization Information	
Organization name Spring Lake Park Lions C	License number 00584
Address 8433 Center Drive	City Spring Lake Park MN Zip code 55432
County_Anoka	
Gambling manager name Amanda Jackson	Daytime phone 763-784-9179
Gambling Activity	
1. Twelve off-site events are allowed each cale from 11/17/14 to 11/18/14	endar year not to exceed a total of 36 days.
2. Check the type of games that will be conduc	cted.
rafflepull-tabsxb	bingo X tipboards X paddlewheel
Gambling Premises	
3. Name of location where gambling activity wi	III be conducted TPC Twin Cities
County [where gambling activity will be conc	
Street address and city for township 11444	Tournament Players Parkway Zip code 55449
Do not use a post office box.	Zip code oo 1.0
 If no street address, write in road designa 	ations. Example: 3 miles east of Hwy 63 on County Road 42.
6. Does your organization own the gambling pro	
Yes If yes, a lease is not required.	CHISCS:
X No If no, the lease agreement below	must be completed, and signed by the lessor.
ease Agreement for Off-site Act	A lease agreement is not required for raffles.
7. Rent to be paid for the leased area 0	If none, write "0,"
	e organization and the lessor are listed below or attached.
 Any attachments must be dated and sign 	
	ital and only agreement between the lessor and the organization
Other terms, if any	
10.11	A. A
Print lessor's name PGATOUR	hins, SUP Golf Course Properties
C	ONTINUE TO PAGE 2

CITY APPROVAL for a gambling premises located within city limits.	COUNTY APPROVAL for a gambling premise located in a township
City name	County name
Date approved by city council	Date approved by county board
Resolution number (if none, provide meeting minutes)	Resolution number (if none, provide meeting minutes)
Signature of city personnel	Signature of county personnel
Title Date Signed	Title Data Signed
Chief Executive Officer [CEO] Acknowle	Prigment Date Signed
I have read this application, and all information is trulease terms as stated in this application.	ie, accurate, and complete, and if applicable, agree to the
CEO signature	Date
2. Print CEO name Mary Curtis	700 704 0470
	Daytime phone
	No attachments required.
lail or fax to:	
lail or fax to: ambling Control Board 711 West County Road B, Suite 300 South	
mbling Control Board (11 West County Road B, Suite 300 South seville, MN 55113 (X: 651-639-4032	No attachments required.
lail or fax to: ambling Control Board 711 West County Road B, Suite 300 South pseville, MN 55113 AX: 651-639-4032 Is publication will be made available in alternative format (i.e. la ta privacy notice: The information requested on this form	No attachments required.