



## 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