

# **CITY OF CLOQUET**

# **SPECIAL MEETING**

City Council Agenda Tuesday, June 30, 2015 5:45 p.m. City Hall Council Chambers

- 1. **Roll Call.**
- 2. Approval of Agenda.
  - a. Approval of June 30, 2015 Special Council Meeting Agenda.
- 3. Council Business.
  - a. Resolution No. 15-54, A Resolution Approving Off-Site Gambling for the Cloquet Amateur Hockey Association for Pull Tabs at the Northeastern Saloon & Grille.
- 4. **Adjournment.**

Posted: 6-25-15



#### **ADMINISTRATIVE OFFICES**

1307 Cloquet Avenue • Cloquet, MN 55720 Phone: 218-879-3347 • Fax: 218-879-6555 email: admin@ci.cloquet.mn.us www.ci.cloquet.mn.us

## REQUEST FOR COUNCIL ACTION

To:

Mayor and City Council

From:

Brian Fritsinger, City Administrator

Date:

June 26, 2015

**ITEM DESCRIPTION:** 

Approval of Off-Site Gambling for Cloquet Amateur Hockey

Association to Sell Pull-Tabs at Northeastern Bar & Grille

#### **Proposed Action**

Staff recommends the City Council move to adopt RESOLUTION NO. 15-54, A RESOLUTION APPROVING OFF-SITE GAMBLING FOR THE CLOQUET AMATEUR HOCKEY ASSOCIATION FOR PULL TABS AT THE NORTHEASTERN SALOON & GRILLE.

### **Background/Overview**

The City has received an application from the Cloquet Amateur Hockey Association, 1102 Olympic Drive, for off-site gambling to allow for the sale of pull tabs on July 3-4, 2015 and July 10-11, 2015 at the Northeastern Saloon and Grille. The Northeastern currently does not have a licensed pull tab provider.

CAHA has held a Premise Permit at the Foundry but this permit will expire at the end of the month due to the sale and closure of the Foundry. Typically, the City is asked to approve an Exempt Permit for a raffle off-site, so the request is not common. However, the State has indicated that it is permissible to authorize a holder of a Premise Permit to conduct off-site gambling in the form of pull tabs.

There are no other issues of which staff is aware.

#### **Policy Objectives**

Approval of application by local community is required under MN Statutes.

#### Financial/Budget/Grant Considerations

There is no cost to the City regarding the approval of the application nor does the City retain any fees for its consideration.

## **Advisory Committee/Commission Action**

None.

To the Mayor and City Council Off-Site Gambling for CAHA June 26, 2015 Page 2

# **Supporting Documentation Attached**

- Resolution 15-54.
- LG230 Applications to Conduct Off-Site Gambling.

# CITY OF CLOQUET COUNTY OF CARLTON STATE OF MINNESOTA

#### **RESOLUTION NO. 15-54**

# A RESOLUTION APPROVING OFF-SITE GAMBLING FOR THE CLOQUET AMATEUR HOCKEY ASSOCIATION FOR PULL TABS AT THE NORTHEASTERN SALOON & GRILLE.

WHEREAS, The City of Cloquet received an application from the Cloquet Amateur Hockey Association, 1102 Olympic Drive, to conduct off-site gambling for pull tab sales for events on July 3-4, 2015 and July 10-11, 2015, at the Northeastern Saloon & Grille, 115 St. Louis Avenue.

NOW, THEREFORE, BE IT RESOLVED, BY THE CITY COUNCIL OF THE CITY OF CLOQUET, MINNESOTA, That the City Council has reviewed the application of Cloquet Amateur Hockey Association, 1102 Olympic Drive, to conduct off-site gambling for pull tab sales for events on July 3-4, 2015 and 10-11, 2015, at the Northeastern Saloon & Grille, 115 St. Louis Avenue and has no objection to the Minnesota Gambling Control Board's issuance of such permit.

**BE IT FURTHER RESOLVED,** That the Cloquet City Council hereby waives the normally required thirty day waiting period for the issuance of said permit.

PASSED AND ADOPTED BY THE CITY COUNCIL OF THE CITY OF CLOQUET THIS 30TH DAY OF JUNE, 2015.

	Dave Hallback, Mayor	
ATTEST:		
Brian Fritsinger, City Administrator	-	

# LG230 Application to Conduct Off-Site Gambling

No Fee

ORGANIZATION INFORMATION				
Organization Name: Cloquet Amateur Hockey Association License Number: 01224				
Address: 1102 Olympic Drive City: Cloquet , MN Zip: 55720				
Gambling Manager Name: Allan Schmitz Daytime Phone:				
Chief Executive Officer (CEO) Name: Mick Maslowski Daytime Phone:				
GAMBLING ACTIVITY				
Twelve off-site events are allowed each calendar year not to exceed a total of 36 days.				
From <u>07 / 03 / 15</u> to <u>07 / 04 / 15</u>				
Check the type of games that will be conducted:				
Raffle ✓ Pull-Tabs Bingo Tipboards Paddlewheel				
GAMBLING PREMISES				
Name of location where gambling activity will be conducted: Northeastern Saloon & Grille  Street address and City (or township): 115 Saint Louis Ave Zip: Cloquet County: Carlton  • Do not use a post office box. • If no street address, write in road designations (example: 3 miles east of Hwy. 63 on County Road 42).  Does your organization own the gambling premises?  Yes If yes, a lease is not required.  No If no, the lease agreement below must be completed, and signed by the lessor.  LEASE AGREEMENT FOR OFF-SITE ACTIVITY (a lease agreement is not required for raffles)  Rent to be paid for the leased area: \$ (if none, write "0")  All obligations and agreements between the organization and the lessor are listed below or attached.  • Any attachments must be dated and signed by both the lessor and lessee.  • This lease and any attachments is the total and only agreement between the lessor and the organization conducting lawful gambling activities.  • Other terms, if any:				
essor's Signature: Date: 26 JUNE 205 Print Lessor's Name: BERT WHITTING TOW				
CONTINUE TO PAGE 2				

Ackn	Acknowledgment by Local Unit of Government: Approval by Resolution			
	CITY APPROVAL for a gambling premises located within city limits	COUNTY APPROVAL for a gambling premises located in a township		
City Nar	me:	County Name:		
Date Approved by City Council:		Date Approved by County Board:		
Resoluti	ion Number:			
Resolution Number:(If none, attach meeting minutes.) Signature of City Personnel:		(If none, attach meeting minutes.)		
		Signature of County Personnel:		
Title:	Date Signed:	Title: Date Signed:		
		TOWNSHIP NAME:		
	Local unit of government must sign.	Complete below only if required by the county.  On behalf of the township, I acknowledge that the organization i applying to conduct gambling activity within the township limits. (A township has no statutory authority to approve or deny an application, per Minnesota Statutes 349.213, Subd. 2.)		
		Print Township Name:		
		Signature of Township Officer:		
		Title: Date Signed:		
CHIEF	EXECUTIVE OFFICER (CEO) ACKNOW	VLEDGMENT		
The per If the Ci Board, I I have r state in	son signing this application must be your organizat EO has changed and the current CEO has not filed the he or she must do so at this time.	tion's CEO and have their name on file with the Gambling Control Board.  a LG200B Organization Officers Affidavit with the Gambling Control  curate, and complete and, if applicable, agree to the lease terms as		
Mail o	r fax to:	No attachments required.		
; !	Gambling Control Board Suite 300 South 1711 West County Road B Roseville, MN 55113 Fax: 651-639-4032	Questions? Contact a Licensing Specialist at 651-539-1900.		
	This publication will be made available in a	lternative format (i.e. large print, braille) upon request.		
attachmen determine	cy notice: The information requested on this form (and an its) will be used by the Gambling Control Board (Board) to your organization's qualifications to be involved in lawful activities in Minnesota. Your organization has the right to	private, with the exception of your organization's name and address which will remain public.		

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 your organization's 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.

Private data about your organization are available to: Board members, Board staff whose work requires access to the information; Minnesota's Department 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.

# **LG230 Application to Conduct Off-Site Gambling**

No Fee

ORGANIZATION INFORMATION	
Organization Name: Cloquet Amateur Hockey Association	License Number: 01224
Address: 1102 Olympic Drive	City: Cloquet , MN Zip: 55720
Gambling Manager Name: Allan Schmitz	Daytime Phone:
Chief Executive Officer (CEO) Name: Mick Maslowski	Daytime Phone:
GAMBLING ACTIVITY	
Twelve off-site events are allowed each calendar year not to exceed From $07 / 10 / 15$ to $07 / 11 / 15$ Check the type of games that will be conducted:  Raffle $\checkmark$ Pull-Tabs  Bingo	d a total of 36 days.  Tipboards Paddlewheel
GAMBLING PREMISES	
Name of location where gambling activity will be conducted: North  Street address and City (or township): 115 Saint Louis Ave  Do not use a post office box.  If no street address, write in road designations (example: Does your organization own the gambling premises?  Yes If yes, a lease is not required.  No If no, the lease agreement below must be completed.	Zip: <u>Cloquet</u> County: <u>Carlton</u> 3 miles east of Hwy. 63 on County Road 42).  d, and signed by the lessor.
Rent to be paid for the leased area: \$\ldot \begin{aligned} \ldot \ldot \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	e, write "0") ssor are listed below or attached.
Print Lessor's Name: BERT WILLTING TO a	)
CONTINUE T	O PAGE 2

Ackno	Acknowledgment by Local Unit of Government: Approval by Resolution			
	CITY APPROVAL for a gambling premises located within city limits	COUNTY APPROVAL for a gambling premises located in a township		
City Nan	ne:	County Name:		
Date Ap	proved by City Council:	<b>,</b>		
Resolution Number:		(If none, attach meeting minutes.)		
		Signature of County Personnel:		
Titlo	Date Cianada			
ride	Date Signed:	Title: Date Signed: TOWNSHIP NAME:		
	Local unit of government must sign.	Complete below only if required by the county.  On behalf of the township, I acknowledge that the organization is applying to conduct gambling activity within the township limits. (A township has no statutory authority to approve or deny an application, per Minnesota Statutes 349.213, Subd. 2.)		
		Print Township Name:		
		Signature of Township Officer:		
		Title: Date Signed:		
CHIEF	EXECUTIVE OFFICER (CEO) ACKNOW	/LEDGMENT		
Board, h	tO has changed and the current CEO has not filed a ne or she must do so at this time.	ion's CEO and have their name on file with the Gambling Control Board. a LG200B Organization Officers Affidavit with the Gambling Control curate, and complete and, if applicable, agree to the lease terms as		
Signatur	re of CEO (must be CEO's signature; designee ma	y not sign) Date		
Mail or	r fax to:	No attachments required.		
9 1 F	Gambling Control Board Suite 300 South 1711 West County Road B Roseville, MN 55113 Fax: 651-639-4032	Questions? Contact a Licensing Specialist at 651-539-1900.		
	This publication will be made available in all	ternative format (i.e. large print, braille) upon request.		
attachment determine y gambling a	cy notice: The Information requested on this form (and am ts) will be used by the Gambling Control Board (Board) to your organization's qualifications to be involved in lawful activities in Minnesota. Your organization has the right to re	private, with the exception of your organization's name and address which will remain public.		

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 your organization's 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.

Private data about your organization are available to: Board members, Board staff whose work requires access to the information; Minnesota's Department 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.