

**CITY OF GROVE CITY
LAWFUL GAMBLING PERMIT APPLICATION**

ORGANIZATION NAME: _____

TAX ID/NON PROFIT: _____

NAME OF PERSONS/CHIEF EXECUTIVE OFFICER RESPONSIBLE FOR EVENT:

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

TYPE OF LAWFUL GAMBLING: _____

LOCATION OF EVENT: _____

DATES OF EVENT: _____

FEE: \$100

APPROVED BY: _____ DATE APPROVED: _____

City of Grove City
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