

**Mail To:**

Minnesota Attorney General's Office  
ATTN: Club Contracts Registration  
445 Minnesota Street, Suite 1200  
St. Paul, MN 55101

**STATE OF MINNESOTA**  
**CLUB APPLICATION FOR**  
**EXEMPTION FROM**  
**REGISTRATION**

(Pursuant to Minn. Stat. §§ 325G.23-.28)



**SECTION A: Information for Organization Seeking Exemption**

Legal Name of Organization: \_\_\_\_\_

Mailing Address:	Physical Address:
_____	_____
Contact Person	Contact Person
_____	_____
Street Address	Street Address
_____	_____
City, State, and Zip Code	City, State, and Zip Code
_____	_____
Phone Number	Phone Number
_____	_____
Email Address	Email Address
_____	_____

1. Primary purpose of the organization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Identify the date and the jurisdiction of organization/incorporation: \_\_\_\_\_

\_\_\_\_\_



**CLUB APPLICATION FOR EXEMPTION FROM REGISTRATION  
(Continued)**

3. Identify each facility the organization operates in Minnesota that you are seeking to exempt through this application (attach a list if more space is needed):

Facility #1	Facility #2
<hr/> Manager/Contact Person	<hr/> Manager/Contact Person
<hr/> Street Address	<hr/> Street Address
<hr/> City, State, and Zip Code	<hr/> City, State, and Zip Code
<hr/> Phone Number	<hr/> Phone Number
Facility #3	Facility #4
<hr/> Manager/Contact Person	<hr/> Manager/Contact Person
<hr/> Street Address	<hr/> Street Address
<hr/> City, State, and Zip Code	<hr/> City, State, and Zip Code
<hr/> Phone Number	<hr/> Phone Number

4. Identify the reason(s) you claim the organization is exempt from registration by checking all appropriate boxes below:

- The organization is a nonprofit organization.
- The organization is a private club owned and operated by its members.
- The organization is operated by the state or one of its political subdivisions.
- The organization does not offer facilities for instruction or training in physical fitness.
- The organization does not match men and women for dating or general social contact.
- The organization does not provide benefits to members through cooperative purchases.
- Other (explain) \_\_\_\_\_



**CLUB APPLICATION FOR EXEMPTION FROM REGISTRATION  
(Continued)**

5. If there is any other information you would like this Office to consider in evaluating your application for exemption, please provide it here (or attach any materials you would like considered):

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**SECTION B: Certification**

I hereby certify, under penalty of perjury, that the information contained in this Club Application for Exemption From Registration form is complete, true, and correct. I further hereby certify that I am authorized to submit this Club Application for Exemption From Registration form on behalf of the organization identified in Section A of this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (please print)

\_\_\_\_\_  
Date

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public