



**CITY OF NOVI CITY COUNCIL
AUGUST 26, 2024**

SUBJECT: Approval of resolution recognizing LCG iCare Foundation as a nonprofit organization operating in the City of Novi for the purpose of obtaining a charitable gaming license from the State of Michigan.

SUBMITTING DEPARTMENT: City Clerk

BACKGROUND INFORMATION:

LCG iCare Foundation is a nonprofit organization based in Novi. Their purpose is to assist child care providers in need. These child care professionals dedicate their lives to the education and care of children, often sacrificing their own well-being. LCG iCare Foundation was created to help these dedicated caregivers experiencing an unexpected financial crisis or tragic event. They are applying for a Charitable Gaming License from the State of Michigan and are required by the State Act 382 of 1972 to request a resolution recognizing them as a non-profit organization from the jurisdiction where they are based. Such a resolution carries no obligation from or endorsement by the City of Novi.

The Police Department has reviewed their submission and finds no reason to deny the request.

RECOMMENDED ACTION: Approval of resolution recognizing LCG iCare Foundation as a nonprofit organization operating in the City of Novi for the purpose of obtaining a charitable gaming license from the State of Michigan.

For Internal Use Only

QUALIFICATION INFORMATION

Complete this form and submit with the required qualification documents listed on the attached Qualification Requirements sheet. A Bingo, Raffle, or Charity Game Ticket license application and fee may also be submitted with this information. See box #5 below for mailing instructions.

1. ORGANIZATION INFORMATION

Organization Name <i>LCG iCare Foundation</i>			
Organization Physical Street Address <i>21333 Haqqerti Rd Ste # 300</i>			
City <i>Novi</i>	State <i>MI</i>	Zip Code <i>48375</i>	County <i>Oakland</i>
Organization Mailing Address <i>24875 Novi Rd # 7187</i>			<input type="checkbox"/> Same as Physical Address
City <i>Novi</i>	State <i>MI</i>	Zip Code <i>48376</i>	County <i>Oakland</i>
Organization Telephone Number <i>248-515-0863</i>			

2. ORGANIZATION PURPOSE

Briefly describe the purpose of your organization.
Support Learning Care Group (LCG) childcare providers and other employees in times of crisis.

3. LICENSE APPLICATION

Enclosed is a completed application and fee for a Bingo Raffle Charity Game Ticket license
 Make checks payable to STATE OF MICHIGAN.

4. AUTHORIZED CONTACT PERSON

First Name <i>Emily</i>	Last Name <i>Pipesk</i>	Position/Role with Organization <i>Executive Director</i>	
Mailing Address <i>24875 Novi Rd # 7187</i>		City <i>Novi</i>	
State <i>MI</i>	Zip Code <i>48376</i>	Telephone Number (Day) <i>248-515-0863</i>	Telephone Number (Evening)
By signing below, I hereby certify that the representations, information, and data presented are true, accurate, and complete to the best of my knowledge. I understand that failure to answer truthfully, completely, and accurately could preclude the organization from receiving an approval to obtain a gaming license.			
Authorized Contact Person Signature <i>Emily Pipesk</i>			Date <i>8/9/2024</i>
Print Authorized Contact Name and Title <i>Emily Pipesk - Executive Director</i>			

5. MAILING INSTRUCTIONS

Mail this completed Qualification Information form, the required qualification documentation listed on the Qualification Requirements sheet, and the completed license application and fee (if also applying for a gaming license) to Charitable Gaming Division, PO Box 30023, Lansing, MI 48909. If submitting by overnight carrier (FedEx, UPS, etc.), send to Charitable Gaming Division, 101 East Hillsdale, Lansing, MI 48933.





Charitable Gaming Division
101 E. Hillsdale, Box 30023
Lansing, Michigan 48909
(517) 335-5780
www.michigan.gov/cg

LOCAL CIVIC ORGANIZATION QUALIFICATION REQUIREMENTS

If the organization has never submitted qualifying information as a local civic organization, the following information shall be submitted in the name of the organization prior to being approved to conduct a bingo, raffle, or charity game. A previously qualified organization may be required to submit updated qualification information to assure its continued eligibility under the act.

1. A signed and dated copy of the organization's current bylaws or constitution, including membership criteria.
2. A complete copy of the organization's Articles of Incorporation that have been filed with the Corporations and Securities Bureau, if the organization is incorporated.
3. A copy of the letter from the IRS stating the organization is exempt from federal tax under IRS code 501(c) OR copies of one bank statement per year for the previous five years, excluding the current year.
4. A provision in the bylaws, constitution, or Articles of Incorporation that states should the organization dissolve, all assets, and real and personal property will revert to the benefit of the local government or another nonprofit organization.
5. A revenue and expense statement for the previous 12 month period to prove all assets are used for charitable purposes, i.e. 990's, treasurer's report, audit. Do not send check registers or cancelled checks. Explain the purpose of each expenditure made to an individual. Once the organization has conducted licensed gaming events, the Bureau may require the organization to provide additional proof that all assets are being used for charitable purposes.
6. A copy of a resolution passed by the local body of government stating the organization is a recognized nonprofit organization in the community (form attached).
7. A provision in the bylaws, constitution, or Articles of Incorporation indicating the organization will remain nonprofit forever.

Additional information may be requested after the initial documents submitted have been reviewed. If you have any questions or need further assistance, please call our office at (517) 335-5780.

Act 382 of the Public Acts of 1972, as amended, defines "A local civic organization in this state that is organized not for pecuniary profit; that is not affiliated with a state or national organization; that is recognized by resolution adopted by the local governmental subdivision in which the organization conducts its principal activities; whose constitution, charter, articles of incorporation, or bylaws contain a provision for the perpetuation of the organization as a nonprofit organization; whose entire assets are used for charitable purposes; and whose constitution, charter, articles of incorporation, or bylaws contain a provision that all assets, real property, and personal property must revert to the benefit of the local governmental subdivision that granted the resolution or another nonprofit organization on dissolution of the organization."



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RAFFLE LICENSE APPLICATION

For Bureau Use Only

ALLOW 4-6 WEEKS FOR PROCESSING.
 PLEASE PRINT OR TYPE IN BLUE OR BLACK INK.

QUALIFICATION INFORMATION	1. Organization Name LCG iCare Foundation				2. Organization ID Number or Last License Number Issued	
	3. Organization Street Address 21333 Haggerty Rd #300		City Novi	State MI	Zip Code 48375	
	Organization Mailing Address 24875 Novi Rd #7187		City Novi	State MI	Zip Code 48376	County 63 Oakland
	4. Has your organization ever received a license such as bingo, raffle or charity game ticket? <input type="checkbox"/> Yes - Complete application and submit with the appropriate fee. <input checked="" type="checkbox"/> No - You must submit the documentation requested on the Qualification Requirements sheet and become qualified before any licenses can be issued. The Qualification Requirements sheet can be obtained from our website at www.michigan.gov/cg or by calling our office at (517) 335-5780.					
5. Is your organization a candidate committee, political committee, political party committee, ballot question committee, independent committee or any other committee as defined by, and organized pursuant to, the Michigan Campaign Finance Act 388 of the Public Acts of 1976, as amended, being sections 169.201 to 169.282 of the Michigan Compiled Laws? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			6. Has your organization received contributions or made expenditures of \$500 or more in the last calendar year for the purpose of influencing or attempting to influence the action of voters for or against the nomination or election of a candidate, or the qualification, passage, or defeat of a ballot question? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

SIGNATURE(S)	7. Provide name, title, home address, and telephone numbers for the PRINCIPAL OFFICER, e.g., president, grand knight, worthy matron, etc., and the vice president or equivalent and one other officer of the organization. SIGNATURE OF PRINCIPAL OFFICER REQUIRED - OR - TWO signatures of the vice president or equivalent and one other officer. Original signatures are required. Electronic or stamped signatures are not accepted. NOTE: Executive director signature not acceptable.		
	Name and Title	Street, City, State, ZIP Code	Telephone Numbers
	Principal Officer Angela Cline		Day
	Title President		Evening
	Signature of Principal Officer <i>Angela Cline</i>	Email Address acline@lccicarefoundation.org	Date 08/12/24
	- OR -		
	Name and Title	Street, City, State, ZIP Code	Telephone Numbers
	Vice President or Equivalent		Day ()
	Title		Evening ()
	Signature of Vice President or Equivalent	Email Address	Date
Name and Title	Street, City, State, ZIP Code	Telephone Numbers	
Other Officer		Day ()	
Title		Evening ()	
Signature of Other Officer	Email Address	Date	
By signing above, I CERTIFY that I am at least 18 years of age, the organization applying is a NONPROFIT organization, I have examined this application and there is no misrepresentation or falsification in the information stated or attached, and the facts underlying our original qualification status remain unchanged. I CERTIFY that ALL chairpersons associated with this raffle will read and understand the duties and responsibilities of a Raffle Chairperson as described in the Raffle Guide and Raffle Rules before performing any duties as a chairperson. I FURTHER CERTIFY that I am aware that false or misleading statements will be cause for rejection of this application or revocation of the right to obtain any future licenses and I AM AWARE OF AND AGREE TO the conditions of Act 382 of the Public Acts of 1972, as amended, and the rules and directives of the Michigan Bureau of State Lottery.			

COMPLETE THE ENTIRE APPLICATION AND MAKE A COPY FOR YOUR RECORDS



COMPLETION: Required for licensure.
 PENALTY: No license will be issued.

R A F F L E I N F O R M A T I O N	8. Contact Person Emily Pipesh			9. Raffle Location (building name, if any) Fox Hills Golf & Country Club		
	Mailing Address Where License Should Be Sent 24875 Novi Rd #7187			Street Address 8768 N Territorial Rd		
	City Novi	State MI	ZIP Code 48376	City Plymouth		
	Telephone Number (Day) (248) 515-0863	Email Address epipesh@lccicarefoundation.org		ZIP Code 48170	County 82 Wayne <input type="checkbox"/>	
	10. List name, home address, and telephone numbers of the raffle chairperson(s). Must be a member for 6 months. If your organization does not have general membership, chairperson must be a board member for 6 months. Playing card progressive raffles require at least 2 chairpersons. Attach additional list if necessary.					
Raffle Chairperson		Street, City, State, ZIP Code			Telephone Numbers	
Name John Hollo					Day _____	
Email Address jhollo@lccicarefoundation.org					Evening ()	
Name					Day ()	
Email Address					Evening ()	
11. Dates when total value of all prizes awarded in one day is \$500 or LESS.			12. License Fee			
S M A L L	Drawing Date(s) and Time(s) (Must be between the hours of 8 a.m.-2 a.m.)					
	Date _____	Time	a.m.	_____ to _____	a.m.	
	Date _____	Time	a.m.	_____ to _____	a.m.	
<input type="checkbox"/> Check here if there are additional drawing dates and attach list.						
Dates when total value of all prizes awarded in one day is MORE than \$500.						
L A R G E	Drawing Date(s) and Time(s) (Must be between the hours of 8 a.m.-2 a.m.)					
	Date 09/19/24	Time	a.m.	08:00 to 05:00	p.m. <input checked="" type="checkbox"/>	
	Date _____	Time	a.m.	_____ to _____	a.m.	
<input type="checkbox"/> Check here if there are additional drawing dates and attach list.						
All drawing dates included on this application must be at the same location. Small Raffle Drawings - \$15 for 1, 2, or 3 dates plus \$5 for each additional drawing date. Large Raffle Drawings - \$50 for each drawing date.						
a. 1, 2, or 3 small drawing dates					\$15 = _____	
b. Additional small drawing dates _____ x					\$5 = _____	
c. Large drawing dates 1 x					\$50 = 50	
FEE (total lines a, b and c)					\$ 50	
T I C K E T I N F O R M A T I O N	13. * If you are conducting an in-house raffle ONLY where there is no presale of the raffle tickets before the event, there is no need to complete the raffle ticket below. * Ensure the event times listed in #11 reflect the entire occasion, meaning the beginning time you will start selling in-house raffle tickets on the event date and the ending time when all prizes have been awarded.					
	14. * If you are preselling tickets before the event, complete the boxes below in ink; ensure the ticket is printed with all of the required items according to Raffle Rule 506. * Indicate any additional information that will appear on the actual tickets.					
RAFFLE						
				001 Ticket #	001 Ticket #	
Name of Licensee						
			a.m.	Purchaser's Name		
Drawing Date(s)			Drawing Time(s)		Purchaser's Address	
				Purchaser's Phone #		
First Prize *						
				Ticket Price		
				<i>(to be added when issued)</i> License Number		
Raffle Location						

* For large prizes, you may want to include a disclaimer that states "If xxx (indicate number) tickets are not sold, the drawing will revert to a 50/50 raffle with the minimum prize of \$xxx (indicate dollar amount) awarded."

Make checks payable to: STATE OF MICHIGAN
 Submit completed application, supporting documents, and license fee to:
 Charitable Gaming Division, Box 30023, Lansing, MI 48909
OVERNIGHT DELIVERY: 101 E. Hillsdale, Lansing, MI 48933

MEMORANDUM



TO: CORTNEY HANSON, CITY CLERK
FROM: ERICK W. ZINSER *SB*
DIRECTOR OF PUBLIC SAFETY / CHIEF OF POLICE
INITIATED BY: MICHAEL BENDER, DETECTIVE *MB*
SUBJECT: CHARITABLE GAMING LICENSE APPLICATION-
LCG ICARE FOUNDATION
DATE: AUGUST 19, 2024

BUSINESS INFORMATION:

LCG iCare Foundation
21333 Haggerty Road #300
Novi, MI 48375

APPLICANTS:

Angela Cline
President

Emily Pipesh
Executive Director

INFORMATION:

The Novi Police Department received this request from the Novi City Clerk's Office to review a Charitable Gaming License Application for LCG iCare Foundation. The Foundation is a Support Learning Care Group (LCG) that supports childcare providers and other employees in time of crisis. The drawing for this raffle will be held on 09-19-24 between 8:00am-5:00pm, and will be located at Fox Hills & Country Club, 8768 N. Territorial Road in Plymouth, MI.

INVESTIGATION:

Upon reviewing the file, it appeared that all necessary documents were provided. There were no negative contacts for LCG iCare Foundation or either applicant. Based on the information provided, I see no reason to deny the applicants request. Forwarded to the Office of the Chief of Police for approval.



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LOCAL GOVERNING BODY RESOLUTION FOR CHARITABLE GAMING LICENSES
 (Required by MCL.432.103(K)(ii))

At a _____ meeting of the _____
REGULAR OR SPECIAL TOWNSHIP, CITY, OR VILLAGE COUNCIL/BOARD

called to order by _____ on _____
DATE

at _____ a.m./p.m. the following resolution was offered:
TIME

Moved by _____ and supported by _____

that the request from _____ of _____,
NAME OF ORGANIZATION CITY

county of _____, asking that they be recognized as a
COUNTY NAME

nonprofit organization operating in the community for the purpose of obtaining charitable

gaming licenses, be considered for _____.
APPROVAL/DISAPPROVAL

APPROVAL	DISAPPROVAL
Yeas: _____	Yeas: _____
Nays: _____	Nays: _____
Absent: _____	Absent: _____

I hereby certify that the foregoing is a true and complete copy of a resolution offered and

adopted by the _____ at a _____
TOWNSHIP, CITY, OR VILLAGE COUNCIL/BOARD REGULAR OR SPECIAL

meeting held on _____.
DATE

SIGNED: _____
TOWNSHIP, CITY, OR VILLAGE CLERK

PRINTED NAME AND TITLE

ADDRESS

COMPLETION: Required.
 PENALTY: Possible denial of application.
 BSL-CG-1153(R6/09)