

375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806 Tel: 651-266-8989 | Fax: 651-266-9124

GAMBLING LOCATION LICENSE APPLICATION

A copy of this form must be completed by, whichever applicable, the sole proprietor, each partner, or each person that has interest in excess of 5% in the corporation and/or association in which the name of the license will be issued. This application is subject to review by the public and falsification of answers or materials submitted may result in denial of application.

1.	Company Name: Revelyy LLC
	Doing Business As: BYWN SON'S Phb
3.	Business Address: 966 Rayne Aul St. Paul, MN 55736
4.	Applicant Name: Momas Joseph Maiden Last Middle Maiden Last
5.	Date of Birth: Phone:
	Home Address:
7.	Have you ever been convicted of a gambling violation?
8.	Do you have a direct or indirect financial interest in the distribution or manufacture of gambling equipment?
9.	Active licenses and/or applied for at this location:
10.	Submit a site plan/floorplan showing where the gambling booth and/or pull-tab dispensing device(s) will be located and the dimensions of the leased space.
Apj	Many M OWNEY graft Date

Return to:

Department of Safety and Inspections (DSI) Business Licensing - Lawful Gambling 375 Jackson Street, Suite #220 Saint Paul, MN 55101

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