

BAR OWNER

**CITY OF SAINT PAUL, MINNESOTA
CHARITABLE GAMBLING LOCATION**

Directions: This form must be filled out with a typewriter or by printing in ink by the sole owner, by each partner, and by each person who 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

1. Application for (name of license) MetroNOME Brewery, LLC
2. Located at (address) 289 E 5th St #104, St. Paul, MN 55101
3. Name under which business is operated MetroNOME Brewery
4. True Name Matthew Stern Engstrom Phone _____
First Middle Maiden Last
5. Date of Birth _____ Place of Birth _____
(Month, Day, Year)
6. Home Address _____ Phone _____
7. Have you ever been convicted of any gambling violations? No
8. List licenses which you currently hold at this location. _____
St. Paul - Malt On/Off Sale, Entertainment An. Liquor On-Sale Sunday
Minn - Microbrewer Retail Food Handler
9. Do you have a direct or indirect financial interest in the distribution or manufacture of gambling equipment? No
10. **SUBMIT A SITE PLAN SHOWING WHERE THE GAMBLING BOOTH WILL BE LOCATED AND THE DIMENSIONS OF THE LEASED SPACE.**

ANY FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF THIS APPLICATION.