CITY OF SAINT PAUL

375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806

Telephone: Facsimile:

651-266-8989 651-266-9124

Web: www.stpaul.gov/dsi



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: Taste of Lopho LLC
2.	Doing Business As: Task Of Rondo
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4.	Applicant Name: The Lawred Party Last
	Date of Birth: Phone:
	Home Address:
	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.
App	Title Date
Ret	urn to:

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Department of Safety and Inspections (DSI) Business Licensing - Lawful Gambling 375 Jackson Street, Suite #220 Saint Paul, MN 55101 Fax: 651-266-9124