

LIQUOR LICENSEE / 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) Amazed Group LLC
2. Located at (address) 11626 White Bear Ave N, St. Paul MN 55110
3. Name under which business is operated Cups & Cheers
4. True Name Nufue Chang Phone 651 278 2452
First Middle Maiden Last
5. Date of Birth _____
(Month Day Year)
6. Home Address _____ Home Phone _____
7. Have you ever been convicted of any gambling violations? No
8. List licenses which you currently hold at this location. _____
Full on Sale liquor & Full Restaurant
9. Do you have a direct or indirect financial interest in the distribution or manufacture of gambling equipment? NO
10. Submit a site plan/floorplan showing where the gambling booth and/or machine(s) 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.

Return to:

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