



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: Revelry LLC
2. Doing Business As: Branson's Pub
3. Business Address: 956 Payne Ave St. Paul, MN 55130
4. Applicant Name: Thomas Joseph LaFleche
First Maiden Last
5. Date of Birth: _____ Phone: _____
6. Home Address: _____
7. Have you ever been convicted of a gambling violation? NO
8. Do you have a direct or indirect financial interest in the distribution or manufacture of gambling equipment? NO
9. Active licenses and/or applied for at this location: liquor license
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.

Thomas J. LaFleche
Applicant Signature

Owner
Title

9/29/22
Date

Return to:

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