

Lic. # 20200001393



CITY OF SAINT PAUL
Department of Safety and Inspections
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsl

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

Payment must be received with Each Application
This application is subject to review by the public.

Types of License(s) being applied for:

Fee(s):

a.	Liquor On-sale 101-180 seats	5,416.00 \$5310.00
b.	Liquor On-sale Sunday	\$200.00
c.	Liquor On-sale 2 am closing	54.00 \$53.00
d.	Liquor outdoor service area - Patio	78.00 \$76.00
e.	Entertainment B	613.00 \$601.00
f.		
g.		6,361.00
Total:		\$6240.00

Business Information

498 Selby

Business Address: 1 S. Leech St. St. Paul, MN 55102
Street City State Zip

Company Name: Bing Enterprises LLC Doing Business As: The Gnome

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 03 / 26 / 2020 Anticipated Opening: 08 / 01 / 2020

Mailing Address: 498 Selby Ave, St. Paul, MN 55102
Street City State Zip

Business Phone: 201-759-3087 Fax Number: _____

Applicant Information

Applicant Name: Brian Robert Ingram
First Middle Last

Title: President Date of Birth: _____

Drivers License: _____ Email: _____
State License #

Home Address: _____
Street City State Zip

Cell Phone: _____ Alternate Phone: _____

(Continued on back)

Supplemental Required Information

Are you going to operate this business personally? Yes: X No: _____

If no, who will operate it?

Operator Name: _____
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: _____ / _____ / _____ Phone #: _____

Are you going to have a manager or assistant in this business? Yes: X No: _____

If manager is not the same as the operator, please complete the following information:

Manager Name: Sarah Ingram
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: _____ / _____ / _____ Phone: _____

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name: Brian Robert Ingram
First Middle Last

Title: President Email: _____

Home Address: _____
Street City State Zip

Date of Birth: _____ / _____ / _____ Phone: _____

Officer Name: Sarah Ingram
First Middle Last

Title: Vice President Email: _____

Home Address: _____
Street City State Zip

Date of Birth: _____ / _____ / _____ Phone: _____

Officer Name: _____
First Middle Last

Title: _____ Email: _____

Home Address: _____
Street City State Zip

Date of Birth: _____ / _____ / _____ Phone: _____

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

I hereby state that I have answered all of the preceding questions and that the information contained herein is true and correct to the best of my knowledge and belief.

Applicant Signature

Title

Date

Sarah Ingram

6/1/20