

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) La Cucaracha / Santos Corp.
2. Located at (address) 30 Dale St S.
3. Name under which business is operated La Cucaracha
4. True Name Nina Faye Flores Turner Phone 612-599-0367
First Middle Maiden Last
5. Date of Birth _____ Place of Birth _____
(Month, Day, Year)
6. Home Address _____ Home Phone Same
7. Have you ever been convicted of any gambling violations? no
8. List licenses which you currently hold at this location.
Wig License
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.

TO BE COMPLETED BY BAR OWNER

I understand and will uphold the ordinance amending Chapter 409 of the Saint Paul Legislative Code (Intoxicating Liquor) relating to pulltabs and tipboards in bars

I further understand that failure to comply may result in the suspension or revocation of On Sale Liquor and corresponding licenses.

Mina F. Turner
Signature

Signature

4/8/16
Date

Return to:

Department of Safety and Inspections
Gambling Enforcement
375 Jackson Street, Suite 220
Saint Paul, MN 55101-1806