

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) SOM Lee FAR EAST INC
2. Located at (address) 959 Arcade ST
3. Name under which business is operated Far East, INC
4. True Name SOM Seun Lee Phone 651-470-2145
First Middle Maiden Last
5. Date of Birth _____ Place of Birth Laos
(Month, Day, Year)
6. Home Address _____ Home Phone 651-470-2145
1600 St
7. Have you ever been convicted of any gambling violations? NO
8. List licenses which you currently hold at this location. Liquor & Food Service

- * 9. Do you have a direct or indirect financial interest in the distribution or manufacture of gambling equipment? ~~YES~~ 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.

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.

Signature

Signature

12-6-20
Date

Return to:

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