

20220001740



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](http://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. Malt On-Sale (Brewery Taproom) \$636.00
- b. Malt Off-Sale (Brewery) \$183.00
- c. Malt Off-Sale (Small Brewery 128oz) \$30.00
- d. Liquor On-Sale Sunday \$200.00
- e. \_\_\_\_\_ \_\_\_\_\_
- f. \_\_\_\_\_ \_\_\_\_\_
- g. \_\_\_\_\_ \_\_\_\_\_

Total: \$ \$1049.00

#### Business Information

Business Address: 141 4th Street East, Suite LL2 Saint Paul MN 55101  
Street City State Zip

Company Name: Gambit Brewing Co., LLC Doing Business As: Gambit Brewing Co

Company Type: Corporation  Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Date of Incorporation: 05 / 09 / 2022 Anticipated Opening: 11 / 01 / 2022

Mailing Address: 141 4th Street East, Suite LL2 Saint Paul MN 55101  
Street City State Zip

Business Phone: 414-430-1394 Fax Number: \_\_\_\_\_

#### Applicant Information

Applicant Name: Joshua William Secaur  
First Middle Last

Title: Owner Date of Birth:  / /

Drivers License: \_\_\_\_\_ Email: \_\_\_\_\_  
State License #

Home Address: \_\_\_\_\_  
Street City State Zip

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**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: \_\_\_\_\_ No: X

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

Manager Name: \_\_\_\_\_  
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: \_\_\_\_\_  
First Middle Last

Title: \_\_\_\_\_ 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: \_\_\_\_\_

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

\_\_\_\_\_  
Owner Title

\_\_\_\_\_  
09/23/2022 Date