

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) Ras Ethiopian Restaurant
2. Located at (address) 2576 W 7th St St Paul MN 55116
3. Name under which business is operated Ras Ethiopian Bar and Restaurant
4. True Name ZINASH Amde Phone 651-278-0383
First Middle Maiden Last
5. Date of Birth _____ Place of Birth _____
(Month, Day, Year)
6. Home Address _____ Home Phone _____
7. Have you ever been convicted of any gambling violations? _____
8. List licenses which you currently hold at this location. Liquor music and food

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.