



CITY OF SAINT PAUL

GAMBLING LOCATION LICENSE APPLICATION

A copy of this form must be completed by, whichever applicable, the sole proprietor, each partner, or each person that 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 and falsification of answers or materials submitted may result in denial of application.

1. Company Name: BING ENTERPRISES LLC
2. Doing Business As: ~~THE~~ ^{SI} ~~GNOME~~ ^{SI} THE GNOME
3. Business Address: 498 SELBY AVE, ST. PAUL, MN 55102
4. Applicant Name: BRIAN ROBERT INGRAM
First Middle Maiden Last
5. Date of Birth: _____ Phone: _____
Month/Day/Year
6. Home Address: _____
7. Have you ever been convicted of a gambling violation? NO
8. Do you have a direct or indirect financial interest in the distribution or manufacture of gambling equipment? NO
9. Active licenses and/or applied for at this location: NO
10. Submit a site plan/floorplan showing where the gambling booth and/or pull-tab dispensing device(s) will be located and the dimensions of the leased space.

Applicant Signature

Title

Date

Owner

4/15/2021

Return to:

Department of Safety and Inspections (DSI)
Business Licensing - Lawful Gambling
375 Jackson Street, Suite #220
Saint Paul, MN 55101
Fax: 651-266-9124