

CITY OF SAINT PAUL

375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806

Telephone: 651-266-8989
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi



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: Taste of Rondo LLC
2. Doing Business As: Taste of Rondo
3. Business Address: 976 Concordial Ave St Paul, MN 55104
4. Applicant Name: Charles Edward Carter
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: _____
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 Owner Date 3/5/07

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