

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/dsi

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) bei	Fee(s):				
a. Ente	ertainment A			\$253.00	
b					
с					
d					
е	·				
f					
,			Total:	\$ \$253.00 .	
Business Information					
Business Address:	141 4th Street East, Suite LL2	Saint Paul	MN	55101 ZIP	
Company Name:	Gambit Brewing Co., LLC	Doing Business As:	Gambit Brewing Co		
Company Type:	Corporation X	Partnership	Sole Proprietors	ship	
Date of Incorporation:	05 / 09 / 2022	Anticipated Opening:	11 / 01	/ 2022	
Malling Address:	141 4th Street East, Suite LL2	Saint Paul	MN	55101	
Business Phone:	Street 414-430-1394	City Fax Number:	State	e Zip	
Applicant Information		-			
Applicant Name:	Joshua	William Se	ecaur _{Last}		
Title:	Owner		` /		
Drivers License:	State License #	Email:			
Home Address:	= = = = = = = = = = = = = = = = = = = =	. Cl.	State	e Zip	
	Street	City Alternate Phone:		b 2ip	

	Informa	ition						
Are you going to operate t			nally?	Yes: X	No:			
If <u>no</u> , who will operate It?		•	•	There exists assess				
Operator Name:								
	First			Middle		Last		
Home Address:	Street				Clty		State	Zlp
Date of Birth:		/	/	_	Phone II:			
Are you going to have a m	anager or	assistan	t In this busines	s?	Yes:	No:	Χ	
If manager is <u>not</u> the same	e as the o	perator, p	olease complete	the following informa	tlon:			
Manager Name:								
Home Address:	Flrst			Middle		Last		
Home Address:	Street				City		State	Zlp
Date of Birth:					Phone:			
Officer Name:	First			Middle		Last		
Title:				Emall:				•
Home Address:	Street				City			71
Date of Birth:		/	/	_	•		State	Zlp
		·····						
Officer Name:				Middle		Last		
	First							
Title:				Email:				
Title:								
Home Address:	Street				City		State	Zlp
Home Address:	Street				City			Zlp
Home Address: Date of Birth:	Street				City		State	Zlp
Home Address: Date of Birth: Officer Name:	Street			Mlddle	City		State	Zlp
Home Address: Date of Birth:	Street			_	City		State	Zlp
Home Address: Date of Birth: Officer Name:	Street			Mlddle	City Phone:		State	Zlp
Home Address: Date of Birth: Officer Name: Title: Home Address:	Street Street	/		Mlddle	City Phone:		State	Zlp
Home Address: Date of Birth: Officer Name: Title:	Street Street			Mlddle	City Phone:		State	Zlp
Home Address: Date of Birth: Officer Name: Title: Home Address:	Street First Street	/	1	Middle Email:	City Phone: City Phone:	Last	State State	Zlp
Home Address: Date of Birth: Officer Name: Title: Home Address: Date of Birth:	Street First Street	/ / VEN OR I	/ / MATERIAL SUE	Middle Email:	City Phone: City Phone: IN DENIAL OF	Last APPLICATION.	State	Zlp Zlp
Home Address: Date of Birth: Officer Name: Title: Home Address: Date of Birth: FALSIFICATION OF ANS	Street First Street	/ / VEN OR I	/ / MATERIAL SUE	Middle Email:	City Phone: City Phone: IN DENIAL OF	Last APPLICATION.	State	Zlp Zlp
Home Address: Date of Birth: Officer Name: Title: Home Address: Date of Birth: FALSIFICATION OF ANS	Street First Street	/ / VEN OR I	/ / MATERIAL SUE	Middle Email:	City Phone: City Phone: T IN DENIAL OF	Last APPLICATION.	State	zlp best of my knowle