## **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 <u>each</u> partner, and by <u>each</u> 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) $The N\infty 1$
2.	Located at (address) 492 S. Mamline Are
3,	Name under which business is operated SAME
4.	True Name Michael Curis Runyan Phone Phone
5.	Place of Birth (Month, Day, Year)
6.	Home Phone
7.	Have you ever been convicted of any gambling violations?
	List licenses which you currently hold at this location. Food 4 Bev
9.	Do you have a direct or indirect financial interest in the distribution or manufacture of gambling equipment?
10	SUBMIT A SITE PLAN SHOWING WHERE THE GAMBLING BOOTH WILL BE LOCATED AND THE DIMENSIONS OF THE LEASED SPACE.
Αì	NY FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL

RESULT IN DENIAL OF THIS APPLICATION.