

Lic. # 20200001393



**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/dsl](http://www.stpaul.gov/dsl)

### 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) being applied for:

Fee(s):

- |  |   |
|--|---|
| a. <u>Liquor On-sale 101-180 seats</u>               | <u>5,416.00</u><br><del>\$5310.00</del> |
| b. <u>Liquor On-sale Sunday</u>                      | <u>\$200.00</u>                         |
| c. <u>Liquor On-sale 2 am closing</u>                | <u>54.00</u><br><del>\$53.00</del>      |
| d. <u>Liquor outdoor service area - <i>Patio</i></u> | <u>78.00</u><br><del>\$76.00</del>      |
| e. <u>Entertainment B</u>                            | <u>613.00</u><br><del>\$601.00</del>    |
| f. _____   | _____                                   |
| g. _____   | <u>6,361.00</u>                         |

Total: \$ 6240.00

#### Business Information

Business Address: 498 Selby  
1 S. Leech St. St. Paul, MN 55102  
Street City State Zip

Company Name: Bing Enterprises LLC Doing Business As: The Gnome

Company Type: Corporation ☒ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Date of Incorporation: 03 / 26 / 2020 Anticipated Opening: 08 / 01 / 2020

Mailing Address: 498 Selby Ave, St. Paul, MN 55102  
Street City State Zip

Business Phone: 201-759-3087 Fax Number: \_\_\_\_\_

#### Applicant Information

Applicant Name: Brian Robert Ingram  
First Middle Last

Title: President Date of Birth: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Email: \_\_\_\_\_  
State License #

Home Address: \_\_\_\_\_  
Street City State Zip

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

(Continued on back)

### Supplemental Required Information

Are you going to operate this business personally?

Yes: X No:       

If no, who will operate it?

Operator Name:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Home Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth:        /        /       

Phone #: \_\_\_\_\_

Are you going to have a manager or assistant in this business?

Yes: X No:       

If manager is not the same as the operator, please complete the following information:

Manager Name: Sarah Ingram

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Home Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth:        /        /       

Phone: \_\_\_\_\_

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name: Brian Robert Ingram

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Title: President

Email: \_\_\_\_\_

Home Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth:        /        /       

Phone: \_\_\_\_\_

Officer Name: Sarah Ingram

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Title: Vice President

Email: \_\_\_\_\_

Home Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth:        /        /       

Phone: \_\_\_\_\_

Officer Name:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Title:

Email: \_\_\_\_\_

Home Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth:        /        /       

Phone: \_\_\_\_\_

FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF APPLICATION.

I hereby state that I have answered all of the preceding questions and that the information contained herein is true and correct to the best of my knowledge and belief.

Applicant Signature

Title

Date

Sarah Ingram

6/1/20