

CITY OF SAINT PAUL

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

651-266-8989 Telephone: 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: SING ENTRACTES COL
2.	Doing Business As: THE GNOME
3.	Business Address: 498 SELBY AVE, ST. PAUL, MN 55102
4.	Applicant Name: Resert Name: New Maiden Last
5.	Date of Birth: Phone: Phone:
6.	Home Address:
7.	Have you ever been convicted of a gambling violation?
8.	Do you have a direct or indirect financial interest in the distribution or manufacture of gambling equipment?
9.	Active licenses and/or applied for at this location:
	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.  Date  Date
D a	turn to:
ĸe	
	Department of Safety and Inspections (DSI) Business Licensing - Lawful Gambling
	375 Jackson Street, Suite #220
	5 to desired State 1720

Fax: 651-266-9124