DEPARTMENT OF SAFETY AND INSPECTIONS
Ricardo X. Cervantes, Director

CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

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

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

GAMBLING HALL LICENSE
(To be filled out by owner of building/property)

1. Gambling Hall Application Yes ____ No ____
2. Gambling Hall Affidavit Yes ____ No ____
3. Payment Attached / Gambling Hall Fee $385.00
   (Owner pays this fee)
4. Class N License Application Yes ____ No ____

GAMBLING HALL LICENSE APPLICATION

Gambling Hall Information:

1._____
Name of Business Phone #

2._____
Street Address City State Zip Code

Type of Business:

3. [ ] Sole Proprietorship [ ] Partnership [ ] Corporation

4. Names of all owners, officers, directors & partners -

Name	Address	Phone #	Date of Birth

Property Owner(s) Information:

5._____(___)_____
Name of Legal Owner of Gambling Hall Property Phone #

6._____
Business Mailing Address City State Zip Code

7. Names of all tenants of property -

Name	Phone #
1)	
2)	
3)	
4)	

8. Attach a copy of lease between gambling hall applicant and property owner.

9. Attach a letter of permission from the property owner for the conduct of gambling on the premise.

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

TO BE COMPLETED BY GAMBLING HALL OWNER

I understand and will uphold ordinances Chapter 278 and Chapter 409 of the Saint Paul Legislative Code (Gambling Hall & Intoxicating Liquor) relating to pulltabs and tipboards in Gambling Halls.

I further understand that failure to comply may result in the suspension or revocation of corresponding licenses.

_____
Signature

_____
Signature

_____
Date

Return to:
DSI/Gambling Enforcement
375 Jackson Street, Suite 220
St. Paul, MN 55101-1806