



CITY OF SAINT PAUL  
Christopher B. Coleman, Mayor

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

Telephone: 651-266-9090  
Facsimile: 651-266-9124  
Web: www.stpaul.gov/dsi

## CITY OF SAINT PAUL BINGO HALL LICENSE APPLICATION

Please attach all requested information in the order listed. All copies should be made before you arrive at the DSI License Division.

### State Forms are available at:

Department of Gaming  
Gambling Control Division  
1711 West County Road B  
Rosewood Plaza South, 3rd Fl.  
Roseville, MN 55113

- |    |  |             |
|----|--|-------------|
| 1) | Signed Copies of Complete Lease Agreements With All Lawful Gambling Organizations at Hall<br><b>STATE FORM LG 215 (copy)</b> | Yes___No___ |
| 2) | Schedule of Bingo Activity With All Lawful Gambling Organizations at Hall  | Yes___No___ |
| 3) | Class N License Application<br><b>CITY FORMS</b>   | Yes___No___ |
| 4) | Bingo Hall License Fee/Payment Attached \$195.00 (CITY OF SAINT PAUL)  | Yes___No___ |

Additional information on City licenses is available by contacting the Department of Safety and Inspections/Lawful Gambling Enforcement at 651-266-9114.

Allow 60 days to process your application through the city. The application must be approved by the St. Paul Zoning, DSI, Fire and Police Departments before it can be approved.

Attachments: 1) Workers Comp/Tax ID  
2) Class N City of Saint Paul Bingo Hall License Application  
3) St. Paul Bingo Hall Ordinance

01/2009

Received By: \_\_\_\_\_ Date: \_\_\_\_\_



**CITY OF ST. PAUL**  
DEPARTMENT OF SAFETY AND INSPECTIONS  
375 JACKSON STREET, SUITE 220  
ST. PAUL, MINNESOTA 55101-1806  
Phone: 651-266-9090 Fax: 651-266-9124  
Visit our Website at: [www.stpaul.gov/dsi](http://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) being applied for: (Office Use Only)	Fees
<b>Total</b>	

Anticipated Date of Opening: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Company Name: \_\_\_\_\_ ( Circle: Corporation Partnership Sole Proprietorship )

If business is incorporated, give date of incorporation: \_\_\_\_\_

Business Name (DBA): \_\_\_\_\_ Business Phone: ( \_\_\_\_ ) \_\_\_\_\_

Business Address (business location): \_\_\_\_\_

Street (#, Name, Type, Direction)                      City                      State                      Zip + 4

Between what cross streets is the business located? \_\_\_\_\_ Which side of the street? \_\_\_\_\_

Mail To Address (if different than business address): \_\_\_\_\_

Street (#, Name, Type, Direction)                      City                      State                      Zip + 4

**APPLICANT INFORMATION:**

Name and Title : \_\_\_\_\_

First                      Middle                      (Maiden)                      Last                      Title

Home Address: \_\_\_\_\_

Street (#, Name, type, Direction)                      City                      State                      Zip + 4

Date of Birth: \_\_\_\_\_ Place of Birth : \_\_\_\_\_ Home Phone ( \_\_\_\_ ) \_\_\_\_\_

Driver License: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES \_\_\_\_ NO \_\_\_\_

Date of Arrest: \_\_\_\_\_ Where? \_\_\_\_\_

Charge: \_\_\_\_\_

Conviction: \_\_\_\_\_ Sentence: \_\_\_\_\_

List licenses which you currently hold, formerly held, or may have an interest in: \_\_\_\_\_

Have any of the above named licenses ever been revoked? \_\_\_\_ YES \_\_\_\_ NO If yes, list the dates and reasons for revocation: \_\_\_\_\_

Are you going to operate this business personally? \_\_\_\_ YES \_\_\_\_ NO If not, who will operate it? \_\_\_\_\_

\_\_\_\_\_

First Name                      Middle Initial                      (Maiden)                      Last                      Date of Birth

\_\_\_\_\_ ( \_\_\_\_ ) \_\_\_\_\_

Home Address: Street (#, Name, Type, Direction)                      City                      State                      Zip + 4                      Phone Number

**APPLICANT INFORMATION (Continued) :**

Are you going to have a manager or assistant in this business? \_\_\_\_\_ YES \_\_\_\_\_ NO If the manager is not the same as the Operator, please complete the following information:

First Name	Middle Initial	(Maiden)	Last	Date of Birth
				( )

Home Address: Street (#, Name, Type, Direction)	City	State	Zip + 4	Phone Number
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**Licensee Work History** (list name, address and phone number of all employers for the previous 5 year period)

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**List all other officers of the corporation (use additional pages if necessary):**

Officer Name	Title	Home Address	Home Phone	Business Phone	Date of Birth

**If business is a partnership, please include the following information for each partner (use additional pages if necessary):**

First Name	Middle Initial	(Maiden)	Last	Date of Birth
				( )

Home Address: Street (#, Name, Type, Direction)	City	State	Zip + 4	Phone Number
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First Name	Middle Initial	(Maiden)	Last	Date of Birth
				( )

Home Address: Street (#, Name, Type, Direction)	City	State	Zip + 4	Phone Number
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**MINNESOTA TAX IDENTIFICATION NUMBER**

Pursuant to the Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licenses), licensing authorities are required to provide to the State of Minnesota Commissioner of Revenue, the Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of the Minnesota Tax Identification Number:

- This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
- Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.

Minnesota Tax Identification Numbers (Sales & Use Tax Number) may be obtained from the State of Minnesota, Business Records Department, 600 Robert Street North, Saint Paul, MN (651-296-6181).

Minnesota Tax Identification Number: \_\_\_\_\_

If a Minnesota Tax Id is not required for the business being operated, indicate so by placing an "X" in the box.

**ANY FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED  
WILL RESULT IN DENIAL OF THIS 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. I hereby state further that I have received no money or other consideration, by way of loan, gift, contribution, or otherwise, other than already disclosed in the application which I herewith submitted. I also understand this premise may be inspected by police, fire, health and other city officials at any and all times when the business is in operation.

\_\_\_\_\_  
**Signature (REQUIRED for all applications)**

\_\_\_\_\_  
**Date**

**PREFERRED METHODS OF COMMUNICATION FROM THIS OFFICE  
(please rank in order of preference – “1” is most preferred):**

\_\_\_\_\_ Phone Number with area code: ( \_\_\_\_\_ ) Extension \_\_\_\_\_  
Check the type of Phone Number listed above:  Business  Home  Cell  Fax  Pager

\_\_\_\_\_ Phone Number with area code: ( \_\_\_\_\_ ) Extension \_\_\_\_\_  
Check the type of Phone Number listed above:  Business  Home  Cell  Fax  Pager

\_\_\_\_\_ Mail: \_\_\_\_\_  
Street (#, Name, Type, Direction) City State Zip + 4

\_\_\_\_\_ Internet: \_\_\_\_\_  
E-Mail Address

**All Class N applications must be submitted with the following documents:**

1. Provide a copy of your executed (signed) rental lease and/or assignment, as well as a letter of permission from the landlord, to allow this type of business operation on the premises unless specified in the lease. Or, provide a copy of your Purchase Agreement and/or Bill of Sale of the property.
2. If incorporated or partnership, provide a copy of your Articles of Incorporation, as well as minutes of the first corporate meeting, elections of officers, and desire of corporation to enter into this type of business. The first corporate meeting minutes should include the distribution/allocation of corporate shares.

**\*\* Note: If your license(s) require a Surety Bond or Certificate of Insurance, the Surety Bond and Insurance expiration dates must run concurrent with the license. \*\***

**We will accept payment by Cash, Check (made payable to City of Saint Paul) or Credit Card (American Express, Discover, MasterCard or Visa).**

<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa										<b>Expiration Month/Year</b> ▶▶									
Enter Account Number ▶																			

\_\_\_\_\_  
**Signature of Cardholder**

\_\_\_\_\_  
**Date**

**SPECIFIC LICENSE APPLICATIONS REQUIRE ADDITIONAL INFORMATION**

<b>Cabaret Adult</b>	Please attach written proof that each employee is at least 18 years old.
<b>Conversation/Rap Parlor Adult</b>	Please attach written proof that each employee is at least 18 years old.
<b>Entertainment</b>	Please specify class A, B, or C license; obtain and attach signatures of approval from 90% of your neighbors within 350 feet of the establishment for B and C licenses. This license must be applied for in conjunction with a Liquor, Wine, Malt On Sale or Rental/Dance Hall license.
<b>Firearms</b>	Please attach a letter with the following information: state if selling or only repairing, Federal Firearms License Number, type of Armed Services discharge (Honorable, General Bad Conduct, Undesirable, Dishonorable, or no military service. (NOTE: Establishment must be commercially zoned.)
<b>Game Room</b>	Please provide the following information: name of machine and list price. (NOTE: A Pool Hall license is required if there are any pool tables in the establishment.
<b>Health/Sports Club Adult</b>	Please attach written proof that each employee is at least 18 years old.
<b>Liquor On/Off Sale</b>	Refer to attached liquor application
<b>Massage Center</b>	Refer to attached massage application checklist.
<b>Massage Center Adult</b>	Please attach written proof that each employee is at least 18 years old.
<b>Massage Practitioner</b>	Refer to attached massage application checklist.
<b>Motorcycle Dealer</b>	Please include State of Minnesota Dealer Application.
<b>New Motor Vehicle Dealer</b>	Please include State of Minnesota Dealer Application.
<b>Parking Lot or Parking Ramp</b>	Please include the number of parking spaces, and attach plans containing a general description of the security provided at the lot/ramp, a site plan showing driveways of the proposed lot and the legal description of the property (this requirement is necessary only if no site plan is currently on file). Attach a cover letter describing your plans to comply with the lighting and painting requirements.
<b>Pawnbroker</b>	Please attach \$5,000.00 Surety Bond.
<b>Second Hand Dealer (Antiques/Computer/Electronics)</b>	Please include written hours of operation and address of where records will be kept.
<b>Second Hand Dealer (Motor Vehicle)</b>	Please include the State of Minnesota Dealer Application.
<b>Second Hand Dealer (Motor Vehicle Parts)</b>	Please attach \$5,000.00 Surety Bond.
<b>Steam Room/Bath House Adult</b>	Please attach written proof that each employee is at least 18 years old.
<b>Theater Adult</b>	Please attach written proof that each employee is at least 18 years old.
<b>Tow Truck/Wrecker</b>	<ul style="list-style-type: none"> <li>• Complete the attached Tow Truck Affidavit form and Tow Truck Vehicle Inspection Sheets (please make copies as needed). Contact Kris Schweinler, DSI Senior License Inspector at 651-266-9110 to schedule an appointment to get your tow vehicles inspected.</li> <li>• Submit a list of all contracted private property towing locations and persons with authority to sign tow order forms.</li> <li>• Submit a copy of your tow order form.</li> <li>• Submit a copy of your schedule of charges, including reasonable fixed towing and fixed drop charges.</li> <li>• Submit a statement that the storage lot will be maintained continuous (24) hour on-duty service from an office on the premises for the release of motor vehicles. The location of the storage lot should be clearly stated.</li> <li>• Submit a list of the names and address of all drivers employed by your towing company.</li> <li>• Submit an original Surety Bond in the amount of \$10,000 conditioned upon the proper handling and safekeeping of vehicles, accessories, and personal property and the guarantee of reimbursement to owners for loss. The bond requires a 30-day notice of cancellation to the City of Saint Paul Department of Safety and Inspections</li> <li>• Submit a copy of your certificate of insurance insuring you against any and all liability incurred in the use or operations of the licensed tow vehicle including the providing of wrecker or tow truck motor vehicle services. The policy of insurance shall be in the limits of not less than \$100,000 for injury or death to one person, \$300,000 for each occurrence, and \$100,000 property damage. <b>Each tow truck vehicle to be licensed must be listed on the certificate of insurance (include the VIN#, make, model, year, and license plate #).</b></li> </ul>

# Zoning Summary Sheet\*

Date: \_\_\_\_\_

License ID# (Office Use) \_\_\_\_\_

In order for the Zoning Administrator to determine the classification of your business and to expedite your license application, this form must be completed and submitted with a floor plan and a site plan which is dimensioned and drawn to scale (see example site & floor plan formats below).

**\*Zoning approval will not be granted for this license request without this information.**

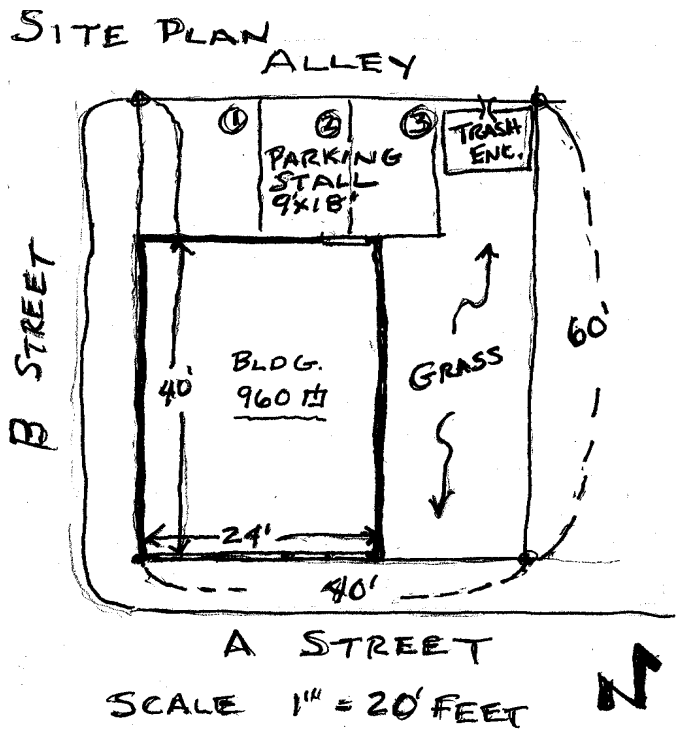
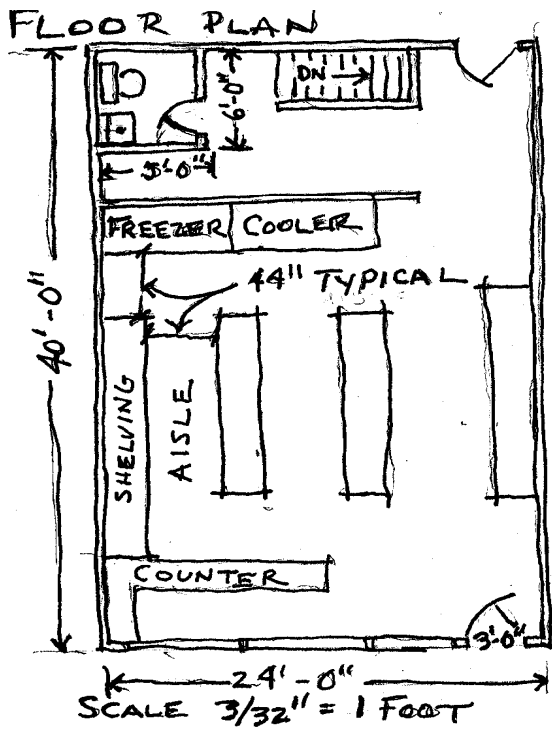
Business Address \_\_\_\_\_ Business Type \_\_\_\_\_  
Street Address

Business Name \_\_\_\_\_

Licensee/Owner Name: \_\_\_\_\_ Day Phone: \_\_\_\_/\_\_\_\_ - \_\_\_\_  
(Responsible Party) First Middle Maiden Last

Please answer questions 1 - 6. You will also need to answer questions 7 - 15 if you are applying for a restaurant license. Contact the zoning inspector at 651/266-9083 if you have questions about the information needed on this form.

<p>1. What is the gross floor area for this business?          _____ square feet.</p> <p>2. What was the previous use of this space?          _____</p> <p>3. How many off-street parking spaces are provided for this business? _____</p> <p>4. How many different uses are in the building? _____</p> <p>5. What are these uses? _____</p> <p>6. Do you own the property or are you leasing it?          _____</p>	<p>7. Do you intend to have a drive-thru window? ___ yes ___ no</p> <p>8. Will you have a permanent menu board? ___ yes ___ no</p> <p>9. Do you intend to serve liquor? ___ yes ___ no</p> <p>10. Is this a restaurant associated with a Chain or franchised business? ___ yes ___ no</p> <p>11. Will customers pay for their food before consuming it? ___ yes ___ no</p> <p>12. Is a self-service condiment bar proposed? ___ yes ___ no</p> <p>13. Are trash receptacles provided for self-Service bussing? ___ yes ___ no</p> <p>14. Will there be hard finished, stationary seating? ___ yes ___ no</p> <p>15. Are your main course food items Prepackaged ___ or made to order? _____</p>
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# Certificate of Compliance

## Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

**A valid workers' compensation policy must be kept in effect at all times by employers as required by law.**

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
DBA (doing business as name) (if applicable)	

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.**

### NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)		
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

### NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

### NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

- I have no employees.
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:
- Other:

### ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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**NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.**

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

## Chapter 403. Bingo Halls\*

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- [Sec. 403.01. License required.](#)
  - [Sec. 403.02. Exception.](#)
  - [Sec. 403.03. Fee.](#)
  - [Sec. 403.04. Licensing requirements.](#)
  - [Sec. 403.05. Distance between bingo halls.](#)
  - [Sec. 403.06. Reserved.](#)
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**\*Editor's note--**This chapter is derived from Code 1956, § 410.19; Ord. No. 17192, adopted Dec. 13, 1984; and Ord. No. 17193, adopted Dec. 13, 1984.

**Cross reference(s)--**Gambling, Ch. 270; lawful gambling, Ch. 402; game rooms, Ch. 406.

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### **Sec. 403.01. License required.**

No person, being the owner, manager or in control of any building as defined in section 60.202 of the Saint Paul Legislative Code, shall rent or lease that building to any organization for the purpose of conducting the game of bingo, or permit the game of bingo to be played or conducted in said building, without a license.

### **Sec. 403.02. Exception.**

No license shall be required if the game of bingo is conducted on two (2) or fewer occasions in any week in the building.

### **Sec. 403.03. Fee.**

The fee is as set forth in Saint Paul Legislative Code section 310.18.  
(C.F. No. 03-125, § 1, 3-5-03)

### **Sec. 403.04. Licensing requirements.**

(a) *Application.* The application shall contain, in addition to other information required by the inspector, the name and address of the owner, the names and addresses of all shareholders and officers if the owner is a corporation or other association, the names of all tenants of the building, and which tenants will be conducting the game of bingo on the premises.

(b) *Inspection, etc.* The building shall be inspected prior to issuance of the license by the appropriate officials from the department of fire and safety services, the division of housing and building code enforcement, and the division of public health. No building shall be licensed unless it complies with the requirements of the zoning, fire, building, health and sanitation codes of the City of Saint Paul and State of Minnesota.



**Sec. 403.05. Distance between bingo halls.**

(a) *Minimum distance established.* A minimum distance of two (2) miles shall be required between buildings licensed for bingo halls under the provisions of this chapter. This minimum distance requirement shall not be applicable where the license is to be held in a place located in the downtown business district as defined in section 411.04(b)(4) of this Code.

(b) *Waiver of distance requirement.* The minimum distance requirement herein imposed may, to promote responsible ownership and accountability, be waived by the council upon: a finding by the council that the location of the proposed site would provide economic development benefits without significant negative impacts on residential or commercial uses; provided, however, that (1) the waiver could allow no more than one licensed bingo hall within two miles of another licensed bingo hall, and (2) such a waiver could not be granted to the fee owner of an existing, licensed bingo hall within a two-radius.

(c) *No consideration for consent to waivers.* No licensee under this chapter shall request, accept or keep any consideration in return for his or her consent to the location of a proposed bingo hall as provided under subsection (b) above. No applicant for the location of a proposed bingo hall shall pay or offer to pay any consideration to any person in return for obtaining a consent to the location of a bingo hall in a specific location as provided in subsection (b) above. "Consideration" for the purpose of this section means and includes any and all legal consideration, money, real or personal property, promises or contractual obligations, negotiable or other instruments given to or received by any person, including the licensee, his or her friends or relatives, his or her creditors, any other person acting on his or her behalf, and any other person at the direction of the licensee.

(d) *Adverse action authorized.* The council may consider and impose adverse action against any person, firm or corporation holding any license of the city, or against any applicant for any such license, after notice and hearing as provided in section 310.05 of the Legislative Code, based on a violation of the prohibitions contained in subsection (c) above, as well as on other violations of law or ordinance relating to such a matter.

(Ord. No. 17392, § 1, 8-28-86; Ord. No. 17663, § 1, 6-29-89; Ord. No. 17904, § 1, 1-28-92; C.F. No. 96-393, § 1, 5-8-96; Ord. No. 00-314, § 1, 5-3-00)

**Sec. 403.06. Reserved.**

**Editor's note--**C.F. No. 96-393, § 2, adopted May 8, 1996, repealed § 403.06, which pertained to bingo equipment.