



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

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 APR 13 2021

**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.	Liquor license on sale 100 seats or less	4891.00
b.	Liquor on sale Sunday	200.00
c.	Liquor Outdoor Service Area (Sidewalk)	36.00
d.		
e.		
f.		
g.		

**Total:** \$ 5127.00 -

**Business Information**

Business Address: 455 West 7th St. St Paul MN 55102  
Street City State Zip

Company Name: Hogan Bard LLC Doing Business As: Emerald Lounge

Company Type: Corporation  Partnership  LLC Sole Proprietorship

Date of Incorporation: 06 / 01 / 2011 Anticipated Opening: 07 / 01 / 2021

Mailing Address: 459 7th Street West, St Paul MN 55102  
Street City State Zip

Business Phone: 651-600-3400 Fax Number: \_\_\_\_\_

**Applicant Information**

Applicant Name: Molly Hogan Bard  
First Middle Last

Title: General Manager Date of Birth:  / /

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

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

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

**Supplemental Required Information**

Are you going to operate this business personally? Yes:  X  No: \_\_\_\_\_

If no, who will operate it?

Operator Name: Molly Hogan Bard  
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: Conor FX Bard  
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: William FX Bard  
First Middle Last

Title: owner Email: \_\_\_\_\_

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

Date of Birth: \_\_\_\_ / \_\_\_\_ Phone: \_\_\_\_\_

Officer Name: Mary P Hogan-Bard  
First Middle Last

Title: owner 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 general manager Date 3/29/21