



**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)

**Class "N" License Application**

Received

LICENSES ARE NOT TRANSFERRABLE

JUN 07 2022

Payment must be received with Each Application  
 This application is subject to review by the public

City of Saint Paul - DSI

Types of License(s) being applied for:

Fee(s):

- a. Liquor On-Sale 100 seats or less \$4891.00
- b. Liquor On-Sale Sunday \$200.00
- c. Gambling Location \$77.00
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_

Total: \$ 5168.00.

**Business Information**

Business Address: 1080 Payne Ave St. Paul MN 55130  
Street City State Zip

Company Name: Nice Guys LLC Doing Business As: Chances Tavern

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

Date of Incorporation: 03 / 21 / 2022 Anticipated Opening: 08 / 15 / 2022

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

Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Applicant Information**

Applicant Name: Scott Michael Hanlon  
First Middle Last

Title: Owner 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:  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:  No:

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

Manager Name: \_\_\_\_\_  
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: Aaron Martin clast  
First Middle Last  
Title: Owner Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Street City State Zip  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_

Officer Name: Tommy (Thomas) Joseph Lafleche  
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: \_\_\_\_\_ Title: Owner Date: 08.06.2022