



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/dsj

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 On Sale - 100 Seats or less	60 seat est.	\$4,891.00
b.	Liquor On Sale Sunday		\$ 200.00
c.	Entertainment A		\$ 253.00
d.	Gambling Location		\$ 77.00
e.	Liquor Outdoor Service Area (Patio)		\$ 78.00
f.			
g.			
Total:			\$ -

Business Information

Business Address: 620 7th Street W St. Paul MN 55120
Street City State Zip

Company Name: Jodana Inc. Doing Business As: Keenan's 620 Club/Keenan's Bar and Grill

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 07 / 11 / 2008 Anticipated Opening: 09 / 01 / 2022

Mailing Address: _____
Street City State Zip

Business Phone: 651-227-3840 Fax Number: _____

Applicant Information

Applicant Name: William John Keenan
First Middle Last

Title: President Date of Birth: / /

Drivers License: _____ Email: _____
State License #

Home Address: _____
Street City State Zip

Cell Phone: _____ Alternate Phone: _____

(Continued on back)

Supplemental Required Information

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

If no, who will operate it?

Operator Name: William John Keenan
First Middle Last

Home Address: _____
Street City State Zip

Date of Blrth: / / 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: _____
First Middle Last

Home Address: _____
Street City State Zip

Date of Blrth: / / Phone: _____

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name: William John Keenan
First Middle Last

Title: President/Owner Email: _____

Home Address: _____
Street City State Zip

Date of Blrth: / / Phone: _____

Officer Name: Susette Marie Keenan
First Middle Last

Title: Sec/Tres/Owner Email: _____

Home Address: _____
Street City State Zip

Date of Blrth: / / Phone: _____

Officer Name: _____
First Middle Last

Title: _____ Email: _____

Home Address: _____
Street City State Zip

Date of Blrth: / / 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

_____ President/Owner 05-10-2022
Title Date