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SEP 28 2022



CITY OF SAINT PAUL
Department of Safety and Inspections
Ricardo X. Cervantes, Director
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

Class "N" License Application
City of Saint Paul - DSI
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 _____
- b. _____
- c. Wine on Sale _____ 2000.00
- d. Malt on Sale Strong _____ 1049.00
- e. _____
- f. _____
- g. _____

Total: **\$2149.00**

Business Information

Business Address: 767 Raymond Ave St. Paul MN 55114
Street City State Zip

Company Name: The Keys Restaurant Inc Doing Business As: Keys Restaurant

Company Type: Corporation Partnership _____ Sole Proprietorship _____

Date of Incorporation: 12, 29, 1989 Anticipated Opening: currently open

Mailing Address: 767 Raymond Ave St. Paul MN 55114
Street City State Zip

Business Phone: 651.646.5756 Fax Number: _____

Applicant Information

Applicant Name: Amy Marie Hunn
First Middle Last

Title: GM / owner Date of Birth: / /

Drivers License: _____ State License # all: _____

Home Address: _____ Street City State Zip

Cell Phone: _____ Alternate Phone: NA

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: Grant William Hunn
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: Roy William Hunn
First Middle Last

Title: Owner/President 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: _____

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.

Grant William Hunn
Applicant Signature

GM
Title

9.26.22
Date