

20230002318



SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

Class "N" Licenses

Approved to Enter

LICENSES ARE NOT

Payment must be received with application. This application is subject to review by the

- Ross

12/22/23

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

- 1. Liquor On-Sale - 100 seats or less \$5,361.00
- 2. Liquor On Sale Sunday \$200.00
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

Total: \$ 5,561.00

Business Information

Business Address: 2201 Burns Avenue St. Paul MN 55119
Street City State Zip

Company Name: Peachtree Hospitality Management, LLC **Doing Business As:** DoubleTree by Hilton St. Paul East

Company Type: Corporation Partnership LLC Sole Proprietorship

Date of Incorporation: 10/04/2007 **Date of Anticipated Opening:** N/A - already opened

Mailing Address: 3500 Lenox Road, Suite 625 Atlanta GA 30326
Street City State Zip

Business Phone #: (651) 291-8800 **Email Address:** fmidge@peachtreegroup.com

Applicant Information

Applicant Name: Jatin Ramesh Desai
First Middle Last

Title: Manager

Date of Birth: _____

Drivers License: _____
State License #

Email: _____

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: Fred G. Midge
Home Address: [Redacted]
Date of Birth: [Redacted] Phone #: [Redacted] Email Address: [Redacted]

Are you going to have a manager or assistant in this business? Yes: No: If a manager is not the same as the operator, please complete the following information:

Manager Name: N/A - Fred Midge will be the manager/operator
Home Address: [Redacted]
Date of Birth: [Redacted] Phone #: [Redacted] Email Address: [Redacted]

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

Officer Name: Jatin Ramesh Desai
Title: Manager
Home Address: [Redacted]
Date of Birth: [Redacted] Phone #: [Redacted]

Officer Name: Gregory Mark Friedman
Title: Manager
Home Address: [Redacted]
Date of Birth: [Redacted] Phone #: [Redacted]

Officer Name: Mitul Keshav Patel
Title: Manager
Home Address: [Redacted]
Date of Birth: [Redacted] Phone #: [Redacted]

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. I also hereby state that I have provided a completed District Council Notification Form to the district council representing the planning district in which my business will operate.

[Redacted Signature] Manager 12/20/2023
Applicant Signature Title Date