

Received

CRCD

JAN 25 2023



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

City of Saint Paul - DSI

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. Sports Club Billiard Hall
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total:

\$

Business Information

Business Address: 755 Prior Ave N ST Paul (pending) MN 55104

Street

City

State

Zip

Company Name: Slate Billiard Club LLC

Doing Business As: _____

Company Type: Corporation ☒

Partnership ☐

Sole Proprietorship ☐

Date of Incorporation: 1 / 1 / _____

Anticipated Opening: 4 / 1 / 23

Mailing Address: _____

Street

City

State

Zip

Business Phone: 763-273-3732

Fax Number: _____

Applicant Information

Applicant Name: Joshua Philip Buebel

First

Middle

Last

Title: Managing partner

Date of Birth: 1 / 1 / _____

Drivers License: _____

State

License #

Email: _____

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: ☒ 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:

Demetrius John Jelatis
First Middle Last

Title: Partner-owner Email:

Home Address:

Street City State Zip

Date of Birth: / /

Phone:

Officer Name:

Christopher James Spirell
First Middle Last

Title: Partner-owner Email:

Home Address:

Street City State Zip

Date of Birth: / /

Phone:

Officer Name:

David Patrick Okeefe
First Middle Last

Title: Partner-owner 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: _____

Managing Partner 1.5.23
Title Date