

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

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:								
a, <u>l</u>	quor On Sale - 100 Seats or les	S	60 see	test,	\$4,891.00			
b		\$ 200.00						
с,		\$ 253.00						
d,		\$ 77.00						
е,	e. Liquor Outdoor Service Area (Patio)							
f.								
g,								
<u> </u>				Total:	\$ -			
Business Information								
·Business Addre		-	St. Paul	M Stat				
Company Nan			•		b/Keenan's Bar and Grill			
Сотрапу Тур	e: Corporation X	Partnership		Sole Proprietor	shlp			
Date of Incorporatio	n: <u>07 / 11 / 2008</u>		Anticipated Opening:	09 /01	2022			
Malling Addre	Street		City	Stat				
Business Pho	6E1-227-2040		Fax Number:		e Zlp			
Applicant Informat	lon							
Applicant Nan	14411	John Middle		Keenan Last				
Tit	. 5		Date of Birth:	Last	/			
Drivers License	: State License #	Email:	Market and the second s					
Home Addre			City	Stati	e Zip			
Cell Phor		_	Alternate Phone:	Stati	~ L1P			

Supplemental Required	Information					
Are you going to operate t	his business personally?	γes: X	No:			
If <u>no,</u> who will operate it?						
Operator Name:	William	John Middle		Keenan Last		
Home Address:						-
n i falid	Street		City	i	State	Zĺp
Date of Birth;	//		Phone II:			
Are you going to have a m	anager or assistant in this busir	ness?	Yes: X	No: _		
If manager is <u>not</u> the same	e as the operator, please compl	ete the following Informat	lon:			
Manager Name:	First	Middle		Last	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Home Address:	1110					
n i Chlub	Street		City		State	Ζĺp
Date of Birth:			Phone:			
Please list all other of	ficers of the corporation (/	Attach another sheet If	applicable.			
	William	John	.,	V		
Officer Name:	First	Middle		Keenan Last	COORDINATION OF THE PROPERTY O	
Title:	President/Owner	Emall:	deretween.		1888	
Home Address:						
1,5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Street		City		State	Zlp
Date of Birth:			Phone:			
Officer Name:	Susette	Maria	nyukka acausa kuna kunik da keranan arakin da hada ara	Keenan		
Officer (varile,	First	Marie Mlddle	100-100 to 1	Last		
Title:	Sec/Tres/Owne	Emall:				
Home Address:						
n i intili	Street		City		State	Zlp
Date of Birth:			Phone:	,		
Officer Name:						
Officer (value,	First	Middle		Last		
Title:		Email:				
Home Address:						
D. L. of Blade	Street		City		State	Zlp
Date of Birth:			Phone:			
FALSIFICATION OF ANS	WERS GIVEN OR MATERIAL S	SUBMITTED WILL RESULT	'IN DENIAL OF	APPLICATION.		
	answered all of the preceding qu				correct to the	best of my knowledge
		2 -	and A	ourer.	1)6.	ノハーフィラフ
Ápplicant signatyre	MARKAL ABOVERNOON AND AND		sillow !	enner	Date	, care