Received

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SAINT PAUL CITY OF SAINT PAUL

Department of Safety and Inspections
375 Jackson Street, Sulte 220 City of Saint Paul - DSI

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

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) be	ing applied for		Fee(s):
Const.	parts Club Bill	ica l Hall	ree(s):
a	V		
b			designation and medical section and analysis of the section and se
С,			
d.			Processor and accompany of the Contract of the
е.			The Control of the Co
f			
g			
			Total:
Business Information		(20	/c\
Business Address:	755 MAR AUG N	ST Paul (pena	((M) MN 55/04
Company Name:	Street Slate Billiard Club LL	Doing Business As:	. Otto app
Company Type:	Corporation	Partnership	Sole Proprietorship
Date of Incorporation:		Anticipated Opening:	411123
Mailing Address:	Street		State Zlp
Business Phone:	763-273-3732	Fax Number:	
Applicant Information	ı , ', '.		
Applicant Name:	Jashua	Middle La	Buebul
Title	havaging purther	Date of Birth:	
Drivers License:	State License #	Email:	
Home Address:	Stieur	City	State Zlp
Cell Phone:		Alternate Phone:	

Supplemental Required	l Information		/			
Are you going to operate !	this business personally?	Yes:	No:	The conference of		
if <u>no</u> , who will operate it?		•				
Operator Name:		Middle				
Home Address:	First			Last		
	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 <u>not</u> the same as the operator, please complete the following information:						
Manager Name:	First	Middle	,	Last		
Home Address:	1 1134	tvirami-		uggt		
	Street		City	State	Zĺp	
Date of Birth:	Direction and an annual control of the control of t		Phone:		***************************************	
	ficers of the corporation (Attach ar Demitrius First Pacture OWNE			Jelatis		
Title:	DARTHAR-OWNE	M Email:		Last		
******	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	7				
Home Address:	Street		City	State	Zlp	
Date of Birth:			Phone:	State	ζιþ	
per yeur () \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
Officer Name:	Christopher	James		5000011		
Office Nation	First Puntren-own &	Middle	THE PARTY OF THE P	Last		
Title:	Partner-own &	Emall:			29VPSDMARROWALACEARA-gearrangeara	
Home Address:				. ,		
Halle town and	Street		City	g	Zip	
Date of Birth:			Phone:		***************************************	
Officer Name:	David	Patri	 UZ	ORBEFE	-Authoritis-1990-1990-1990-1990-1990-1990-1990-199	
	First O a Land A and A and A and A	Middle		116	***************************************	
Title:	Partner-owner	· Emall:		,		
Home Address:		,				
	Street		Clty		Zip	
Date of Birth:	Kreen - Stranger - Communication - Communicati		Phone:			
- Martin St Harrist Constitution and Figure 1						
FALSIFICATION OF ANSI	WERS GIVEN OR MATERIAL SUBMITTE	D 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.						
		1.0.0.0	- L. Dal	211100 /.	5.23	
applicant Signatur		Title C	gray Rak	Date	3 47	