

CITY OF SAINT PAUL
Department of Safety and Inspections
375 Jackson Street, Sulte 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>Liquo</u> i	**************************************	\$5,882.00				
_{ь.} Liquor		\$200.00				
c, Liquor		\$54.00				
_d , Liquor		\$78.00				
/	**************************************	613,00				
	tertainment (B)					
6.				Total:	\$6,214.00 .	
Business Information				A	6182700	
Business Address:	255 Sixth Street East Floor 6	Sain	t Paul	MN	55101	
Company Name:	ABPEC LLC	- -	City Doing Business As:	State A'BULAE	Zlp	
Company Type:	Company Type: Corporation Par		X	Sole Proprietors	prietorship	
Date of Incorporation:	9 / 8 / 2022		Anticipated Opening:	12 / 2	/ 2022	
Malling Address:	255 Sixth Street East Floor 6	Sa	int Paul	М		
Business Phone:			City Fax Number:	State 612-378-16		
Applicant Information						
Applicant Name:		Charles		ellis		
	Co-Managing Member	Middle		Last /		
Drivers License:	State License #	Emall:				
Home Address;	Street		City	State	Zip	
Cell Phone:			Alternate Phone:	MARA A STATE OF THE STATE OF TH	•	

Supplemental Required	Information			-					
Are you going to operate this business personally? Yes: X No:									
If <u>no</u> , who will operate it?									
Operator Name:									
Home Address:	First	Middle		Last					
Hollie Address.	Street		City		State	Zip			
Date of Birth;			Phone #:	•					
Are you going to have a manager or assistant in this business?			Yes:	X No:					
If manager is <u>not</u> the same as the operator, please complete the following information:									
Manager Name:	Sara	Marie		Lybarger					
Home Address:	rifst	Middle		Last					
Home Hadi copy	Street	-	City		State	Zlp			
Date of Birth:	/		Phone:						
Please list all other of Officer Name:	ficers of the corporation (Attach Timothy First		applicab	le.) George					
Title:	Co-Managing Member			rast					
		-							
Home Address;	Street		- Clty		State	Zip			
Date of Birth:	/		,	612-868-2125	otate	21.0			
Officer Name:									
	First	Middle		Last					
Title:	part of the second of the seco	Emall:)						
Home Address:	F								
Data of Bluths	Street / /		City Phone:		State	Zip			
Date of bit (ii),			Pilone;						
Officer Name:									
omeer numer	First	Middle		Last					
Title:	Personal Control Contr	Email:	h			-			
Home Address:									
	Street	and the second	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 bellef,									
Co-Managing Member			9/19/2022						
Applicant Signature		Title			Date	***************************************			