



LICENSES ARE NOT TRANSFERRABLE

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

Fee(s):

- |    |   |                    |
|----|---|--------------------|
| a. | Liquor On Sale 291 or More Seats            | \$5,882.00         |
| b. | Liquor On Sale Sunday                       | \$200.00           |
| c. | Liquor On Sale 2AM Closing                  | \$54.00            |
| d. | Liquor Outdoor Service Area (Rooftop Patio) | \$78.00            |
| e. | Entertainment (B)                           | 613. <sup>00</sup> |
| f. |   |                    |
| g. |   |                    |

Total: ~~\$6,214.00~~

14,827.00

Business Phone: 612-331-5000 Fax Number: 612-378-1674

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

(Continued on back)

### Supplemental Required Information

Are you going to operate this business personally?

Yes: X 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: X No:       

If manager is not the same as the operator, please complete the following information:

Manager Name: Sara

Marie

Lybarger

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: Timothy

Edward

George

First Middle Last

Title: Co-Managing Member

Email:                                 

Home Address:

Street City State Zip

Date of Birth:        /        /       

Phone: 612-868-2125

Officer Name:

First Middle Last

Title:                                  Email:                                 

Home Address:

Street City State Zip

Date of Birth:        /        /       

Phone:                                 

Officer Name:

First Middle Last

Title:                                  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

Co-Managing Member

Title

9/19/2022

Date