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

RECEIVED IN D.S.I.
APR 13 2021

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. Liquor license on sale 100 seats or less	4891.00
b. Liquor on sale Sunday	200.00
c. Liquor Outdoor Service Area (Sidewalk)	36.00
d.	
e.	
f.	
g.	
Total:	$ 5127.00 -

Business Information

Business Address: 455 West 7th St. (Street) | St Paul (City) | MN (State) | 55102 (Zip)

Company Name: Hogan Bard LLC **Doing Business As:** Emerald Lounge

Company Type: Corporation ____ Partnership LLC Sole Proprietorship ____

Date of Incorporation: 06 / 01 / 2011 **Anticipated Opening:** 07 / 01 / 2021

Mailing Address: 459 7th Street West, St Paul MN 55102 (Street / City / State / Zip)

Business Phone: 651-600-3400 **Fax Number:**

Applicant Information

Applicant Name: Molly (First) Hogan (Middle) Bard (Last)

Title: General Manager **Date of Birth:** / /

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: X No: ____

If no, who will operate it?

Operator Name: Molly (First) Hogan (Middle) Bard (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: Conor (First) FX (Middle) Bard (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: William (First) FX (Middle) Bard (Last)

Title: owner Email: ____

Home Address: ____ (Street) ____ (City) ____ (State) ____ (Zip)

Date of Birth: ____ / ____ Phone: ____

Officer Name: Mary (First) P (Middle) Hogan-Bard (Last)

Title: owner 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 | Title: general manager | Date: 3/29/21