

Received

CRCD  
JAN 25 2023



**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](http://www.stpaul.gov/dsi)

City of Saint Paul - 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:

Fee(s):

- a. Sports Club Billiard Hall
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_

Total: \$  

**Business Information**

Business Address: 755 Prior Ave N St Paul (pending) MN 55104  
Street City State Zip

Company Name: State Billiard Club LLC Doing Business As: \_\_\_\_\_

Company Type: Corporation  Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Date of Incorporation: 1 / 1 Anticipated Opening: 4 / 1 / 23

Mailing Address: \_\_\_\_\_  
Street City State Zip

Business Phone: 763-273-3732 Fax Number: \_\_\_\_\_

**Applicant Information**

Applicant Name: Joshua Phillip Buebel  
First Middle Last

Title: Managing partner Date of Birth:   /  /  

Drivers License: \_\_\_\_\_ Email: \_\_\_\_\_  
State License #

Home Address: \_\_\_\_\_  
Street City State Zip

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

Supplemental Required Information

Are you going to operate this business personally? Yes:  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:  No:

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

Manager Name: \_\_\_\_\_  
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: Dimitrios John Jelatis  
First Middle Last  
Title: Partner-owner Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Street City State Zip  
Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Officer Name: Christopher James Sprell  
First Middle Last  
Title: Partner-owner Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Street City State Zip  
Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Officer Name: David Patrick OKEEFE  
First Middle Last  
Title: Partner-owner Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Street City State Zip  
Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

FALSEIFICATION 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: Managing Partner Date: 1.5.23