



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

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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. St Paul MN 55102
Street City State 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 Hogan Bard
First Middle 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

Hogan

Bard

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:

Conor

FX

Bard

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:

William

FX

Bard

First

Middle

Last

Title:

owner

Email:

Home Address:

Street

City

State

Zip

Date of Birth:

____ / ____ / ____

Phone:

Officer Name:

Mary

P

Hogan-Bard

First

Middle

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