



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

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

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

Received

JUN 07 2022

City of Saint Paul - DSI

Types of License(s) being applied for:

Fee(s):

- | | | |
|----|----------------------------------|-----------|
| a. | Liquor On-Sale 100 seats or less | \$4891.00 |
| b. | Liquor On-Sale Sunday | \$200.00 |
| c. | Gambling Location | \$77.00 |
| d. | | |
| e. | | |
| f. | | |
| g. | | |

Total: \$ 5168.00

Business Information

Business Address: 1080 Payne Ave St. Paul MN 55130
Street City State Zip

Company Name: Nice Guys LLC Doing Business As: Chances Tavern

Company Type: Corporation ☐ Partnership ☒ Sole Proprietorship ☐

Date of Incorporation: 03 / 21 / 2022 Anticipated Opening: 08 / 15 / 2022

Mailing Address: _____
Street City State Zip

Business Phone: _____ Fax Number: _____

Applicant Information

Applicant Name: Scott Michael Hanlon
First Middle Last

Title: Owner Date of Birth: / /

Drivers License: _____ Email: _____
State License #

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:

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: X

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:

First Middle Last
Aaron Martin clast

Title:

Owner Email:

Home Address:

Street City State Zip

Date of Birth:

 / /

Phone:

Officer Name:

First Middle Last
Tommy (Thomas) Joseph Lafleche

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

Title

Owner

Date

08.06.2022