

Received

SEP 28 2022



CITY OF SAINT PAUL
 Department of Safety and Inspections
 Ricardo X. Cervantes, Director
 375 Jackson Street, Suite 220
 Saint Paul, Minnesota 55101
 Phone: 651-266-8989
 Web: www.stpaul.gov/dsi

Class "N" License Application
 City of Saint Paul - DSI
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 on Sale
- b. _____
- c. Wine on Sale 2000.00
- d. Beer on Sale Strong 1049.00
- e. _____
- f. _____
- g. _____

Total: \$2149.00**Business Information**Business Address: 767 Raymond Ave St. Paul MN 55114Company Name: The Keys Restaurant Inc Doing Business As: Keys RestaurantCompany Type: Corporation ☒ Partnership _____ Sole Proprietorship _____Date of Incorporation: 12/29/1989 Anticipated Opening: Currently openMailing Address: 767 Raymond Ave St. Paul MN 55114Business Phone: 651.646.5756 Fax Number: _____**Applicant Information**Applicant Name: Amy Marie HunnTitle: GM / owner Date of Birth: / /

Drivers License: _____ All: _____

Home Address: _____

Cell Phone: _____ Alternate Phone: NA

(Continued on back)

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:

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:

Officer Name:

First

Middle

Last

Title:

Email:

Home Address:

Street

City

State

Zip

Date of Birth:

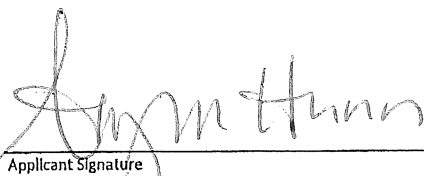
/

/

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



Date