

240000741



**SAINT PAUL**  
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101  
Phone: 651-266-8989  
Web: [www.stpaul.gov/dsi](http://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.

**This application requires District Council notification prior to submission.**

Types of License(s) being applied for:

Fee(s):

- |    |                                                                      |       |
|----|----------------------------------------------------------------------|-------|
| 1. | Liquor on-sale <sup>101-180 seats</sup> <del>100 seats or less</del> | 5,361 |
| 2. | Liquor on-sale - Sunday                                              | 200   |
| 3. | Entertainment A                                                      | 278   |
| 4. | Gambling location license                                            | 84    |
| 5. |                                                                      |       |
| 6. |                                                                      |       |
| 7. |                                                                      |       |

Total: \$ 0.00

#### Business Information

~~7668 Selby Ave~~  
 Business Address: 255 E 6<sup>th</sup> St. ST. PAUL MN 55101  
Street City State Zip

Company Name: Pavly's Dan DSP LLC Doing Business As: Pavly's Rooftop Concerts

Company Type: Corporation  Partnership  Sole Proprietorship

Date of Incorporation: 4/8/24 Date of Anticipated Opening: 5/1/24

Mailing Address: 1168 Selby Ave ST. PAUL MN 55104  
Street City State Zip

Business Phone #: 612 919 4027 Email Address: \_\_\_\_\_

#### Applicant Information

Applicant Name: Joseph M KASBZ  
First Middle Last

Title: OWNER Date of Birth: [REDACTED]

Drivers License: [REDACTED] Email: [REDACTED]  
State License #

Home Address: [REDACTED]  
Street City State Zip

Cell Phone #: [REDACTED] 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 #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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 #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name: James Donald Flaherty  
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 #: \_\_\_\_\_

Officer Name: \_\_\_\_\_  
First Middle Last

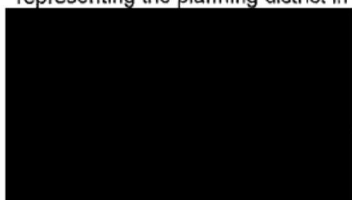
Title: \_\_\_\_\_ Email: \_\_\_\_\_

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. I also hereby state that I have provided a completed District Council Notification Form to the district council representing the planning district in which my business will operate.



OWNER  
Title

4/15/24  
Date