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Received



**SAINT PAUL**  
SAFETY & INSPECTIONS

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.

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

**Types of License(s) being applied for:**

**Fee(s):**

1.	Liquor On Sale – 291 or more seats	6448
2.	Liquor On-Sale Sunday	200
3.	Liquor Outdoor Service Area (Patio)	85
4.	Liquor Outdoor Service Area (Sidewalk)	40
5.		
6.		
7.		

**Total:** \$ 6,773.00

#### Business Information

**Business Address:** 276 S Exchange Street St Paul MN 55102  
Street City State Zip

**Company Name:** Taher, Inc. **Doing Business As:** Forepaugh's Restaurant

**Company Type:** Corporation  Partnership  Sole Proprietorship

**Date of Incorporation:** 05/05/1981 **Date of Anticipated Opening:** 05/01/2024

**Mailing Address:** [REDACTED]  
Street City State Zip

**Business Phone #:** (952) 945-0505 **Email Address:** taher.secretary@taher.com

#### Applicant Information

**Applicant Name:** Bruce Taher  
First Middle Last

**Title:** CEO & President **Date of Birth:** [REDACTED]

**Drivers License:** [REDACTED]  
**Home Address:** [REDACTED]  
**Cell Phone #:** [REDACTED]

**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: To be determined \_\_\_\_\_  
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: none \_\_\_\_\_  
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. 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.



CEO & President  
Title

4/3/2024  
Date