



SAINT PAUL
SAFETY & INSPECTIONS

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

240001045

OK to

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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. | <u>Liquor on Sale 100 Seats or less</u> | <u>5361</u> |
| 2. | <u>Liquor on Sale Sunday</u> | <u>200</u> |
| 3. | <u>Liquor outdoor service area (patio)</u> | <u>85</u> |
| 4. | <u>Entertainment (A)</u> | <u>278</u> |
| 5. | <u>Gambling location</u> | <u>84</u> |
| 6. | <u> </u> | <u> </u> |
| 7. | <u> </u> | <u> </u> |

Total: \$ 0.00 333750

Business Information

Business Address: 620 7th St W St Paul MN 55102
Street City State Zip

Company Name: 620 Club LLC Doing Business As: 620 Club

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 2/14/24 Date of Anticipated Opening: 8/15/24

Mailing Address: 620 7th St W St Paul MN 55102
Street City State Zip

Business Phone #: 651-319-7453 Email Address:

Applicant Information

Applicant Name: Don Charles Guerrero
First Middle

Title: Owner / Operator Date of Birth:

Drivers License:
Home Address:
Cell 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: Dan Charles Guerrero
First Middle Last

Title: [Redacted]

Home Address: [Redacted]

Date of Birth: [Redacted]

Officer Name: Beth Linda Kashmare
First Middle Last

Title: [Redacted]

Home Address: [Redacted]

Date of Birth: [Redacted]

Officer Name: Gavin Eugene Kashmare
First Middle Last

Title: [Redacted]

Home Address: [Redacted]

Date of Birth: [Redacted]

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 [Redacted] business will operate.

Secretary _____ 6/14/24
Title Date