



**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.***  
*Print out and sign this form once complete.*

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

### Fee(s):

|    |   |                       |
|----|---|-----------------------|
| 1. | LIQOUR ON SALE - 291 OR MORE SEATS                  | \$ 5,767.00           |
| 2. | LIQOUR SALE ON SUNDAY, LIQOUR OUTDOOR SERVICE (PATI | \$ 310.00             |
| 3. | MALT ON SALE (STRONG), MALT ON SALE (3.2)           | \$1,271.00            |
| 4. | <del>WINE ON SALE</del>                             | <del>\$1,976.00</del> |
| 5. | ENTERTAINMENT A, ENTERTAINMENT B, ENTERTAINMENT C   | <del>\$3,703.00</del> |
| 6. | GAMBLING  | \$ 75.00              |
| 7. | CIGARETTE/TOBACCO                                   | \$ 453.00             |

**Total: \$ 13,555.00**

### Business Information

Business Address: 857 GRAND AVE SAINT PAUL MN 55104  
Street City State Zip

Company Name: DWD GROUP LLC Doing Business As: BILLYS ON GRAND  
*Byrd's Kitchen + Bar*  
Sole Proprietorship

Company Type: Corporation  Partnership  Sole Proprietorship

Date of Incorporation: \_\_\_\_\_ Date of Anticipated Opening: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Business Phone #: (651) 292-9140 Email Address: \_\_\_\_\_

### Applicant Information

Applicant Name: WESLEY EDWARD SPEARMAN  
First Middle Last

Title: OWNER Date of Birth: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Email: \_\_\_\_\_  
State License #

Home Address: \_\_\_\_\_  
Street City State Zip

Cell Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

**Supplemental Required Information**

Are you going to operate this business personally? Yes:  No:   
If no, who will operate it?

Operator Name: WESLEY EDWARD SPEARMAN  
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: ALICIA BURTON  
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: DELSHANE ANTONIO FOSTER  
First Middle Last

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

Home Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Officer Name: DARCY S GOLISH  
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 #: \_\_\_\_\_

**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.

\_\_\_\_\_  
Applicant Signature

OWNER  
Title

02/16/2023  
Date