

20240000155



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

Received

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

FEB 1 2024

Payment must be received with Each Application
This application is subject to review by the public.

City of Saint Paul - DSI

Types of License(s) being applied for:

Fee(s):

a.	Liquor on Sale 100 SEAT or less	5361
b.	Liq. On Sale - Sunday	200
c.	Entertainment A	278
d.		
e.		
f.		
g.		

5,839

Total: \$ ~~5,839~~

Business Information

Business Address: 1641 RICE STREET ST. PAUL MIN 55125
Street City State Zip

Company Name: TRES AMIGOS RESTAURANT CONSULTING LLC Doing Business As: CANCUN MEXICAN GRILL & CANTINA

Company Type: Corporation Partnership **LLC** Sole Proprietorship

Date of Incorporation: 1 / 1 Anticipated Opening: 3 / 15 / 2024

Mailing Address: 1641 RICE STREET ST. PAUL MIN 55125
Street City State Zip

Business Phone: _____ Fax Number: _____

Applicant Information

Applicant Name: Juan Antonio Vazquez Llanas
First Middle

Title: PRESIDENT Date of Birth: [REDACTED]

Drivers License: [REDACTED] Email: [REDACTED]

Home Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

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 #: _____

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
Juan Antonio Varouse Lamas

Title:

Owner - manager

Email:

[Redacted]

Home Address:

Street City State Zip
[Redacted]

Date of Birth:

[Redacted]

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.

[Redacted Signature]

Owner - manager
Title

1/31/2024
Date