

Saint Paul, Minnesota 55101 Phone: 651-266-8989 Web: 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	s) being applied for:			Fee(s):	
1. Wine c	on sale			1937	.00
2. Malt of	n-sale strong			622.	00
3.					
4.					
5.					
6.					
7					
				Total: 2,55	9.00
usiness Information	Lon Khhash PIN	Statt	200		
<b>Business</b> Address:	641 university ave W		Saint Paul	MN	551042
	Slice Watch Bar Lowertow	n LL(	City Doing Business A	s: Slice Brothers	Zip
Company Type:	Corporation	Partnei	rship 🔀	Sole Proprietorshi	
Date of Incorporation:	08/15/2023	Date	e of Anticipated Openir		
Mailing Address:	400 Wabasha St N Suite #	<b>#200</b>	Saint Paul	MN	55101
	Street 6127091875		City Email Add	ress:	210
Applicant Informa	tion				
Applicant Nam	e: Hosie			Thurmond	
Title:	First Owner	Middle	e Date of Bir	th	-
Drivers License:	State License #	En	nail:		
Home Address:					
Cell Phone #:	Stream		Alternate Phon	State	Zip

re you going to operat	e this business p	ersonally? Yes	: 🔽 🛛 No:			
f <u>no</u> , who will operate i	it?	-		L		
<b>Operator Name:</b>						
	First		Middle	Last		
Home Address:	Street		City			
					State	Zip
Date of Birth: _		Phone #:		Email Address:		
re you going to have a	manager or assi	stant in this busin	ess? Yes:	No:		
f manager is <u>not</u> the sa	ime as the opera	tor, please comple	te the following ini	formation:		
Manager Name:						
Fi	rst		Middle	Last		
Home Address:						
	treet		City	Transfil Addresses	State	Zip
Date of Birth: _		Pnone #:	······································	Email Address:		
Please list all other	officers of the	corporation (At	tach another sh	eet if annlicable.)		
				••		
Officer Name:				Kado		
	First		Middle			
Title:	owner		Email			
Home Address	54700	· · · · · · · · · · · · · · · · · · ·	City		State	Zip
						·
Date of Birth:		Phone #:				
	) <b>2</b>					
Officer Name:			A 27 1 10			
	First		Middle	Last		
Title:		· · · · · · · · · · · · · · · · · · ·	Email:			
Homo Addrese						
Home Address:	Street		City		State	Zip
Date of Birth:		Phone #:				
butt of prich.	¢	Filone #				
Officer Name:						
onicei Name.	First		Middle	Last		
Title		·····				
Home Address:	Ştreet 7		City	····· ;	State	Zip
	Succi .	1. n. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	City		Space	zip

## 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.

			<b>#</b> (
	owner	09/18/23	
Applicant signature	Title	 Date	