

Received



CITY OF SAINT PAUL
Department of Safety and Inspections
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

NOV 14 2022

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.

Types of License(s) being applied for:

Fee(s):

- a. Liquor Outdoor Service Area (Patio) \$79.00
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ 79 .00

Business Information

Business Address: 1834 St. Clair Ave St. Paul MN 55105
Street City State Zip

Company Name: Clairview Holdings, LLC Doing Business As: Graveland Tap

Company Type: Corporation Partnership _____ Sole Proprietorship _____

Date of Incorporation: 1 / 98 Anticipated Opening: 11 / 21 / 22

Mailing Address: _____
Street City State Zip

Business Phone: 612-249-5228 Fax Number: _____

Applicant Information

Applicant Name: David Malcom Burley
First Middle Last

Title: owner Date of Birth: / /

Drivers License: _____
State License #

Home Address: _____
Street

Cell Phone: _____ Alternate Phone: _____

Supplemental Required Information

Are you going to operate this business personally? Yes: X No: _____

If no, who will operate it?

Operator Name: David Malcom Burley
First Middle Last

Home Address: _____
Street City

Date of Birth: / / Phone #: _____

Are you going to have a manager or assistant in this business? Yes: X No: _____

If manager is not the same as the operator, please complete the following information:

Manager Name: Craig Hassell
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: David Malcom Burley
First Middle Last

Title: owner Email: _____

Home Address: _____
Street City Zip

Date of Birth: / / Phone: _____

Officer Name: Stephanie Margaret Shimp
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.

Applicant: _____

Title: owner

Date: 11/2/22