



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
 MAR 28 2024
 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. OFF-SALE LIQUOR 1,500
- b. TOBACCO 535
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ -

Business Information

Business Address: 666 GRAND AVE ST PAUL MN 55105
Street City State Zip

Company Name: 3 SEASHELLS INC. Doing Business As: MICK'S BOTTLE SHOP/PERNIER

Company Type: Corporation Partnership _____ Sole Proprietorship _____

Date of Incorporation: 3 1 11 1 24 Anticipated Opening: 1 1

Mailing Address: _____

Business Phone: _____ Fax Number: _____

Applicant Information

Applicant Name: MATTHEW DANIEL HUNTINGTON
First Middle

Title: OWNER PRESIDENT Date of Birth: _____

Drivers License: _____

Home Address: _____

Cell Phone: _____

Supplemental Required Information

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

Yes: No:

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: _____
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 #: _____

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.



PRESIDENT 3/28/24
Title Date