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City of Saint Paul - DSI



**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.*

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

**Fee(s):**

- |                                   |           |
|-----------------------------------|-----------|
| 1. On-Sale Liquor 100 - 180 seats | 5937      |
| 2. Entertainment A                | 278       |
| 3. Gambling Location              | 84        |
| 4. <u>Patio license</u>           | <u>85</u> |
| 5. _____                          | _____     |
| 6. _____                          | _____     |
| 7. _____                          | _____     |

\* 1st half  
\$3,415.50

**Total:** \$6,299.00  
**6,384**

**Business Information**

Business Address: 139 7th ST E Saint Paul MN 55101  
Street City State Zip

Company Name: BCR Bar LLC Doing Business As: Alary's Bar

Company Type: Corporation  Partnership  Sole Proprietorship

Date of Incorporation: \_\_\_\_\_ Date of Anticipated Opening: 04/15/2024

Mailing Address: [REDACTED]

Business Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Applicant Information**

Applicant Name: William C Collins  
First Middle Last

Title: Partner Date of Birth: [REDACTED]

Drivers License: [REDACTED]

Home Address: [REDACTED]

Cell Phone #: [REDACTED]

### 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 #: \_\_\_\_\_ 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: Clinton T Blaiser  
First Middle Last

Title: Vice President Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Officer Name: Richard S Pakonen  
First Middle Last

Title: Sec/Tres Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Officer Name: William C Collins  
First Middle Last

Title: President Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### 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

President \_\_\_\_\_  
Title Date