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MAR 05 2024

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

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



SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101
Phone: 651-266-8989 City of Saint Paul - DSI
Web: www.stpaul.gov/dsi

This application requires District Council notification prior to submission.

Types of License(s) being applied for:	Fee(s):
1. Exclusive Liquor On Sale (181-290 Seats)	\$6360
2. Liquor On Sale Sunday	\$200
3. Liquor Outdoor Service Area (Patio)	\$85
4. Entertainment B	\$672
5. _____	_____
6. _____	_____
7. _____	_____
Total: \$7317.00	

Business Information

Business Address: 550 Vandalia Street Suite 165 St. Paul MN 55114
Street City State Zip

Company Name: PAIKKA LLC Doing Business As: PAIKKA

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 06/15/2014 Date of Anticipated Opening: 04/13/2024

Mailing Address: 550 Vandalia Street Suite 165 St. Paul MN 55114
Street City State Zip

Business Phone #: 651-343-6845 Email Address: [REDACTED]

Applicant Information

Applicant Name: Angela Trygg
First Middle Last

Title: Co-Governor 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: Marlo Munch
First Middle Last
Title: Co-governor Email: _____
Home Address: _____
Date of Birth: _____

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.



CO-GOVERNOR
Title

3/5/24
Date