

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 Lice	ngo(a) being applied for	Factor
Types of Lice	^	Fee(s):
1	RAS STATION	- 4107.
2.	TOBACCO SHOP	\$ 495.80
3	MALT OFF SALE	\$ 2\$5. \$9
4		
5		
6		
7		
		Total: \$ 0.00
Business Inform	nation	
Business Add	ares: 626 LarpenCew (Ave ft Paul City Doing Business As: KIT	MN 55113
Company N	lame: Dall MC. Doing Business As: KIT	Hys Comes 3
		Proprietorship O
Date of Incorpora	ation: <u>Sep 6, 2023</u> Date of Anticipated Opening: <u>U</u>	£ 1, 23
	iress: 626 W Laspenteur Ave St. Paul	MN 55113 State Zip
Business Pho	one #: <u>651-488-9066</u> Email Address:	
Applicant Info	ormation /	
Applicant		an
1	Title: DWNBR Date of Birth:	
Drivers Lice	ense:	V V
Home Add	ress:	
Cell Phor	ne #: _ Alternate Phone #:	State Zip

Supplemental Required Information Are you going to operate this business personally? If no, who will operate it? **Operator Name: Home Address:** Date of Birth: _____ Phone #: __ Email Address: Are you going to have a manager or assistant in this business? If manager is not the same as the operator, please complete the following information: Manager Name: ^ Home Address: il Address: ne #: Date of Birth: Please list all other officers of the corporation (Attach another sheet if applicable.) Sole number Officer Name: Title: Email: Home Address: State Zip Date of Birth: Phone #: _ Officer Name: Last Title: Email: Home Address: Street Date of Birth: Phone #: _ Officer Name: Title: Email: _ Home Address: Street 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 repre

Appli