



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

Received
 DEC 08 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): 1398.00

- a. OFF SALE 8 1377.00
- b. ALARM Permit 9 49.00
- c. ~~OFF SALE WAIT~~ ~~205.00~~
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ 1622.00

Business Information

Business Address: 1325 RANDOLPH AVE ST. PAUL MN 55104
Street City State Zip

Company Name: RANDOLPH LIQUOR Doing Business As: RANDOLPH LIQUORS

Company Type: Corporation Partnership _____ Sole Proprietorship _____

Date of Incorporation: / / Anticipated Opening: / /

Mailing Address: _____
Street City State Zip

Business Phone: 651-899 WINE Fax Number: _____

Applicant Information

Applicant Name: LARA MEAGHAN SCARLAW
First Middle Last

Title: OWNER Date of Birth: / /

Drivers License: _____ Email: _____
State License #

Home Address: _____
Street City State Zip

Cell Phone: _____ Alternate Phone: _____

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 #: _____

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: _____

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name:

First Middle Last
LAURA TRIPLETT

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: _____

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.

Applir

Title

Date

Owner

10/10/22