

FEB 14 2023

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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

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.

Received

FEB 14 2023

City of Saint Paul - DSI

Types of License(s) being applied for:

	Fee(s):
Liquor On Sale 291 Seats or more.	5,882
a. _____	_____
Liquor On Sale Sunday.	200
b. _____	_____
Liquor On Sale 2 am closing.	50 55
c. _____	_____
Liquor Outdoor Service Area Patio.	78 79
d. _____	_____
Entertainment B.	613
e. _____	_____
f. _____	_____
g. _____	_____

Total: \$ 6,823 6829

Business Information

Business Address: 160 Wabasha St S Saint Paul MN 55107
Street City State Zip

Company Name: The Lowlands LLC Doing Business As: _____

Company Type: Corporation _____ Partnership Sole Proprietorship _____

Date of Incorporation: 7 / 31 / 2019 Anticipated Opening: 4 / 1 / 2023

Mailing Address: 160 Wabasha St S Saint Paul MN 55107
Street City State Zip

Business Phone: 651-757-5266 Fax Number: _____

Applicant Information

Applicant Name: Levi John Stugelmeyer
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: **Kelly**

Preslicka

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: **Alex**

Lelchuk

First Middle Last

Title: **Partner**

Email: _____

Home Address:

Street City State Zip

Date of Birth: / /

Phone: **612-382-4953**

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.

Applicant Signature

Partner

Title

2/9/2023

Date