



CITY OF SAINT PAUL
Department of Safety and Inspections
Ricardo X. Cervantes, Director
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsl

Class ~~R~~^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: 49 seats / Restaurant Fee(s):

a.	<u>Liquor on sale - 100 seats or less.</u>	<u>5,361.00</u>
b.	<u>Liquor on sale Sunday</u>	<u>\$200.00</u>
c.	<u>ENTERTAINMENT A</u>	<u>\$278.00</u>
d.	_____	_____

Total: \$ -

Business/Applicant Information

Business Address: 1322 Rice Street St Paul MN 55117
Street City State Zip

Mail To Address: Same
Street City State Zip

Company Name: Taco H, LLC Doing Business As: Tromperia El Zac

Company Type: Corporation LLC Partnership _____ Sole Proprietorship _____

Licensee/Owner Name: Miriam Gutierrez Alarcon
(Responsible Party) First Middle

Title: Owner Driver's License: [REDACTED]
License #

Date of Birth: [REDACTED]

Applicant Home Address: [REDACTED]
Street City State Zip

Home Phone #: [REDACTED] Business Phone #: 651-797-4575

Fax #: _____ Email: [REDACTED]

Supplemental Required Information

Business Manager, if different from Applicant

Manager's Name: _____
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: / / Phone #: _____

Email Address: _____


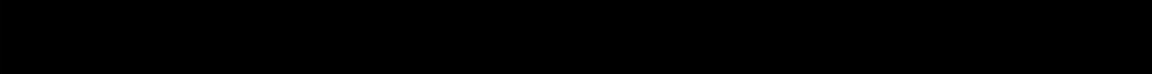
Supplemental Required Information

Are you going to operate this business personally? Yes: No:
If no, who will operate it?


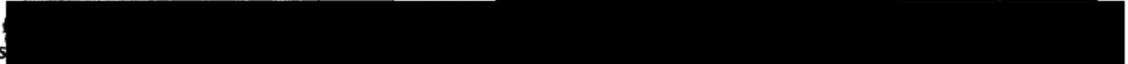
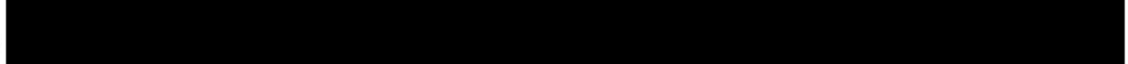
Operator Name: Miriam Gutierrez Alarcon
Home Address: 
Date of Birth: 

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: Alicia Alarcon Hernandez
First Middle Last
Home Address: 
Date of Birth: 

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

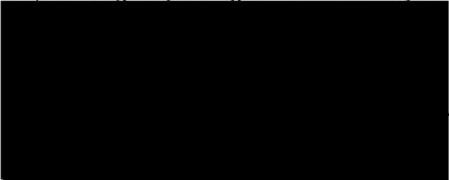
Officer Name: Hector Miguel Lopez de Haro
First Middle Last
Title: Co Owner/Manager Email: 
Home Address: 
Date of Birth: 

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.

 _____
Title: President Date: 11-29-23