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Received

MAR 20 2024

City of Saint Paul - DSI



SAINT PAUL
SAFETY & INSPECTIONS

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 License(s) being applied for:

Fee(s):

- | | |
|-----------------------------------|-----------|
| 1. On-Sale Liquor 100 - 180 seats | 5937 |
| 2. Entertainment A | 278 |
| 3. Gambling Location | 84 |
| 4. <u>Patio license</u> | <u>85</u> |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |

* 1st half \$3,415.50

Total: \$6,299.00

6,384

Business Information

Business Address: 139 7th ST E Saint Paul MN 55101
Street City State Zip

Company Name: BCR Bar LLC Doing Business As: Alary's Bar

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: _____ Date of Anticipated Opening: 04/15/2024

Mailing Address: [REDACTED]

Business Phone #: _____ Email Address: _____

Applicant Information

Applicant Name: William C Collins
First Middle Last

Title: Partner 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: Clinton T Blaiser
First Middle Last

Title: Vice President Email: _____

Home Address: _____

Date of Birth: _____

Officer Name: Richard S Pakonen
First Middle Last

Title: Sec/Tres Email: _____

Home Address: _____

Date of Birth: _____

Officer Name: William C Collins
First Middle Last

Title: President Email: _____

Home Address: _____

Date of Birth: _____

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.

Applicant Signature

President _____
Title Date