

*Plus*

20190003166



**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](http://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.

Types of License(s) being applied for:

Fee(s):

- a. ~~Liquor On-Sale Sunday~~ ~~2005-~~
- b. ~~Liquor Outdoor Service Area~~ ~~76-~~
- c. Malt On-Sale (Strong) 635-
- d. Wine On-Sale 1976-
- e. Entertainment A 248-
- f. \_\_\_\_\_
- g. \_\_\_\_\_

Total: \$2859-

**Business Information**

Business Address: 1110 Payne Avenue Saint Paul Mn 55113  
Street City State Zip

Company Name: Lilla and Laferriere LLC Doing Business As: Cafe Lilla

Company Type: Corporation  Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Date of Incorporation: 02/22/2019 Anticipated Opening: 10/31/2019

Mailing Address: \_\_\_\_\_  
Street City State Zip

Business Phone: \_\_\_\_\_ Fax Number: NA

**Applicant Information**

Applicant Name: Jon Scott Oulman  
First Middle Last

Title: president 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 *William David LaVigne*

Title:

*Vice President* 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.

Applicant

Title

Date

*President*

*04/07/2019*