



**SAINT PAUL**  
SAFETY & INSPECTIONS

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.

***This application requires District Council notification prior to submission.***

**Types of License(s) being applied for:**

**Fee(s):**

1.	Liquor On-Sale - 100 seats or less <u>31 seats</u>	5361.00
2.	Liquor On-Sale Sunday	200.00
3.	Outdoor Patio	85.00
4.		
5.		
6.		
7.		

**Total:** \$ 5,646.00

#### Business Information

**Business Address:** 685 Grand Avenue St Paul MN 55105  
Street City State Zip

**Company Name:** Bikkurim-Baldingers 1888, LLC **Doing Business As:** Razava Bread Company

**Company Type:** Corporation  \*\*\*LLC\*\*\* Partnership  Sole Proprietorship

**Date of Incorporation:** 04/13/2023 **Date of Anticipated Opening:** 08/01/2024

**Mailing Address:** [REDACTED] [REDACTED] [REDACTED] [REDACTED]  
Street City State Zip

**Business Phone #:** (651) 200-3290 **Email Address:** info@razavabreadco.com

#### Applicant Information

**Applicant Name:** Steven Gary Baldinger  
First Middle Last

**Title:** President **Date of Birth:** [REDACTED]

**Drivers License:** [REDACTED] [REDACTED] **Email:** [REDACTED]  
State License #

**Home Address:** [REDACTED] [REDACTED] [REDACTED] [REDACTED]  
Street City State Zip

**Cell Phone #:** [REDACTED] **Alternate Phone #:** [REDACTED]

**Supplemental Required Information**

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

Operator Name:

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: Loren \_\_\_\_\_ Matthew \_\_\_\_\_ Bunjes \_\_\_\_\_  
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: \_\_\_\_\_  
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 #: \_\_\_\_\_

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.

\_\_\_\_\_  
Applicant

President \_\_\_\_\_  
Title Date

June 7, 2024  
Date