



**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 - 100SEATS 4,795<sup>00</sup>
- b. LIQUOR ON SALE - SUNDAY 200 -
- c. LIQUOR ON SALE - 2AM closing 53 -
- d. ENTERTAINMENT B 600 -
- e. Gaming Loc \_\_\_\_\_
- f. 1st 1/2 of liquor 3251.50
- g. ON SALE \_\_\_\_\_

Total: \$ ~~5,649<sup>00</sup>~~  
5,649<sup>00</sup>

**Business Information**

Business Address: 53  
15 UNIVERSITY AVE St. Paul MN 55101  
Street City State Zip

Company Name: THE MIDWAY ENTERTAINMENT GROUP, LLC Doing Business As: GERSON'S BOOZE FOOD AND FUN

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

Date of Incorporation: 12 / 18 / 18 Anticipated Opening: 3 / 1 / 2019

Mailing Address: \_\_\_\_\_  
Street

Business Phone: 612-759-4900 Fax Number: \_\_\_\_\_

**Applicant Information**

Applicant Name: David Max Tolchiver  
First Middle Last

Title: owner Date of Birth: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Email: \_\_\_\_\_  
State License #

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

Cell Phone: 612-759-4900 Alternate Phone: \_\_\_\_\_

**Supplemental Required Information**

Are you going to operate this business personally? Yes: X 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: X No: \_\_\_\_\_

If manager is not the same as the operator, please complete the following information:

Manager Name: ROBINN CHRISTINE BLOOM

Home Address: \_\_\_\_\_  
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

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.

Applicant signature

OWNER

12/20/2018  
Date