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Class N License Application Page 1/7



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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.

Saint Paul, Minnesota 55101 Phone: 651-266-8989 (1) Calint Paul - DSI

Types of Lie	cense(s) being applied for:	ee(s):
1.	Ligar on Sale 150 Seats	
2.	Ligar on Sale Sunday	\$ 5,937.00
3.	Ligour on Sale Sunday Ligour on Sale Dam	\$ 59.00
4.	Entertainment B	\$ 672,00
5.	Coambling	\$ 84.00
6.	Lig. Outdoor Serv. Area (5: de walk)	# 40,00
		Total: 06 952
Business Infor		
Business A	Address: $\frac{235}{\text{Street}}$ $\frac{35}{\text{City}}$ $\frac{5}{\text{City}}$ Doing Business As: $\frac{51}{\text{A}}$	$\frac{1}{100}$ $\frac{1}{100}$
Company	Name: DA FA THC Doing Business As: 61X	MEARS
Compan	ny Type: Corporation Partnership Sole P	roprietorship 🔵
Date of Incorpo		
Mailing A	hone #: 412 226 - 1295 Email Address: del	$\frac{1}{1}$
Business P	hone #: (12.226-1795) Email Address: del	mora 15 marcio gmo
Applicant I	nformation	
	ant Name: <u>MARCIO</u> WIS DE M	OP AIS
.,	First Middle Last	
	Title: () W N C-R Date of Birth:	
Drivers L	icense: 4dcense # Email:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Home A	ddress: Street City	State Zip
Cell Pl	none #: Alternate Phone #:	T

Operator Name: Home Address: Seest Seest Phone #: Date of Birth: Phone #: Phone #: Phone #: City State Zip Date of Birth: Phone #: City Email Address: Street Phone #: City Email Address: Date of Birth: Phone #: Officer Name: First Meddle Last Home Address: City Email Address: Date of Birth: Phone #: Officer Name: First Meddle Last City State Zip Date of Birth: Officer Name: First Meddle Last	piementai kequire re you going to operate		nally? Yes:	No: (3)		
Home Address: State	<u>no</u> , who will operate it	.?					
Date of Birth: Phone #: Phone	Operator Name:	Wesley	<u>Ed</u>	ward	<u>Spe</u>	armo	ΨN
Date of Birth: Phone #: Mail Address: No: No: No: No: No: No: No: No: No: No	Home Address:	Street	The state of the s	City		State	
f manager is not the same as the operator, please complete the following information: Manager Name: First	Date of Birth:		. Phone #:		Email Address:		
Manager Name: First Middle Last	re you going to have a	manager or assistant	t in this business?	Yes:	No:	,	
Home Address: Street	manager is <u>not</u> the sa	me as the operator, p	olease complete the i	ollowing inform	mation:		
Home Address: Street							
Date of Birth: Phone #: Email Address: Please list all other officers of the corporation (Attach another sheet if applicable.) Officer Name: ARC LO WIS DE MARCIO Last Title: OMNER Email: Home Address: Sites Phone #: City State Zip Date of Birth: First Middle Last Title: Email: Home Address: Street City State Zip Date of Birth: Phone #: Last Title: Email: Last Home Address: Street City State Zip Date of Birth: Phone #: Last Title: Email: Last Home Address: Street City State Zip Date of Birth: Phone #: Last Title: Email: Last	Fir	st	Middle		Last		
Date of Birth: Phone #: Email Address: Please list all other officers of the corporation (Attach another sheet if applicable.) Officer Name: MARCLO WIS DE Modern First Middle Last Title: Phone #: Officer Name: First Middle Last Title: Email: Home Address: Street Officer Name: First Middle Last Title: Email: Home Address: Street Officer Name: First Middle Last Title: Email: Home Address: Street Officer Name: First Middle Last Title: Email: Home Address: Street Officer Name: First Middle Last Title: Email: Home Address: Street Officer Name: First Middle Last Title: Email: Home Address: Street	Home Address:	reet	#ITHOUGHAND CHIMAN CHIM	City		State	7in
Please list all other officers of the corporation (Attach another sheet if applicable.) Officer Name: MARCIO WIS DE MOLTU First Middle Last 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 #: Home #: Last Officer Name: First Middle Last Title: Email: Last Title: Email: Last Title: Email: Last Title: Email: Last			Phone #:	•	Email Address:		Σiþ
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Officer Name: First Middle Last Title: Email: Home Address: Street City State Zip Date of Birth: Phone #:	Home Address:	Street		City	,	State	<u> </u>
First Middle Last	Date of Birth:	ATTO	Phone #:				
Title:	Officer Name:						
Street City State Zip		First					
Date of Birth: Phone #:	Title:		Em	ail:			
Date of Birth: Phone #:	Home Address:	Stroot		City		Ctata	7:0
Officer Name: First Middle Last Title: Email: Home Address: Street City State Zip				-		State	Zip
First Middle Last	Date of Birth:		_ Phone #:				
First Middle Last	Officer Name:						
Home Address: Street City State Zip		First	Middle	40000000000000000000000000000000000000			nga kan di katilan kanggan kan nga piliki di angan k
	Title:		Em	ail:			pak-///
	Home Address:	Street		Citv		State	7in

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

ONNER

04/14/1373 Date

Title