



Saint Paul, Minnesota 55101
Phone: 651-266-8989 City of Saint Paul - DSI
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. <u>Liquor on Sale 150 Seats</u> | \$ 5,937. ⁰⁰ |
| 2. <u>Liquor on Sale Sunday</u> | \$ 200. ⁰⁰ |
| 3. <u>Liquor on Sale 2am</u> | \$ 59. ⁰⁰ |
| 4. <u>Entertainment B</u> | \$ 672. ⁰⁰ |
| 5. <u>Gambling</u> | \$ 84. ⁰⁰ |
| 6. <u>Liq. Outdoor Serv. Area (Sidewalk)</u> | \$ 40. ⁰⁰ |
| 7. _____ | |

Total: 06,952

Business Information

Business Address: 235 6th St St Paul Mn 55101
Street City State Zip

Company Name: DA FA INC **Doing Business As:** BIX MEARS

Company Type: Corporation ☐ Partnership ☐ Sole Proprietorship ☐

Date of Incorporation: _____ **Date of Anticipated Opening:** _____

Mailing Address: 235 6th St St Paul Mn 5/1/25
Street City State Zip

Business Phone #: 612-226-1795 **Email Address:** demoraismarcio@gmail

Applicant Information

Applicant Name: MARCIO WIS DE MORAIS
First Middle Last

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

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

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

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

Supplemental Required Information

Are you going to operate this business personally?

Yes: ☐No: ☒If no, who will operate it?Operator Name: Wesley Edward Spearman
First Middle LastHome 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 LastHome 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: MARCIO LUIS DE MORRIS
First Middle LastTitle: OWNER 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.

[Signature]
Applicant Signature

OWNER 04/14/1979
Title Date