6/14 OK to enter GNB

240001045



**Class "N" License Application**

**LICENSES ARE NOT TRANSFERRABLE**

Payment must be received with each application. This application is subject to review by the public.

SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

***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 — 5361
2. Liquor on Sale Sunday — 200
3. Liquor outdoor Service area (patio) — 85
4. Entertainment (A) — 278
5. Gambling location — 84
6. —
7. —

**Total:** $ 0.00 3337.50

**Business Information**

**Business Address:** 620 7th St W (Street) St Paul (City) MN (State) 55102 (Zip)

**Company Name:** 620 Club LLC **Doing Business As:** 620 Club

**Company Type:** Corporation ◉ Partnership ○ Sole Proprietorship ○

**Date of Incorporation:** 2/14/24 **Date of Anticipated Opening:** 8/15/24

**Mailing Address:** 620 7th St W (Street) St Paul (City) MN (State) 55102 (Zip)

**Business Phone #:** 651-319-7453 **Email Address:**

**Applicant Information**

**Applicant Name:** Dan (First) Charles (Middle) Guerrero

**Title:** Owner / Operator **Date of Birth** [redacted]

**Drivers License** [redacted]

**Home Address** [redacted]

**Cell Phone #** [redacted]

(Continued on back)

## 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 #: _____ 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 / 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: Dan (First) Charles (Middle) Guerrero (Last)

Title: [redacted]

Home Addres [redacted]

Date of Birth: [redacted]

Officer Name: Ruth (First) Zilda (Middle) Kaufmann (Last)

Title: [redacted]

Home Address: [redacted]

Date of Birth: [redacted]

Officer Name: Gavin (First) Eugene (Middle) Kaufmann

Title: [redacted]

Home Addres [redacted]

Date of Birth: [redacted]

**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 [redacted] knowledge and belief. I also hereby state that I have provided a completed District Council Notification Form to the district council [redacted] ness will operate.

[redacted] Secretary (Title) 10/14/24 (Date)