



CITY OF SAINT PAUL
Department of Safety and Inspections
Ricardo X. Cervantes, Director
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

Received
MAR 28 2024
City of Saint Paul - 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. | <u>OFF-SALE LIQUOR</u> | <u>1,500</u> |
| b. | <u>TOBACCO</u> | <u>535</u> |
| c. | _____ | _____ |
| d. | _____ | _____ |
| e. | _____ | _____ |
| f. | _____ | _____ |
| g. | _____ | _____ |

Total:

\$

Business Information

Business Address: 666 GRAND AVE ST PAUL MN 55105
Street City State Zip

Company Name: 3 SEASHELLS INC.

Doing Business As: MICK'S BOTTLE SHOP/PERRIER

Company Type: Corporation X Partnership _____ Sole Proprietorship _____

Date of Incorporation: 3 1 11 24 Anticipated Opening: 1 1

Mailing Address: _____

Business Phone: _____

Fax Number: _____

Applicant Information

Applicant Name: MATTHEW DANIEL HUNTINGTON
First Middle

Title: OWNER PRESIDENT

Date of Birth: _____

Drivers License: _____

Home Address: _____

Cell Phone: _____

(Continued on back)

Supplemental Required Information

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

Yes: ☒No: ☐

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: _____

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.



Title

PRESIDENT

Date

3/28/24