



SAINT PAUL
SAFETY & INSPECTIONS

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

Received

AUG 17 2023

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.

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

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1. Liquor On-sale 101-190 <u>Microdistilling</u> <u>Locktail room</u>	5447.00 <u>649.00</u> <u>659.00</u>
2. " <u>On-sale Sunday</u>	<u>200.00</u>
3. " <u>Outdoor patio</u>	<u>79.00</u>
4. <u>Entertainment A</u>	257.00 <u>253.00</u>
5. <u>Microdistilling off Sale</u>	<u>190.00</u>
6. _____	_____
7. _____	_____

Total: \$ 0.00 ~~6593.00~~
\$ 1371.00 ~~1,385.00~~

Business Information

Business Address: 550 Vandavia St #140 St. Paul MN 55114
Street City State Zip

Company Name: King Coil Spirits Doing Business As: _____

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 9-12-22 Date of Anticipated Opening: Oct 2023

Mailing Address: 550 Vandavia St #140 St. Paul MN 55114
Street City State Zip

Business Phone #: 651-300-5550 Email Address: _____

Applicant Information

Applicant Name: Matt Zane H.
First Middle Last

Title: COO Date of Birth: _____

Drivers License: _____ Email: _____
State License #

Home Address: _____
Street City State Zip

Cell Phone #: _____ Alternate Phone #: _____

Supplemental Required Information

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

Operator Name: Matt Zane Hill
Home Address: [Redacted]
Date of Birth: [Redacted] Phone #: [Redacted] Email Address: [Redacted]

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: _____
Home Address: _____
Date of Birth: _____ Phone #: _____ Email Address: _____

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name: Matt Lange
Title: Head Distiller Email: [Redacted]
Home Address: [Redacted]
Date of Birth: [Redacted]

Officer Name: Matt Zane Hill
Title: COO Email: [Redacted]
Home Address: [Redacted]
Date of Birth: [Redacted]

Officer Name: Jerry Maynor
Title: CFO Email: [Redacted]
Home Address: [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 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: [Signature] Title: COO Date: 8-10-27