



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

Class "N" License Application

LICENSES ARE NOT TRANSFERABLE

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. | Liquor On-Sale - 100 seats or less | \$4,795.00 |
| b. | Liquor On-Sale Sunday | 200.00 |
| c. | Gambling Location | 75.00 |
| d. | | |
| e. | | |
| f. | | |
| g. | | |

Total: **\$ 5,070.00 -**

Business Information

Business Address: 738 734 Thomas Ave St. Paul, MN 55104
Street City State Zip

Company Name: Favors Enterprises, LLC Doing Business As: Willard's Liquors

Company Type: Corporation LLC Partnership Sole Proprietorship

Date of Incorporation: 01 / 03 / 2019 Anticipated Opening: 04 / 01 / 2019

Mailing Address: _____
Street City State Zip

Business Phone: _____ Fax Number: _____

Applicant Information

Applicant Name: Arlene Chontel Favors
First Middle Last

Title: Owner 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: X No: _____

If no, who will operate it?

Operator Name: N/A
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: / / Phone #: _____

Are you going to have a manager or assistant in this business? Yes: _____ No: X

If manager is not the same as the operator, please complete the following information:

Manager Name: N/A
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: / / Phone: _____

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

Officer Name: Curtis Jerrold Favors
First Middle Last

Title: 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.

Applicant Signature Title Date