

CITY OF ST. PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 ST. PAUL, MINNESOTA 55101-1806 Phone: 651-266-8989 Fax: 651-266-9124 Visit our Website at: www.stpaul.gov/dsi

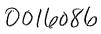
CLASS N LICENSE APPLICATION

LICENSES ARE NOT TRANSFERRABLE

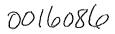
Payment must be received with Each Application

{This application is subject to review by the public}

Types of License(s) being applied for: (Office Use Only)
Enlevtainmout A
Add an.
pro-rate.
Total
Anticipated Date of Opening: 8 / 12 / 12
Company Name: PHALEN PARK LIQUORS (Circle: (Corporation) Partnership Sole Proprietorship
If business is incorporated, give date of incorporation:
Business Name (DBA): YANNARELY & Bar Business Phone: (681) 771-5896
Business Address (business location): 1199 Payne ST. Paul MN. 55 130
City State 7 1 14
Between what cross streets is the business located? ANE / MARY AND Which side of the street? _ SW
IVIAN TO Address (in different than business dearess).
Street (#, Name, Type, Direction) City State Zip + 4
APPLICANT INFORMATION:
Name and Title: KICHARD T. VANNAREIL JR. OWNER
Home Address: Street (#, Name, type, Discussion) City State Zip + 4
Date of Pinth. Place of Right
Date of Birth: Home Phone (
Date of Birth: Home Phone (
Driver License: State of Issue:
Driver License: State of Issue:
Driver License: State of Issue: Have you ever been <u>convicted</u> of any felony, crime or violation of any city ordinance other than traffic? YES NO Date of Arrest: Where?
Driver License: State of Issue: Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES NO Date of Arrest: Where? Charge:
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Are you going	NFORMATION (Co to have a manager of se complete the follo	assistant in this b	usiness? Y	ES <u>X</u> N	O If the mana	ger is not the same as the		
irst Name	Mid	ldle Initial	(Maiden)		Last	Date of Birth		
Iome Address	: Street (#, Name, T	vne. Direction)	City	State	Zip + 4	() Phone Number		
	History(list name, a			ers for the pre		iod)		
ist all other o	fficers of the corpora	Home	H	lome	Business	Date of		
ame	K.G. YANNARE! PATRICK YANNA			'hone	Phone	Birth		
irst Name	partnership, please Mic	Idle Initial	(Maiden)	each partner	Last	Date of Birth		
ome Address	: Street (#, Name, T	ype, Direction)	City	State	Zip + 4	() Phone Number		
irst Name	Mid	idle Initial	(Maiden)		Last	Date of Birth		
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ome Address	: Street (#, Name, T	ype, Direction)	City	State	Zip + 4	Phone Number		
arsuant to the Laquired to provide feach license apoint of the Minnesota This is motor Upon Feder Feder Feder Feder Feder Face of the Minnesota Tax Ice	de to the State of Minnes oplicant. sota Government Data P Tax Identification Num information may be used r vehicle excise taxes; r receiving this informati	chapter 502, Article tota Commissioner of aractices Act and the Foer: I to deny the issuance on, the licensing authorion Agreement, the Dales & Use Tax Number 10 to 10	Revenue, the Minnessederal Privacy Act of or renewal of your liconity will supply it on epartment of Revenuer) may be obtained	ota business tax 1974, we are recense in the even y to the Minnese may supply thi from the State of	identification num quired to advise yo t you owe Minneso ota Department of s information to the	ses), licensing authorities are ber and the social security numb ou of the following regarding the cta sales, employer's withholding Revenue. However, under the le Internal Revenue Service.		
Ainnesota Tax	x Identification Num	ber:X	·					
∡ If a Minne	sota Tax Id is not re	quired for the busi	ness being operate	d, indicate so	by placing an "	X" in the box.		



ANY FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF THIS 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 hereby state further that I have received no money or other consideration, by way of loan, gift, contribution, or otherwise, other than already disclosed in the application which I herewith submitted. I also understand this premise may be inspected by police, fire, health and other city officials at any and all times when the business is in operation.												
Signature (REQUIRED for all applications)	<u></u>				8/9/1	<u>لـــــــ</u>						
Signature (REQUIRED for all applications)					Da	te						
PREFERRED METHODS OF COMMUNICATION FROM THIS OFFICE (please rank in order of preference – "1" is most preferred):												
Phone Number with area code: (65) 771-5596	,	Extension										
Phone Number with area code: (651) 771-5596 Check the type of Phone Number listed above: A Busine	ss	□ Cell [∃ Fax	□ Pa	ger							
Phone Number with area code: (651) 226 - 7600		Extension										
Phone Number with area code: (651) 224-7600 Check the type of Phone Number listed above: Busine	ss 🗆 Home	Cell [∃ Fax	□ Pa	ger							
Mail: 199 PAYNE AVE Street (#, Name, Type, Direction)	ST	Poul	/	MN	55/3	0						
Street (#, Name, Type, Direction)	Ci	ity	S	tate	Zip + 4							
Internet: E-Mail Address												
All Class N applications must be submitted with the following documents: 1. Provide a copy of your executed (signed) rental lease and/or assignment, as well as a letter of permission from the landlord, to allow this type of business operation on the premises unless specified in the lease. Or, provide a copy of your Purchase Agreement and/or Bill of Sale of the property. 2. If incorporated or partnership, provide a copy of your Articles of Incorporation, as well as minutes of the first corporate meeting, elections of officers, and desire of corporation to enter into this type of business. The first corporate meeting minutes should include the distribution/allocation of corporate shares. ** Note: If your license(s) require a Surety Bond or Certificate of Insurance, the Surety Bond and Insurance expiration dates must run concurrent with the license. **												
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Signature of Cardholder (required for all charges):												
We will accept payment by Cash, Check (made payable to City of Saint Paul) or Credit Card (American Express, Discover, MasterCard or Visa)												
☐ American Express ☐ Discover ☐ MasterCard ☐ Visa	·	Mont	ration h/Year · ▶									
Enter Account Number ▶												