



Received

SEP 2 0 2024

Saint Paul, Minnesota 55101

Phone: 651-266-8989

Web: www.stpaul.gov/dsiCity 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 Licer	nse(s)) being applied for:			Fee(s)	:		
1. Da	ance	/ Rental Hall				\$497		
2								
3.								
4.								
5.								
6.						Marks - 1875 -		
7.								
,		V-0/2016 (1916) 444-41. (1916) 444-444 444 444-444.	\$		Total	: \$497		
Business Informa	ation	1						
Business Addı	ress:	1560 St. Clair Avenue		St. Paul		IN	55105	
		Street Cinema Ballroom LLC		City oing Business As:		^{ate} Center	Zip	
Company T	ype:	Corporation 🔘	Partnership	•	Sole Proprie	etorship C)	
Date of Incorpora	tion:	2/17/2005	/2005 Date of Anticipated Opening: 11/1/2024					
Mailing Add	ress:	1560 St. Clair Avenue		St. Paul		/N	55105	
Business Pho	ne #:	651-699-5910	n-Financia	•	ss: info@cin			
Applicant Info	orma	tion						
Applicant	Name	e: Eileen	S Middle		Arcilla			
Т	Title:	Vice President	# Wilddle	Date of Birth	Last :		ender-broadsterriberisteris	
Drivers Lice	nse:	State License #	Email:	The second second	W. Company			
Home Addr	ess:	Marie Street		City	3	ate	7in	
Cell Phon	ne #:		-	Alternate Phone		ate	Zip 	

Supplemental Required Information

Applicant Signature

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	Phone #:		_ Email Address: _		,
		Yes:	No: ()		
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	anager or assistate as the operator	anager or assistant in this business? e as the operator, please complete the Middle t Phone #: Ficers of the corporation (Attach and the corporation) First Middle President Em	anager or assistant in this business? e as the operator, please complete the following info Middle t	anager or assistant in this business? Pe as the operator, please complete the following information: Middle City Phone #: Email Address: Ficers of the corporation (Attach another sheet if applicable.) First Middle Last Freet Address: Email: City Email Address: Email: City City Address: Ficers of the corporation (Attach another sheet if applicable.) Exic First Middle Email: City Address: City	Anager or assistant in this business? Phone #: City Email Address: Ficers of the corporation (Attach another sheet if applicable.) Fire J Hudson State Phone #: Email: Fire State Fire Stat

Title

9/17/24

Date