

20190001319



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/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. ON Sale Strong Beer
- b. ON Sale Wine
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ - -

Business Information

Business Address: 1328 Grand Ave St. Paul MN 55105
Street City State Zip

Company Name: Bibimbap, LLC Doing Business As: Bap and Chicken

Company Type: Corporation Partnership _____ Sole Proprietorship _____

Date of Incorporation: 8 / 21 / 18 Anticipated Opening: 6 / 29 / 19

Mailing Address: _____
Street City State Zip

Business Phone: 651-485-6984 Fax Number: _____

Applicant Information

Applicant Name: John Daniel Gleason
First Middle Last

Title: Owner Date of Birth: _____

Drivers License: _____ Email: _____

Home Address: _____
Street City State Zip

Cell Phone: _____ Alternate Phone: _____

(Continued on back)

Supplemental Required Information

Are you going to operate this business personally? Yes: No:

If no, who will operate it?

Operator Name: _____
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:

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: _____

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

Officer Name: Eric Paul Ostby
First Middle Last

Title: Partner - Silent Minority 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.

Applic: _____

Title: Owner

Date: 4/29/19

E-5/10/19-lab