

20180002846



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

Class "A" 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.	New License Liquor On Sale - 100 seats or less	<u>Restaurant</u>	\$4795.00	2,399.50 (1/2)
b.	Sunday License		200.00	
c.				
d.				
e.				
f.				
g.				2,599.50
Total:			\$4995.00	

Business Information

Business Address: 928 7th Street West St. Paul MN 55102
Street City State Zip

Company Name: GAZTA AND ENHANCEMENTS, LLC Doing Business As: GAZTA & Enhancements

Company Type: Corporation Partnership LLC Sole Proprietorship

Date of Incorporation: 07 / 26 / 2017 Anticipated Opening: 08 / 01 / 2018

Mailing Address: _____
Street City State Zip

Business Phone: 612 568 5737 Fax Number: _____

Applicant Information

Applicant Name: HALEY FRITZ
First Middle Last

Title: OWNER/MEMBER Date of Birth: _____

Drivers License: _____ Email: _____
State License #

Home Address: _____ City _____ State _____ Zip _____
Street

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: Lark Leigh GILMER
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: Anthony Fritz
First Middle Last

Title: Owner/Member 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 _____

Owner/Member
Title

June 7, 2018
Date