

20170002854



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](http://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. Malt on Sale (strong) 635.00
- b. Wine on Sale 1,976.00
- c. 2:00 A.M. 300.00
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_

Total: \$ 2,611.00

#### Business Information

Business Address: 1905 Stillwater Ave. E St. Paul MN  
Street City State Zip

Company Name: Los Sanchez Taqueria LLC Doing Business As: Los Sanchez Taqueria

Company Type: Corporation \_\_\_\_\_ Partnership LLC Sole Proprietorship \_\_\_\_\_

Date of Incorporation: 03 / 13 / 2017 Anticipated Opening: Existing

Mailing Address: 1905 Stillwater Ave. E St. Paul MN 55119  
Street City State Zip

Business Phone: 651-730-0032 Fax Number: \_\_\_\_\_

#### Applicant Information

Applicant Name: Santiago Sanchez Ortiz  
First Middle Last

Title: Co-Chief Manager Date of Birth: \_\_\_\_\_

Drivers License... State License # \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
City State Zip

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Supplemental Required Information

Are you going to operate this business personally?

Yes:  No:

If no, who will operate it?

Operator Name: SANTIAGO S. ORTIZ <sup>1</sup> Flor Aguilar Palma  
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: ERASMO BELTRAN ROBLES  
First

Home Address: \_\_\_\_\_  
Street City State

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Officer Name: Santiago Sanchez Ortiz  
First Middle Last

Title: Co-CHIEF MANAGER Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Officer Name: Flor Aguilar Palma  
First Middle Last

Title: Co-CHIEF MANAGER 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.

Appl

Title

Date

Co-Chief Manager 7-5-17