

20170004483



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)

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NOV 16 2017

By: City of St 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.

Types of License(s) being applied for:	Fee(s):
a. <u>Liquor On Sale 101-180 seats</u>	<u>5,310.00</u>
b. <u>Liquor On Sale Sunday</u>	<u>200.00</u>
c. _____	_____
d. _____	_____
e. _____	_____
f. _____	_____
g. _____	_____
Total: <span style="border: 1px solid black; padding: 2px;">\$5,510.00</span>	

**Business Information**

Business Address: 2700 University Ave. W Ste 100 St Paul MN 55114  
Street City State Zip

Company Name: HBLG HBCL LLC Doing Business As: Hodges Bend

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

Date of Incorporation: 5 / 31 / 2017 Anticipated Opening: 1 / 15 / 18

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

Business Phone: 9183988022 Fax Number: \_\_\_\_\_

**Applicant Information**

Applicant Name: Noah Mark Bush  
First Middle Last

Title: Manager Date of Birth: \_\_\_\_\_

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

Home Address: \_\_\_\_\_  
Street 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: James P Jennings  
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: Noah Mark Bush  
First Middle Last

Title: Manager Email: \_\_\_\_\_

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

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

Officer Name: John Anthony Gaberino  
First Middle Last

Title: Manager Email: \_\_\_\_\_

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

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

Officer Name: Warren E Ross  
First Middle Last

Title: Manager 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.

[Redacted Signature] Manager 11/10/17  
Applicant Signature Title Date

*E-11/17/17-Lab*