



CITY OF ST. PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 ST. PAUL, MINNESOTA 55101-1806 Phone: 651-266-9090 Fax: 651-266-9124 Visit our Website at: 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: (Office Use Only)	Fees
Class B Licruse 11	178.00
101 Seats to 180 Souts	\$054.00
Liquor Sale Sunday	200.00.
2 am closing	50.00
Alarm - Sucher 20502 27.00 Tol	
Anticipated Date of Opening: 10 01 / 2010	\$ 5903 00
Company Name: Checker Bar, Inc. (Circle: Gorporation) Partnersh	ip Sole Proprietorship)
If business is incorporated, give date of incorporation: 07-26-2010	
Business Name (DBA): Checker Bar Business Phone: (65)	1)329-4959
Business Address (business location): 992 Avcade Gt. 5T. Paul	MN 55106
Street (#, Name, Type, Direction)	State Zip + 4
Between what cross streets is the business located? <u>Tenks</u> 94. Which si	de of the street?
Mail To Address (if different than business address):	State Zip + 4
Street (#, Name, Type, Direction) City	State Zip 14
APPLICANT INFORMATION:	
Name and Title: MAI WMN Her	OWNER
First Mandato 1	Tiuc A A
Home Address: Street (#, Name, type, Direction) City State	e Zip + 4
Home Phone	EL
Date of Birtin:	
Driver License: State of Issue:	
	\
Have you ever been convicted of any felony, crime or violation of apper Manance other than traffic?	YESNO
mave you ever been convicted of any felony, crime of violation of any	
Date of Arrest: Where? AUG 0 2 2010	
Charge:	
Conviction: Sentence:	ity Sugar Club
List licenses which you currently hold, formerly held, or may have an interest in: Pang Kok C	174 Supper Circo,
(Mocker bourd +127a 91/2 NV Cult, 2)1 fam	10110 00 100 0
Have any of the above named licenses ever been revoked?YESNO If yes, list the dates	and reasons for revocation:
Are you going to operate this business personally?YESNO If not, who will operate it?	
AND YOU BOING TO OPEN THE PARTY OF THE PARTY	
First Name Middle Initial (Maiden) Last	Date of Birth
First Name Middle Initial (Malden) Last	I I I I I I I I I I I I I I I I I I I
Trans Address: Street (# Name Type Direction) City State Zip + 4	Phone Number
Home Address: Street (#, Name, Type, Direction) City State Zip + 4	Revised 01/16/2009

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APPLICANT IN	VFORMATION (Continued	u) •		~ i / 51/	YEAR	iger is not the same as the
Are you going to	have a manager or assista	nt in this busin	iess?YE	S VN) If the man	iger is not the same as me
Operator, please	e complete the following inf	formation:				TINALIZA
First Name	Middle Init	tial	(Maiden)		Last	Date of Birth
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4477	Man and Av- Street (#, Name, Type, Dir	P. Vaa	MUIS HEL	9/11/		Phone Number
Home Address:	Street (#, Name, Type, Dir	ection)	City	J State	Zip + 4	Phone Number
Licensee Work	History(list name, address at	nd phone numb	er of all employer.	s for the prev	ious 5 year pei	iod)
Checker	board Pizza	992	Arcade	<u>5+</u>	651-7	72-1020.
Augie	434 H.	ennepi	n Ave	ALA	15. MI	V
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Name	A	ddress	Pho	one	Phone	Buth
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If business is a p	partnership, please include	the following i	nformation for ea	ich partner	use auditiona	pages it necessary).
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First Name	Middle Init	tial	(Maiden)		Last	Date of Birth
First Name	Middle Init	tial	(Maiden)			()
			(Maiden)	State	Last Zip + 4	Date of Birth () Phone Number
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ANY FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED

WILL RESULT IN DENIAL OF THIS APPLICA	ATION
I hereby state that I have answered all of the preceding questions, and that the information of my knowledge and belief. I hereby state further that I have received no money or other contribution, or otherwise, other than already disclosed in the application which I herewith may be inspected by police, fire, health, and other city officials at any and all times when the	submitted. I also understand this premise
	8/1/10
Signature (REQUIRED for all applications)	P / Date
PREFERRED METHODS OF COMMUNICATION FROM THIS OFFICE (please rank in order of preference – "1" is most preferred):	
Phone Number with area code: • Ex	tension
Phone Number with area code: Check the type of Phone Number listed above: Business Hom:	⁷ teil □ Fax □ Pager
Phone Number with area code: (651) 772-1020 Ex	tension
Check the type of Phone Number listed above: Business Home	Cell
Mail: Street (#, Name, Type, Direction) City	State Zip + 4
Internet:	
E-Mail Address	
All Class N applications must be submitted with the following documents: 1. Provide a copy of your executed (signed) rental lease and/or assignment, as well allow this type of business operation on the premises unless specified in the least Agreement and/or Bill of Sale of the property. 2. If incorporated or partnership, provide a copy of your Articles of Incorporation, elections of officers, and desire of corporation to enter into this type of business include the distribution/allocation of corporate shares. ** Note: If your license(s) require a Surety Bond or Certificate of Insurance, the Surety Bond as	se. Or, provide a copy of your Purchase , as well as minutes of the first corporate meeting, s. The first corporate meeting minutes should
concurrent with the license. **	
We will accept payment by Cash, Check (made payable to City of Saint Paul) or Credit Card (A	merican Express, Discover, MasterCard or Visa).
☐ American Express ☐ Discover ☐ MasterCard ☐ Visa	Expiration Month/Year >>>
Enter Account Number ▶	
ignature of Cardholder	Date

Revised 01/16/2009



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