

Received

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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

001 25 2024

Class "N" License Application

City of Saint Paul - DSI

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. Liquor on-sale 100-seats or less \$ 5,361.00
- b. Liquor on-sale Sunday \$ 200.00
- c. Liquor Outdoor service patio \$ 85.00
- d. Entertainment B \$ 672.00
- e. _____
- f. _____
- g. _____

Total: \$ 6,318.00

Business Information

Business Address: 66 Monarch Way North Oaks MN 55127
928 7th Street West St. Paul MN 55102
 Street City State Zip

Company Name: StarCade LLC Doing Business As: StarCade

Company Type: Corporation _____ Partnership ☒ Sole Proprietorship _____

Date of Incorporation: 12/26/2019 Anticipated Opening: 6/1/2023

Mailing Address: 928 7th Street W. St. Paul MN 55102
 Street City State Zip

Business Phone: _____ Fax Number: _____

Applicant Information

Applicant Name: Paul Andrew Sacriman
 First Middle Last

Title: Co-owner Date of Birth: _____

Drivers License: _____
 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:

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:

Nick

Madson

Home Address:

Date of Birth:

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

Officer Name:

Thomas

Paul

Gagan

First

Middle

Last

Title:

co-owner

Email:

Home Address:

Date of Birth:

Officer Name:

Bryan

MacLeod

Armitage

First

Middle

Last

Title:

co-owner

Email:

Home Address:

Date of Birth:

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.

co-owner

10/25/2024

Title

Date