



SAINT PAUL
SAFETY & INSPECTIONS

Add to Existing
Lic. ID #20240001052

Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: 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.

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

- | | |
|--|----------------------------|
| 1. <u>Liquor On Sale 181-240 Seats</u> | <u>6,360.⁰⁰</u> |
| 2. <u>Liquor On Sale Sunday</u> | <u>200.⁰⁰</u> |
| 3. <u>Liquor On Sale 2 AM Closing</u> | <u>54.⁰⁰</u> |
| 4. <u>Entertainment B</u> | <u>672.⁰⁰</u> |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |

Total: \$ 0.00

Business Information

Business Address: 413 Wacouta St. St. Paul MN 55101
Street City State Zip

Company Name: ABPEC LLC Doing Business As: Le Veyre

Company Type: Corporation ☐ Partnership ☒ Sole Proprietorship ☐

Date of Incorporation: 11-1-23 Date of Anticipated Opening: 5-1-25

Mailing Address: 255 6th St. E. FL-6 St. Paul MN 55101
Street City State Zip

Business Phone #: 651-788-9818 Email Address: jj@bellagala.com

Applicant Information

Applicant Name: Patrick Kellis
First Middle

Title: Owner Date of Birth: _____

Drivers License: _____

Home Address: _____

Cell Phone #: _____

Supplemental Required Inform

Are you going to operate this business personally?
If no, who will operate it?

Yes: ☐

No: ☒

Operator Name: John

Jason

Maleitzke

Home Ad

Date of B

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: Phillip

Poling

Home Address

Date of Birth:

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

Officer Name:

Tim George

First

Middle

Title:

Owner

Email

Home Address:

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. I also hereby state that I have provided a completed District Council Notification Form to the district council representing the planning district in which my business will operate.

[Redacted Signature]

Title

Owner

Date

2/18/25