



**SAINT PAUL**  
SAFETY & INSPECTIONS

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.

*This application requires District Council notification prior to submission.*

Types of License(s) being applied for:

Fee(s):

- |    |  |                |
|----|--|----------------|
| 1. | <u>On Sale Wine</u>                      | <u>2000.00</u> |
| 2. | <u>Strong Beer Malt On-Sale (Strong)</u> | <u>712.00</u>  |
| 3. | <u>Entertainment (A)</u>                 | <u>278.00</u>  |
| 4. | _____                                    | _____          |
| 5. | _____                                    | _____          |
| 6. | _____                                    | _____          |
| 7. | _____                                    | _____          |

Total: \$0.00

#### Business Information

Business Address: 508 Lexington Pkwy S, St. Paul MN 55105  
Street City State Zip

Company Name: Pall h, Inc Doing Business As: Chimborazo Restaurant

Company Type: Corporation  Partnership  Sole Proprietorship

Date of Incorporation: 11/21/2023 Date of Anticipated Opening: March 31<sup>st</sup> 2024

Mailing Address: [REDACTED]

Business Phone #: 612-910-0908 Email Address: marcospinguil@yahoo.com

MARCO SPINGUIL@yahoo.com  
marcospinguil@yahoo.com

#### Applicant Information

Applicant Name: Marcos Pallchizaca Pinguil  
First Middle Last

Title: Owner / President Date of Birth: [REDACTED]

Drivers License: [REDACTED]

Home Address: [REDACTED]

Cell Phone #: [REDACTED]

### Supplemental Required Information

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

Yes:  No:

Operator Name: \_\_\_\_\_  
First Middle Last

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

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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 #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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 #: \_\_\_\_\_

Officer Name: \_\_\_\_\_  
First Middle Last

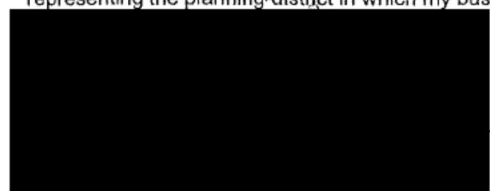
Title: \_\_\_\_\_ Email: \_\_\_\_\_

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.



\_\_\_\_\_  
Title Date 02/09/2011