

Received Class "N" License Application

APR 27 2023

LICENSES ARE NOT TRANSFERRABLE



SAINT PAUL SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

City of Saint Paul - DSI

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.
Print out and sign this form once complete.

Table with 2 columns: Types of License(s) being applied for, Fee(s). Row 1: Liquor Outdoor Service Area Sidewalk, \$ 79.00

Total: 79.00

Business Information

Business Address: 202 Cesar Chavez St, Saint Paul, MN 55107

Company Name: Papa Legba's Lounge LLC, Doing Business As:

Company Type: Corporation, Partnership, Sole Proprietorship

Date of Incorporation: 03/25/2020, Date of Anticipated Opening: 05/01/2023

Mailing Address: [Redacted]

Business Phone #: (651) 207-8049, Email Address: info@papalegbalounge.com

Applicant Information

Applicant Name: Dolly Rose Agnew

Title: Owner, Date of Birth:

Drivers License: [Redacted], Email: [Redacted]

Home Address: [Redacted]

Cell Phone #: [Redacted], Alternate Phone #:

**Supplemental Required Information**

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

Operator Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
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: Wendy \_\_\_\_\_ Schallock \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Officer Name: Gregory \_\_\_\_\_ Keith \_\_\_\_\_ Agnew \_\_\_\_\_  
Title: Owner \_\_\_\_\_ Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Officer Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_ 55443 \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Officer Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
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.

Applicant Signature: \_\_\_\_\_ Owner/CFO \_\_\_\_\_ 04/24/2023 \_\_\_\_\_  
Title Date