

CRED

JUL 20 2017



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

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:

Fee(s):

- a. CLASS A Entertainment licence 248
b.
c.
d.
e.
f.
g.

Total: \$ 248 -

Business Information

Business Address: 414 7th St W ST. PAUL MN 55102
Company Name: Bad Weather Brewing
Company Type: Corporation X Partnership Sole Proprietorship
Date of Incorporation: / / Anticipated Opening: / /
Mailing Address: Same as Above
Business Phone: 651.207-6627 Fax Number:

Applicant Information

Applicant Name: Joseph Stefano Giambardino
Title:
Date of Birth:
Drivers License:
Home Address:
Cell Phone: 612 805 2003 Alternate Phone:

**Supplemental Required Information**

Are you going to operate this business personally?

Yes: X 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:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Home Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone: \_\_\_\_\_

**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.

Applicant \_\_\_\_\_ Title Owner Date 7/19/17